



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4368 Name Heulin W Corps 60th Co

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Wm Heulin</u> |
| 2. What is your full Address? | 2. <u>Colmerson Bay St. George</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Sherman</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, Wm Heulin 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.

William Heulin SIGNATURE OF RECRUIT.

W. Edwards Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Heulin 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 St. John's on this 5 day of March 1915.

Signature of Attesting Officer Wm B. Edwards

†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 60th Co if enlisted by special authority, such will be attached to the original attestation.

Date.....1915 } 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).....

Reg. No. 4768 Rank Pte. Name Muelin. W.
Attested 25.3.18 Address St. Georges
Allotment 60 Allottee Mrs James Muelin (Mother)
Date of Allotment 1-6-18 Returned from Overseas _____
Embarked for Overseas JUN 11 1919 Cause _____

Vacc. 22/3/18. 1/4/18.

W. S. 10. 4. 18 - 21. 4. 18

W. S. 23-4-18 to 4-5-18

C.R. 4368

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, July 24th, 1919.

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

4368 Pte. Wm. Heulin.

C.R. 4368

Extract from Daily Orders Part 11 Unit The Royal Welch
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED BY G.O. Discharge Depot from 4-7-19.

4368 Pte. W. Henlin.

C.R. 4368

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4368, Pte. Henlin.

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

C.R. 4368

Extract of Casualties from O.C. Draft, Royal Newfoundland Regiment, to
D.O.C., H.C., dated 24/6/18.

4368 Pte. W. Heulin

In Hospital particulars forwarded, A.F's B. 170a, with medical authorities
all other documents in charge of Adjutant Casualty Company, Wellington
Barracks, Halifax.

C.R. 4368

Extract from Daily Orders Part 11. from Unit The Royal Mfld.
Regiment, St. John's, dated June 14th 1918.

4368 Pte W. Houlin

Embarked for Overseas with draft 11-9-18.

C.R. 4368

Extract of Daily Orders part 11, from Unit The Royal
Nfld. Regt. dated March 26, 1918.

#4368 Pte. W. Huelin.

Attested for General Service with effect from 25/3/18.

No. 3340/509.



NEWFOUNDLAND POST OFFICE
PAY & RECORD OFFICE
N.F.P./79.

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/Bn. Ryl Nfld Regt.
Winchester.

14th March 1919

March 5th 1919

4368. Pte Heulin. W.

With reference to the following telegram from the Minister of Militia / / (54)

"Pay to- 4368. Heulin.

£3. 6. 0.

Cheque £3. 6. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.
P & A.
R & C.
LIEUT. COLONEL,
COMMANDING 2ND BATTAL ROYAL NEWFOUNDLAND REGT.

Received the sum of Three pounds six shillings in respect of telegraphic remittance from the Minister of militia.

A. D. Munroe Maj.
Chief Paymaster & O. i/c. Records.

W Heulin
No. 4368 Rank Sgt
Witness W. H. Smith

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 Corps. *Royal Artillery*.....
2. Regtl. No. *4368* 3. Rank. *plta*.....
4. Name *Heulin*.....
(Surname) (Christian Names)
5. Age last birthday. *19*.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fireman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
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
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (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*
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*

14. State whether the disabilities are
- | | | |
|---|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | <u>✓</u> | <u>✓</u> |
| (ii.) Previous active service.. .. . | <u>✓</u> | <u>✓</u> |
| (iii.) Climate in pre-war service | <u>✓</u> | <u>✓</u> |
| (iv.) Ordinary military service before the war | <u>✓</u> | <u>✓</u> |
| (v.) Serious negligence or misconduct on the }
man's part. } | <u>✓</u> | <u>✓</u> |

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

No complaints of no disability

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 pro-
gress of the disability.)

16. Was an operation performed ? If so, when and what was its nature ?

17. If not, was an operation advised and declined ?

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 ?

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 ?

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.

Re-patriation

W.E. Procmier, Capt Reserve

Medical Officer in charge of case.

Station *Hazeley Barron.*

Date *21/4/19*

* 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

Heulin, ^{Dr.} W

4368

May Sept.

July 22, 1919

#4368 Pte. William Hevlin,
Robinsons,
Bay St. George.

