



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 1668 Name Raymond Haddock Corps Infantry

### Questions to be put to the Recruit before Enlistment.

- |  |                             |
|--|-----------------------------|
| 1. What is your name? .....  | 1. <u>Raymond Haddock</u>   |
| 2. What is your full Address? .....  | 2. <u>St. John's, Nfld.</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>               |
| 4. What is your age? .....   | 4. <u>27</u> Years .....    |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>         |
| 6. Are you Married? .....  | 6. <u>No</u>                |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>               |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>               |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....              |
|  | Corps .....                 |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>              |

I, Raymond Haddock do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

..... SIGNATURE OF RECRUIT.

..... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Raymond Haddock do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .....

on this 19 day of March, 1915

Signature of Attesting Officer [Signature]

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....

If enlisted by special authority, such will be attached to the original attestation.

Date ..... 1915

Place ..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2165 Name Raymond Hayles ~~Smith~~ with

### Questions to be put to the Recruit before Enlistment.

- |  |                             |
|--|-----------------------------|
| 1. What is your name? .....  | 1. <u>Raymond Hayles</u>    |
| 2. What is your full Address? .....  | 2. <u>Wesleyville Nfld.</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>               |
| 4. What is your age? .....   | 4. <u>22</u> Years .....    |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>         |
| 6. Are you Married? .....  | 6. <u>no</u>                |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>               |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>               |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....              |
|  | Corps .....                 |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>              |

Raymond Hayles do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

James Pittman SIGNATURE OF RECRUIT.  
Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Raymond Hayles do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
The above questions were then read to the Recruit in my presence.  
I have taken care that he understands each question, and that his answer to each question has been fully as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 18 day of May 1916.  
Signature of Attesting Officer Edw. R. Kent

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the .....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191..... } Approving Officer.  
Place.....

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

# DESCRIPTIVE REPORT ON ENLISTMENT

5-165

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Raymond Kyle  
 Apparent age 22 years \_\_\_\_\_ months. Height 5' feet 2 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Kyle  
Wesleyville P.B. | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-5-18</u>									
Joined at <u>St. John's</u> on <u>18-11-18</u>									
<u>Discharged July 7, 1919</u>									
<u>Embarked St. John's St. John's to Halifax N.S. 22-7-18</u>									
<u>Embarked for B.C. 23-11-18</u> <u>Disembarked same 28-1-18</u>									
<u>Joined B.C. 5-1-19</u> <u>transferred from Queen 22-5-19</u> <u>Arrived Vancouver 23-5-19</u>									
<u>To be transferred for demobilization 22-5-19</u>									
<u>Arrived the superannuation 1-6-19</u>									
<u>Demobilization St. John's 7-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-1919 (date of discharge) 1 years 51 days  
 " " Pensions " " " " " " " "

C.R. 5165

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 7-7-19.

5165 Pte Raymond Hoyles.

C.R.

5165

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. Depot St. John's, June 12th, 1919

The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot with effect from 23-6-19.

5165 Pts. Raymond Hoyles.

C.R. 5165

Extract from Daily Orders Part III Depot, St. John's,

Date 11-6-19.

m 5165 Pte. Raymond Hoyles

Reported at Headquarters 1-6-19. ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. ~~5756~~ 5765

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Brux Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

5156 Pte. R. Hoyles.



C.R. 5165

Extract from Nominal Roll of Draft No. 56, from the 2nd., Battalion  
of the Newfoundland Regiment, Winchester to the 1st., Battalion of the  
Regiment, B. E. F., Embarked Southampton 23/11/18.

#5165 Pte. E. Moyles.

Extract from Daily Orders Part II Unit Royal Newfoundland  
Regiment, St. John's, dated July 25th 1918.

The following embarked for Overseas on H.M.S. "Columbella"  
July 22nd 1918.

5165, Pte. Raymond Hoyles.

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated May 20th, 1918.

#5165 Pte. Raymond Hoyles.

Attested for General Service with the Royal Nfld. Regt.  
from 18.5.18

R. Hoyle

C.R. 5165

R. Hoyle

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corp. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *51.85* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Hoyle* *Raymond*  
(Surname) (Christian Names)  
(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *23*
6. Posted for duty on *8.1.18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
18. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .....
  - (ii.) Previous active service .....
  - (iii.) Climate in pre-war service .....
  - (iv.) Ordinary military service before the war .....
  - (v.) Serious negligence or misconduct on the man's part. }
14. (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*He complains of no disability.*

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na.*

20. Do you recommend—

- (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*W. J. Macmillan* *Capt - R.A.M.C.*  
 Medical Officer in charge of case.

Station *Fazeley D. Camp*

Date *27th* *4* *19*

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause







No. 6502/992

B box

099 865/9

M.F.P. 179.

From. NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
Pay & Record Office  
58, Victoria Street,  
London, S.W. 1.

To: Officer Commanding,  
2nd Batt. Br. Mfld. Regiment.  
Winchester

30th April 1919

May 18<sup>th</sup> 1919

5165 Pte R. Hoyles

Receipt for under.

