

Hunt, L

4593

Ray Sept

To: The Chief Quartermaster,
Royal Newfoundland Regiment,
88 Victoria Street,
London, S.W.

Sir:

Please charge the amount not opposite my name to my account and pay it to the N.W.O.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4893	Lt	Sheriff M.	£250	M. Sheriff

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

M. Sheriff

March 24th
North East 1981

Dear Mr Rendell

CR 4893

Just a few lines to let you know that I did not receive my war service badge yet. The rest of the boys that went across with me received their badges only me and I didn't get mine. I would like to get it as long as it is due to me. Please send it to me if you can.

Yours truly
Michael Hunt

No 4893 Dunville

placenta N. Jld
to Mr W F Rendell

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

EAST
SP 17
2-1
NEWFID

SEP 8

1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Michael Hunt

in respect of his service as No. **4893** Rank **Pte.**

Name **M. Hunt** Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

and British
Victory, War medal

Signature

Michael Hunt

Date

September 16th 1921

Address

Dunville

[P.T.O.]

July 8, 1919

#4893 Pte. Michael Hunt,

Dunville, P.B.

Dear Sir:-

Please find enclosed Discharge Certificate

#2809

Yours truly

Captain
Paymaster & O.I/c Records

July 11, 1919

#4893 rto. Michael Hunt,
Dunville, P.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

Paymaster & Officer i/c Records,
Captain.

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 *Michael* 2. Surname *Hunt*

3. Rank *Plt* 4. Regt. No. *4893*

5. Address in full to which future payments of gratuity are to be forwarded..... *Harville, P. N.*

6. Date of enlistment in the Regiment..... *May 15/18*

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 Nfld. If so, give dates and particulars of such service..... *Overseas*

.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From May 15/18*

to June 10/19 1. *2*

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..... (b) Reason for discharge.....

Temporary
France, Belgium & Germany
From Oct. 26/18
to Sept. 1919

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....

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:

his
Michael X. Hunt

Place of Residence:

Danville, Va.

Declared before me at:

S. Johns, Nfld.

This

10th

day of

June

19*19*

John M. Cahill

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

POST DISCHARGE PAY.

Date paid

Paid

Paid

Soldier. Independent.

War Service
Gratuity.

Net amount
due

.....
.....
.....

Certified correct.

Paymaster

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:

Go resume former occupation

Hunt M.

Signature of Man.

Reg. No. *4893*

J. A. Shaw
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 10 1918

191

The Royal Newfoundland Regiment

Class for Demobilization

B 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *9.6.19*

Regimental No. *4593*

Name *Hunt* *M. L.* *St*

Address *Dumville*

Present Medical Category *E*

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board {

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

Paterson
.....
Senior Medical Officer

Seaburden
.....
M. O. Depot

C.R. 4893

Extract from Daily Orders Part 11 Unit The Royal Wfld.

St. John's, 11-7-19.

The discharge of the undernpted on demobilization has been
CONFIRMED by Officer i/s Records from 8-7-19.

4893 Pt.e Ml. Hunt.

C.R! 4893

Extract from Daily Orders Part II Unit The Royal Wfld. Regt.
St. John's, June 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by G.O. Discharge Depot with effect from 24-6-19.

4893 Pte. M. Hunt.

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE

FRANCE

4893

LONDON INFANTRY RECORD OFFICE LONDON E.C.

No. H.A. 35809.

ADM. 1 STY. H. ROUEN 4 APL '19.

G/102212 Pte. Mortimer J. 43. Gm. Bn. R. Fus. VDG.

ADM. 2 STY. H. ABBEVILLE 5 APL '19.

102952 Pte. Garrod R. 43 Gar. Bn. R. Fus. Jaundice. Mild.

DIS. TO UNIT EX. 2 STY. H. ABBEVILLE 5 APL '19.

111026 Pte. Wilson G. H. 44 Gar. Bn. R. Fus. 10 A-A Coy. Hernia.

DIS. TO UNIT EX. 2 STY. H. ABBEVILLE 6 APL '19.

G/106993 Pte. Butterfield F. 43 Gar. Batt. R. Fus. Urethritis.

INFANTRY RECORD OFFICE - HAMILTON

No. H.A. 35809.

ADM. 1 STY. H. ROUEN 4 APL '19.