Dear Sir:-

Please find enclosed Discharge Certificate #3146

Yours truly

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4368 Rank. Plt Name. Heulin
 Intended place of residence. Robinsons St Georges
 2. Occupation Fireman
 Classification of soldier. E Medical Category A

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 JUL 3 1919

[Signature]
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, ST. JOHN'S

Date JUL 3 - 1919

[Signature]
Signature of soldier

[Signature]
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, ST. JOHN'S

Date JUL 3 - 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. <u>23-3-18</u>	No. of days on Military	7 30 31 30 19
Discharged from service. <u>5-7-19</u> Plus 14 days	Service. <u>482</u>	

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 5 1919

[Signature]
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

Date July 19/1919

[Signature]
Officer in Charge of Records
The Royal Newfoundland Regiment

[Handwritten] 22 B20791 3146

The Royal Newfoundland Regiment

Class for Demobilization:

E
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 2.7.19

Regimental No 4368

Name Heulin J.M. Rank Pte.

Address Robinsons

Present Medical Category A-1

Recommended for: { (a) Immediate discharge
(b) Standard Medical Board

Members of Board {

R.H. Last Major
O.C. Discharge Depot.

P. Peterson
Senior Medical Officer

G.W. Curdson
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

 Reg. No. 4568 Rank Pls Name Heulien W.

 Date of Enlistment 25 3-18 Address Robinsons District St. John's

 Occupation Fireman Classification for Discharge F Medical Category H/1

Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	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 2-7-19

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 _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

 (a) Clothing Allowance payable \$65.50

(b) Clothing Supplied _____

 Date 3-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2203 to his home at Robinson and Release Certificate No. 3167 issued.

Date 3-7-19

J.A. Snow Capt.
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 19-11-19

Date 3-7-19

J.A. Snow Capt.
Depot Paymaster.

Discharged approved for 5-7-19
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

Date 3-7-19

J.A. Snow Capt.
O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUL 5 1919

R.H. Dait MAJOR
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.

Henley D.

Signature of Man.

Reg. No. *4368*

J. H. Snowbapt

Signature of the Vocational Officer or his Representative.

Place *ST. JOHN'S* *H. Henley*

Date *JUL 3 - 1919*

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

MEDICAL HISTORY

OF

Surname Keulin Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Robinsons County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	25 th day of March	St Johns	day of	191
Declared Age	18 years	days	years	days
Trade or Occupation	Fireman			
Height	5 feet	4 inches	feet	inches
Weight	111	lbs.		lbs.
Chest Measurement	Girth when fully expanded	34 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R. 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>James P. Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns	at	
	on	25 th day of March	on	day of 191
Joined on Enlistment	Corps.	Royal Nfld	Corps.	
	Regtl. No.	#368	Regtl. No.	
Transferred to	Regt			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions, of treatment
	Day	Month	Year	Day	Month	Year			
Military Inf. Dis. Hospital St. Johns.	15	4	18	23	4	18	Measles	9	Dise adv
Station Hosp	19	6	18	2	7	18	Scabies -		Put on a hot bath Renewed
Hazeley Down	26	12	18	27	1	19	G.C.T. Leg. Left.	32	Disch

al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged. Cured. - rash off before
admitted to this Hospital.

W. Borden

Polish admitted with an itchy rash - was ticked with
hot baths & mercury - Itchum & rash has disappeared.
Recovered

Alfred A. Phelan

Discharged to duty.

G. S. Twiss

CAPT., R. A. M. C.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
26-3-18	Vacc. 20
1. 4. 18.	I. A. B. 20
4-6-18	T. A. B. 20
16. 6. 18	do. 20
	<p style="text-align: center;">It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>16</u> for discharge on demobiliza- tion. Medical category <u>AMWS 21</u> Date of T.M.B. <u>2.7.19</u></p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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 *Henlin, William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4368*

Intended address *Robinson, Esq. St. John's George's*

Height on discharge *5* Feet *4*.

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Ant left leg, Lt Henlin*

Figure on discharge *Reclining*

Christian name of Father *James*

Christian name of Mother *Ross*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Robinson 22-11-1900*

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) *William Henlin* *H*
(Rank)

Station *St John's* Date *2-7-19*

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 _____

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4368 Rank

Name *Heulin W*

Warned for demobilization on

JUL 3 1919

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 Corps. *Royal N. F. F. Co.* 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *4368* 3. Rank. *S. Lt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Huskin* *W. M.* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *34*
6. Posted for duty on..... at.....
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 B (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*
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*

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? ✓

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.)

See complaint of no usability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
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?

20. Do you recommend—

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

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

refabrication

W.E. Procmier, *Staff Name*
 Medical Officer in charge of case.

Station *Haydock Green*
 Date *20-4-19*

* 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

July 24, 1919

#4368 Pte. William Heulin,
Robinson's,
Bay St. George.