With reference to the following  
telegram from the Minister of  
Militia / / (158)

W. W. ...  
Officer Commdg. 1st Batt'n.

"Pay to- 5165 R. Hoyles  
£12-0-0

Received the sum of Twelve

Cheque £ 12-0-0 is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

pounds (£12-0-0) in respect of  
telegraphic remittance from the  
Minister of Militia.

[Signature]  
Chief Paymaster & O. i/c Records.

R Hoyles  
No. 5165 Rank Pte  
Witness French W Sgt

No. 4597/174

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

CHIEF PAYMASTER & OFFICER I/C RECORDS.  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET, N.F.P./80,  
S.W. 1.  
ENGLAND.

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regt.,  
B.E.F.

19th March 1919

5165 Pte. Hoyles R.

With reference to the following telegram from the Minister of Militia, / / ( 82 )

"Pay to- 5165 Hoyles,

£8. 4. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*R. O. Minshall*  
Chief Paymaster & O. i/c Records.

6 - 4 - 1919

5165 Pte Hoyles R.

This man wishes this amount retained to credit of his account - please.

*Approved*  
19/3/19



Hayles, R

5165

Hay Sept.

July 6, 1919

#5165 Pte. Raymond Hoyles,

Wesleyville, B.B.

Dear Sir:-

Referring to your application I enclose  
cheque for Seventy dollars (\$70.00), being amount  
of first payment due you on account of the War  
Service Gratuity.

Yours truly

Captain  
Paymaster & U. i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th, 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Raymond* ..... 2. Surname..... *Hoyle* .....
3. Rank..... *Pte* ..... 4. Regt. No. *5165* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Wesleyville, B.B.* .....
6. Date of enlistment in the Regiment..... *May 18, 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Mfld, if so, give dates and particulars of such service..... *Oversea* .....
12. Give total length of time which you served on active service whether in Mfld. or Overseas..... *From May 18/18 to June 9/19* .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

*No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces. *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

19. Are you now serving in the Regt.? *No*... If not give - (a) date of discharge *June 9/19* (b) Reason for discharge *Temporary Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*France, Belgium + Germany - from Nov. 1918 to April 1919*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Raymond Hayes*  
 Place of Residence: *Westerville B.B.*  
 Declared before me at: *Nichols, Nfld*  
 This *9th* day of *June* 19*19*...

*John W. Carthy*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.					
Date paid	Paid	Paid	War Service		Not amount
	Soldier.	Dependant:	Gratuity.		due
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.					Paymaster



July 7, 1919

#5165 Pte. Raymond Hoyles,

Wesleyville, B.B.

Dear sir:-

Please find enclosed Discharge

Certificate No. 2754.

Yours truly

Captain  
Raymaster & C.i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5165 Rank Pvt Name Hayles R  
 Intended place of residence Wesleyville
2. Occupation Fisherman  
 Classification of soldier F Medical Category A 1
3. The above named man is discharged in consequence of.....

### DEMOBILIZATION.

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place ST. JOHN'S  
 Date JUN 9 1919 *for* Commanding Discharge Depot  
The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date  
ST. JOHN'S  
JUN 9 1919

*R. Hayles*  
 Signature of soldier  
*Amelouster*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date JUN 9 1919  
ST. JOHN'S

*R. Hayles*  
 Signature of soldier  
*James Newman*  
 Signature of witness Sgt

### STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No of days on Military  
 Discharged from service 23-6-19 plus 14 days Service 416

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S  
 Date JUN 23 1919

*R.H. Latt*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place St. John's, Nfld  
 Date July 7/1919
- Mr Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

A 702079/2754

# The Royal Newfoundland Regiment

Class for Demobilization  
*R.*

Report of Demobilization  
Travelling Board, held on soldier for  
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

*7.6.19*

 Regimental No. *5165*

Name .....

*Ray Hoyle*

Address .....

*Healeyville B.B.*

Present Medical Category .....

Recommended for:—

(a) Immediate discharge .....

 (b) ~~Standing~~ Medical Board .....

Members of Board

*R.H. [Signature]*  
 O.C. Discharge Depot.

*[Signature]*  
 Senior Medical Officer

*[Signature]*  
 M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5165 Rank Plt Name Hayler R  
 Date of Enlistment 18.5.18 Address W. Bayville District Bonaventure  
 Occupation Fisherman Classification for Discharge St Medical Category A I  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 7.6.19

*H. H. H.*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation.

*R. Hughes*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$50.00

(b) Clothing Supplied drawn

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. TR 1613 G. 647 to his home  
at Presleyville and Release Certificate No. 2478 issued.

Date 9-6-19

J.A. Snow left  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
therewith settled. He has received pay and allowances to 7-7-19

Date 9-6-19

J.A. Snow left  
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 9-6-19

J.A. Snow left  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 23 1919

R.H. Salt Capt.  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former occupation

R. Hoyle

Signature of Man.