41653 Pte. Jackson W. 10 Scots. Rifles. VDSc.

ADM. 1 STY. H. ROUEN 5 APL '19.42089 Pte. Murray D. 10 Scot. Rifles. VDSc. & Balanitis.
34014 " Brownley R. 2 HLI. Orchitis.ADM. 2 STY. H. ABBEVILLE 5 APL '19.

601525 Pte. Burns W. 5/6 R. Sco. Rif. att. L. of C. Sig. Bn. NYD. Mild.

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 35809.

DIS. TO CAMP ADJUTANT EX. 1 STY. H. ROUEN 5 APL '19.

4893 Pte. Hunt M. 1 R. Newfoundland. R. VDG.



C.R. 4893

Extract from Preliminary Report Of a Medical Board
held on Thursday Evening June 5th, 1919. The following
was the finding

Recommended Discharge from the Army.
Requires Dental Treatment.

4893, Pte. M. Hunt.

C.R. 4893

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

Date 13/6/19.

4893, Pte. M. Hunt.

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

C.R. 4893

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

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

#4893 Pte. M. Hunt.

C.R. 4893

Mar. 11th 1919

Mr. James Dehey
St. Brides,

Dear Sir:-

I am instructed to acknowledge receipt of your letter of 3rd inst. having reference to money owed to you by No. 4893, Private Michael Hunt.

It is noted that you request that money to be paid from his allotment payable to his father, James Hunt; in this direction I might say that this Department cannot force Private Hunt to pay this bill, neither can we take it upon ourselves to stop the amount owing out of his allotment, unless he chooses to do so himself, I am afraid we are powerless to have his debt settled.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 4893

Extract of War Office List, NO. H.A. 35271.

March 8th/19.

ADM. ISSY. H. Rogen March 1st/19.

V.D.G. MILD.

#4893 Pte. M. Hunt.

C.R. 4893

Extract from daily Orders Part 11 Unit The Royal Wfld. Regt.,
By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Battn 3/11-18.

The following joined the Battn. 3-11-18.

4893 Pte. M. Hunt.

B Coy.

C.R. 4893

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

4893 Pte M. Hunt.

Embarked for Overseas with draft 11-8-18.

C.R. 4893

Extract from Serials with re-attachment No. 55, Military Police,
26/10/19, from Sgt Datta, Royal Newfoundland Regiment, Hasley Barracks,
Winchester, to 1st Lt Datta, Royal Newfoundland Regiment, B.C.F.

4893 Pte. Hunt, M.

MR.

C.R.

4893

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. Lt. John's, dated May 4th, 1918.

#4893 Pte. Michael Hunt.

Attested for General Service with the Royal Nfld. Regt.
from 3/5/18.

Left Haddick
for attention please to

C.R.

Duville

Placentia gannet

22th 1921

Dear sir I recved the 2 inches
of ribbon me disched
hard got met in my
rotated be fare I got
to send it in I would
be. After writing a
longgo but I was
away all the time
I did not recved
my over Sea Bagge
all the boys went a
cross with me got
does bagges only.
me as long as
I am intitle to it
I would like to get it
I reamned your
truly

G. R. Silver Badge
No. 1174

Mr Michael Hunt

Durville Placentia

PO 4893

434 1/2

5
2170

434

2604

430 1/2

4

434 1/2

~~Library~~

430 1/2

434 1/2

2604

2607

Dunville North East

July 11th 1918

to

1792

4893

Department of Militia B. P. B.
I received the letter of 18th of
my son Michil hunt
all so my identity certificate
~~with~~ which I am returning
for alteration in a
mistake of my name
as my name is Mrs James
Ann hunt not Mary
Plas have my right
name enter on
certificate and returned
to Mrs James Ann hunt
of Dunville North
East of Pla

Casualty Form of Active Service.

Regiment or Corps 21st ROYAL NEWFOUNDLAND

Rank Pvt Surname Hunt Christian Name Michael

Religion A.C. Age on Enlistment 24 years 6 months

Enlisted (a) 2/1/18 Terms of Service (a) Duration Service reckons from (a) 2/1/18

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended (.....) Re-engaged (.....) Qualification (b).....

S or Corps Trade and rate.....