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.

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 20th. 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..... *M* 2. Surname..... *Heulin*
3. Rank..... *Pte* 4. Regtl. No..... *4368*
5. Address in full to which future payments of gratuity are to be forwarded..... *Robusson's Boy & Gorge*
6. Date of enlistment in the Regiment..... *March 22/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *no*
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
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 Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *16 months*
- 1. ^a

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.

no

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?

no

19. Are you now serving in the Regt.? If not give - (a) date of discharge.

no

Aug. 16/19

Remobilization

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.

England

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.

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:

M. J. Sullivan

Place of Residence:

Robinson's Bay St George

Declared before me at:

St Philip's

This

2 day of *July*

19... 19... John M. McCarthy J.P.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Registrar	

4368

May, 8th. 1918.

J. F. Downey, M.H.A.,
City.

Dear Sir:-

Referring to your letter of April,
30th., I beg to state, that I have referred the
matter to the Officer Commanding, Headquarters,
requesting him to advise you the present whereabouts
of Private Hulan.

Yours faithfully,

Capt. & Paymaster.

4368

May, 8th. 1918.

Officer Commanding,
Headquarters,
City.

Dear Sir:-

I enclose letter from J.F. Downey, Esq.,
regarding William Hulan. Will you kindly give
Mr. Downey any information in your possession, and oblige.

Yours faithfully,

Capt. & Paymaster.

ST. JOHN'S, JUL 3-1919

Royal Newfoundland Regiment.

Billeting Account,

To *W. H. Hulin*

Billeting Soldiers as undermentioned

from *June 2nd /19* to *June 30th /19*

4368 - W. H. Hulin ~~*W. H. Hulin*~~ *28 80*

ACCOUNT	INITIALS	INITIALS	INITIALS	INITIALS
CH NO. <i>2114</i>	<i>W.H.</i>			
IND. LEDGER	INITIALS	INITIALS	INITIALS	INITIALS
PAY LEDGER	INITIALS	INITIALS	INITIALS	INITIALS
GEN LEDGER	INITIALS	INITIALS	INITIALS	INITIALS
Certified correct for \$ <i>28 80</i>				

R.J.

W. H. Hulin
Billeting Officer.

W. H. Hulin

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheets *First*Regiment of *The Royal Newfoundland*Signature of O. C. Company *W. H. H. H.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No. <i>1368</i>	<i>William Keelin</i>	Age on <i>18</i> years - months		<i>Fireman</i>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<i>St. Johns</i>		<i>R.C.</i>	
Joined	Date	Period of } with Colours <i>117</i> years.		Place of Birth	
Joined	Date	with Reserve <i>365</i> years.		<i>Robinson</i>	

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
<i>Angley Barr Camp</i>	<i>17.11.18</i>	<i>Pte.</i>		<i>Disorderly Conduct in Dining Hall</i>	<i>Csm Taylor</i>	<i>2 days CB.</i>	<i>19/1/18</i>	<i>W/lt W. H. H. H.</i>	<i>USA.</i>
<i>"</i>	<i>22.11.18</i>	<i>"</i>		<i>Duty on Parade</i>	<i>Csm Taylor</i>	<i>2 days CB.</i>	<i>23/1/18</i>	<i>W/lt W. H. H. H.</i>	<i>USA.</i>
<i>Demobilized St. Johns, 19 ⁷/₁₉</i>									

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4568 Rank Private Name Heulin, W.
 Date of Enlistment 25-5-18 Address Palinsons District H. George
 Occupation Fireman Classification for Discharge F1 Medical Category H.1
 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	
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 2-7-19

H. Must
 R.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 _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 3-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R2203* to his home at *Bellevue* and Release Certificate No. *3117* issued.

Date *3-7-19* *J.A. Crawford*
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 *5-7-19*

Date *5-7-19* *J.A. Crawford*
Depot Paymaster.

Discharge approved for *5-7-19*
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

2 Form B

Date *3-7-19* *J.A. Crawford*
O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity.

Date *JUL 5 1919* *J.A. Crawford*
O. C. Discharge Depot.

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

Date *July 11 1919* *J.A. Crawford*

Reg. No. 4368 Rank P6 Name Hanlon, W.

Attested Address Bay St George

Allotment Allottee

Date of Allotment Returned from Overseas 1-6-19

Returned on S.S. Corsican Cause Discharge

31 19
59 19

PASSED TO DEMOBILIZATION OFFICER