J. A. Crawford

Signature of the Vocational Officer or his Representative.

Reg. No. 5165

Place

St Johns

Date

JUN 9 1919

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**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service for consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *576* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Doxley Raymond* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regt. Nos.
5. Age last birthday *23*
6. Posted for duty on *18-5-18* at *St. Johns*  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- nil.*  
*nil.*  
*nil.*  
*nil.*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
  - (ii.) Previous active service .. .. .
  - (iii.) Climate in pre-war service .. .. .
  - (iv.) Ordinary military service before the war .. *X a.* } .. .. .
  - (v.) Serious negligence or misconduct on the } .. .. .  
man's part.
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *As an*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*the consequence of an disability*

16. Was an operation performed? If so, when and what was its nature? *X a.*
17. If not, was an operation advised and declined? *X a.*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *X a.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *X a.*

20. Do you recommend—  
(a) Discharge as permanently unfit?  
(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*Reginald Proctor*  
*1st Lt. Capt. R.M.C.*

Medical Officer in charge of case.

Station *Hazley D. Camp.*

Date *27. 11. 19*

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

## MEDICAL HISTORY

OF

Surname HaylesChristian Name Raymond

Table I.—GENERAL TABLE.

Birthplace:—Parish Wesley RiceCounty Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on	18 day of May 1918	on	day of 191
	at	S. J. Hus	at	
Declared Age		22 years	years	days
Trade or Occupation		Fishermen		
Height		5 feet 2 inches	feet	inches
Weight		115 lbs.	lbs.	lbs.
Chest Measurement	Girth when fully expanded	34 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number	15		
When Vaccinated		5/22/18		
Vision	I. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Wm. Patton</u>			
(Rank)				
	Medical Officer.		Medical Officer.	
Enlisted	at	S. J. Hus	at	
	on	18 day of May 1918	on	day of 191
	Corps.		Corps.	Regtl. No.
Joined on Enlistment	The Royal 5165			
	Nfld Regt			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Hayles Ray*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5165*

Intended address *Wesleyville S.B.*

Height on discharge *5 Feet 2*

Color of hair on discharge *Black*

Complexion *Leaky*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Short*

Christian name of Father *—*

Christian name of Mother *Emily*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Wesleyville S.B.*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Raymond Hayles* *MG*  
(Rank)

Station **ST. JOHN'S.** Date *5-6-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station \_\_\_\_\_ Date \_\_\_\_\_



## Casualty Form - Active Service.

Regiment or Corps 6. Newfoundland  
 Rank Pte Surname Doolley Christian Name Jr  
 Religion Methodist Age on Enlistment 22 years 7 months  
 Enlisted (a) 18/5/18 Terms of Service (a) Duration Service reckons from (a) 18/5/18  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended (.....) Re-engaged (.....) Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation Fisherman Signature of Officer. [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrived in UK		13/4/19.	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signer, Spelling-Smith, &amp;c.

(1756.) Wt. W.1887-P.1194. 1,000,000. 6/18. D &amp; G. Form. B.103. (2. 1858.)

I.P.T.O.

Next of kin: Father: William Doolley Walsbyville B. Bay N.S.S.



## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39Number of Sheet 62

Regiment of

Royal Newfoundland

Signature of O. C. Company

P. B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badge, Service pay or proficiency pay
No.	<u>5765 Hoyle, Raymond</u>	Age on	<u>22</u> years <u>00</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's 18.5.14</u>	Religion	
Joined	Date	Period of	with Colours <u>1 3/8</u> years. with Reserve <u>3/8</u> years.	Method	
Joined	Date			Place of Birth	<u>Wesleyville N.S.</u>
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>7</u>	<u>19</u>		

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

93165

## DEMOBILIZATION OF

Reg. No. 5165 Rank: Pvt Name: Angus R  
 Date of Enlistment: 18-5-18 Address: Wesleyville District: Bonaville  
 Occupation: Federman Classification for Discharge: AI Medical Category: AI  
 Recommendation S.M.B. .... Disability Rating .....  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date: 7-6-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am ..... in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date: .....

**a. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied Drawn Cash

Date: 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *TR. 1613. 2. 647* his home at *Wesleyville* and Release Certificate No. *2478* issued.

Date *9-6-19* *J.A. Snow*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *7-7-19*

Date *9-6-19* *J.A. Snow*  
Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

*Form B*  
*21311*

Date *9-6-19* *J.A. Snow*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

JUN 23 1919

Date *R.H. [Signature]*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date *June 14/19* *J.A. Snow*  
Records



Reg. No. *5165* Rank *Pvt* Name *Hayles R*  
Attested ..... Address *Wesleyville*  
Allotment ..... Allottee ..  
Date of Allotment ..... Returned from Overseas *1-6-19*  
Returned on S S *Civilian* Cause *Discharge*

*7.6.19.*  
*23.6.19.*  
PASSED TO DEMOBILIZATION OFFICER

APPROVED BY DEMOBILIZATION