Occupation Postman J. M. Curran Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 215, Army Form A. 98, 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. 215, Army Form A. 98, or other official documents.
Date	From whom received				
		Embarked ...	} 28		
		Disembarked			
		Battle:	3 NOV 1918		
	<u>Abby Hosp</u>	<u>Adm 126</u>			
		<u>Disch. Hosp</u>		<u>2-4-19</u>	
		<u>Arrived in UK</u>		<u>13/1/19</u>	

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

(b) Signaller, Shoosler-Smith, & Co.

Dear of Kin
6 Father James Hunt Snodice Macentia Afed

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 consider 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 } *Tradesman*
2. Regtl. No. *A 793* 3. Rank *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Hunt* *Michael* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on *June 14/18* 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?
9. If a Court of Inquiry was held on an injury state:—
- (a) When (b) Date of Discharge;
- (b) Where (c) Cause of Discharge.
- (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. 179a (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
 - (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? } *on a.*

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.)

The complaint of the disability

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

Repatration

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.

Recd of Procurement
H. J. Adams

Station *Hazeley Down Camp*

Medical Officer in charge of case.

Date *30.4.19*

* 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



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

Michael Hunt

Regiment from which discharged

Royal Newfoundland

Regimental number

4893

Intended address

Placentia,

Height on discharge

5 Feet *5*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

— medium

Figure on discharge

Christian name of Father

James

Christian name of Mother

Annie

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Dunville, — 1897

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)

*Michael X Hunt*Plt
(Rank)

Station

W. I. JOHN B. I.

Date

4-6-19

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



The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4893 Rank PL Name Hunt M
 Intended place of residence St. John's

2. Occupation Tradesman
 Classification of soldier B Medical Category E

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
 Date ST. JOHN'S 10 1919
 Comanding 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 JUN 10 1919
ST. JOHN'S
 Signature of soldier
 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 10 1919
ST. JOHN'S
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-5-18 No of days on Military
 Discharged from service JUN 24 1919 ten 14 days Service 432

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 24 1919
 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 8/1919
 Officer in Charge
 The Royal Newfoundland Regiment

24182079/2809

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

MEDICAL HISTORY

Surname

Hunt

OF

Christian Name

Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish Dunville, Placentia County Wgla

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>3rd</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191	
Declared Age... ..	at <u>St John's, Wgla</u>		at _____	
Trade or Occupation	<u>24 1/2</u> years — <u>—</u> days <u>Fisherman</u>		years _____ days _____	
Height	<u>5</u> feet <u>3</u> inches		feet _____ inches _____	
Weight	<u>118</u> lbs.		lbs _____	
Chest Measure- ment	Girth when fully expanded... .. <u>36</u> inches		inches _____	
	Range of Expansion... .. <u>4</u> inches		inches _____	
Physical Development... ..				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/15</u>	R.E.—V=	_____
	L.E.—V=	<u>6/15</u>	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>Lambert A. A. A.</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Wgla</u>		at _____	
	on <u>3rd</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment... ..	<u>The Royal Wgla Regt.</u>		<u>4893</u>	
Transferred to.. ..				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station....*St. John's*.....

Date.....*June 5/19*.....

- | | | | |
|-------------------|---------------------------|-------------------------------|--------------------|
| 1. Unit | <i>Royal Newfoundland</i> | 5. Age last birthday | <i>22.</i> |
| 2. Regimental No. | <i>4893.</i> | 6. Enlisted on | <i>May 15/18.</i> |
| 3. Rank | <i>Pte.</i> | at | <i>St. John's.</i> |
| 4. Name | <i>M. Hunt.</i> | 7. Former trade or occupation | <i>Fisherman.</i> |

8. Disability

Indigestion.

9. History

Has had attacks Indigestion 2 Years.

10. What is his present condition ?

Well nourished in good condition. Heart & lungs normal. Complains pain in stomach after eating. No vomiting or other symptoms.

Department of Military Newfoundlands
Medical Department

Medical Report on an Inmate

11. Was sanatorium advised and refused ? **No.**
operation

12. Do you recommend discharge as permanently unfit ? **Yes.**

Signature **S.G. KEAN, CAPT.**

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank

Man and Affairs Inspector

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability ~~may~~ be considered as ~~aggravated by~~ due to
~~(a) Service during this war.~~ (b) ~~Climate.~~ (c) ~~Ordinary military service~~
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

Pulse 96 teeth in poor condition.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **Nil.**
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **Nil Requires Dental Treatment.**
(State in percentage.)
Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanitorium is:— (a) Reasonable (b) Unreasonable
Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

H. G. FRASER.

President

J. S. TAIT.

Signatures

J. B. O'RIELLY.

Place **St. John's.**

Date **June 5/1913.**

APPROVED

Station

Date



(SGD) L. PATERSON. MAJOR.

Administrative Medical Officer.

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 4893 Rank Pte Name Hunt M
 Date of Enlistment 3-5-18 Address Dumville District St. John's
 Occupation Submarine Classification for Discharge B Medical Category 1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P136	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 _____ *for #11/15 St*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation *Michael X Hunt*
sub. Seaman

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable #6.00
 (b) Clothing Supplied _____ *Am. clothing*

Date 10-6-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A.1626 to his home at Dumelle and Release Certificate No. 2380 issued.

Date 10-6-19
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 8-7-19

Date 10-6-19
H. H. [unclear]
 Depot Paymaster.

Discharge approved for 24-6-19

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

Date 10-6-19
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

Date JUN 24 1919
R.H. [unclear]
 O. C. Discharge Depot.

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

Date June 18/19
[Signature]
 for O.C. Records

No. 4893

Name

Hunt, W.

Sqn., Bally,
or Company

B

Corps

ROYAL NEWFOUNDLAND REG.

Date of
enlistment

1871

O.C.
(budget)Service of
Peace (Army Pay)Date of last entry in
Company Conflict SheetNo. and date
of last rankPeriod of service
towards
freedom from extra pay

Serial No.

Signature O.C.
Company, etc.

Character

Place

Date of
offence

Rank

Cases of
Drunken-
ness

Offence

Names of Witnesses

Punishment awarded

Date of award or
of order dispensing
with trial

By whom awarded

Remarks

Army Form B. 122.

P.T.O.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4893 Rank Pte Name Acunt M
 Date of Enlistment 3-5-18 Address Dunville District P.M. Camp
 Occupation Fidelerman Classification for Discharge E Medical Category HE
 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.....

for Mins H
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Michael Acunt
and Fidelerman

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable #6.00

(b) Clothing Supplied

Ch. Clowth

Date 10-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1626 to his home at Dumville and Release Certificate No. 2580 issued.

Date

10-6-19

J.A. Snowball
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 8-7-19

Date

10-6-19

J.A. Snowball
Depot Paymaster.

Discharge approved for

24-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	2 Form B
E 178	W 3494	B 122	1	Board 1st	" 2	
R 178a	D 400A	B 1915	1	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

10-6-19

J.A. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity
R.H. Sait Capt.

Date

JUN 24 1919

O. C. Discharge Depot.

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

Date

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 Munitions Stores* } *Sickerman*
 7. Former Trade or Occupation }
 2. Regtl. No. *4893* 3. Rank. *Pte* } *Sickerman*
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 4. Name *Hunt* *Michael*
 (Surname) (Christian Names)
 5. Age last birthday. *22*
 6. Posted for duty on *June 14/18* 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*
 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

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? } *nd.*

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.)

No Complaint of his disability

16. Was an operation performed? If so, when and what was its nature? *nd.*
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. E. Procuier. Capl RMC
 Medical Officer in charge of case.

Station *Mozeley Barr*
 Date *30.4.19*

* 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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of

*Royal Newfoundlands*Number of Sheet *One*

Signature of O. C. Company

G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Hunt Michael</i>	Age on <i>24</i> years / months	<i>fisherman</i>		
Joined	Date	Place and Date of Enlistment	<i>St Johns</i>	Religion	
Joined	Date		<i>3.5.18</i>	<i>R.C.</i>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date				
			with Reserve		
			<i>36.5</i> years.		

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>Demobilized</i>	<i>G. J. Harris</i>	<i>8 79</i>			

To be carried over

Reg. No. *4893*. Rank *Pfc* Name *Paul M.*

Attested Address *Brumville*

Allotment Allottee

Date of Allotment Returned from Overseas *23. 1. 19.*

Returned on S.S. *Consolan* Cause *Discharge*

1.6.19. Sec. Dis. from the Army requires
mental treatment

9.6.19. **PASSED TO DEMOBILIZATION OFFICER**

24.5.19. **DISCHARGE APPROVED ON DEMOBILISATION**