



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 592 Name Ambrey Hynes ~~and~~ Capt.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Ambrey Hynes</u> |
| 2. What is your full Address? | 2. <u>Indian Head</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>.....</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fireman</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, Ambrey Hynes 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.

Ambrey Hynes SIGNATURE OF RECRUIT.

Josef Altman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ambrey Hynes 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 Indian Head on this 2 day of June 1918.

Signature of Attesting Officer Orlando Reed

†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 1918 } 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. 5592 Rank. *Private* Name *Hynes, A.* *760*
Attested *3-6-18* Address *Indian Islands Logo*
Allotment *60* Allottee *Alex Hynes (Brother)*
Date of Allotment *1-8-18* Returned from Overseas
Embarked for Overseas **JUL 22 1918** Cause

<i>6th/18</i>	<i>Vacc</i>	<i>15th Dec 11-7-18</i>	<i>2nd June 20-7-18</i>
<i>13th/18</i>	<i>Grac</i>		
		<i>Sept 16-6-18 to 26-6-18. R. L. 3-7-18.</i>	
<i>24th/18</i>	<i>Message recd.</i>	<i>Very ill unable to come this day.</i>	

No. 5592

Name

Lynes. A

Sqn., Batty.,
or Company

D

Corps

R. Newfoundland

Date of
enlistment

3/6/18

G.C.
BadgesService of
Proficiency Pay

Character

Place of last entry in
Company Conduct SheetNo. and date
of last drunkPeriod not reckoning towards
freedom from extra fine

Sheet No.

Signature G.C.
Company, etc.

Badges

Proficiency Pay

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.

C.R. 5592

Extract from War Office List No. H.A. 36129.

Dis. to Duty ex 6 Gen. H. Rouen 27th. April, 1919.

5592 Pte. H. Hynes.

Blepharitis.

C.R. 5592

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted ondemobilization has been
CONFIRMED by Officer i/c Records with effect from 10-7-19.

5592 Pte. Aubrey Hynes.

C.R. 5592

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's, June 19th, 1919.

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

5592 Pte. A. Hynes.

C.R. 5592

Extract from Daily Orders Part A1 Depot, Sjt. John's,

Date June 18th 1919.

5592, Pte. A. Haynes.

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

C.R. 5592

Extract from W. O. List No. H.A. 35688

Admitted 6 General Hospital 28th., March 1919.

5592 Pte. A. Hynes

NYD. Mild.

C.R. 5-6-92

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

5592 Pte. A. Hynes.

C.R. 5592

Extract from Daily Orders part II, from Unit The Royal
Nfld. Regt. St. John's, dated July 25, 1918.

#5592 Pte. A. Hynes.

To be Lance Corporal from July 20, 1918.

C.R. 5592

Extract from Daily Orders part 11, from Unit The Royal Wfld. Re
Regt. St. John's, dated June 5, 1918.

#5592 Pte. A. Hynes.

Attested for General Service with the Royal Wfld. Regt.
from 3.6.18

C.R.

5592

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbellis" July 22, 1918.

#5592 L/Cpl. Aubrey Hynes.

A Synes

C.R.

5592

~~1890~~

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 Newfoundland* 7. Former Trade or Occupation } *Stoherman*
2. Regt. No. *5542* B. Rank *Platoon* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Thomas A.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday *19*
6. Posted for duty on *June 2/1888* in category (or grade) *St. John's*
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 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? } *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.)

no complaint of 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. Proemin CapRAMC
 Medical Officer in charge of case.

Station *Hazley Damp*
 Date *18/6/19*

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered.
 - (b) The present condition thereof.

22. 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 part of the soldier
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered where the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Harley D Camp* } President or Chairman.
 Date *15/6/19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospitals.
 Date Officer in charge, Central Hospital.

OR
 Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station O.C. Discharge Centre.
 Date

Hynes, A

5592

Hay Sept.

July 12, 1919

#5592 Pte. Aubrey Hynes,

Indian Islands,

Fogo Dist.

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 & C. i. c Records

712

7047

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 26th. 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... *Curvey* 2. Surname... *Dwyer*
- 3. Rank... *4/c* 4. Regtl. No. *1:192*
- 5. Address in full to which future payments of gratuity are to be forwarded... *Indian Islands, Fogo, District*
- 6. Date of enlistment in the Regiment... *June 2nd 1898* 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... *not applicable*
- 9. Address in full of such dependents... *not applicable*
- 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 field, if so, give dates and particulars of such service... *not applicable*
- 12. Give total length of time which you served on active service, whether in field or overseas... *One year and ten days*

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

..... *not applicable*

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?

..... *not applicable*

19. Are you now serving in the Regt.? *no*.... If not give:- (a) date of discharge *Jan. 13. 1919.* (b) Reason for discharge

..... *Demobilized*

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.

..... *Germany*

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* *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: *Aubrey Hynes.*
 Place of Residence: *Indian Islands. Fogo.*
 Declared before me at: *St Johns*
 This *13th* day of *June* 19*19*....
Robert also p

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

POST DISCHARGE PAY.			Net amount due
Date paid	Said	War Service (Classify.)	
	Spouse's Dependence		due
.....
.....
.....
Certified correct.			Paymaster

July 10, 1919

#5592 Pte. Aubrey Hynes,
Indian Islands,
Fogo.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2895.

Yours truly

Captain
Quynaster & U.i/c Records

The Royal Ald. Regiment

DEMOBILIZATION

No. 5594 Rank

Name Bynes ✓

Warned for demobilization on

JUN 13 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1392 Rank Pvt Name A. Dymos
 Intended place of residence Indian Res 700

2. Occupation Fisherman
 Classification of soldier E Medical Category A1

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 13 1919
 for H. M. [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 and Date ST. JOHN'S
JUN 13 1919
A. Dymos
 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 and Date ST. JOHN'S
JUN 13 1919
A. Dymos
 Signature of soldier
James [Signature]
 Signature of witness SM

STATEMENT OF SERVICE

7. Enlisted for service 3-6-18 No of days on Military
 Discharged from service 27-6-19 plus 14 days Service 404

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 JUN 15 1919
R. H. [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 Res
 Date July 11/1919
[Signature]
 Officer in Charge of Records
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

Class for Demobilization:—

16/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *12.6.19*

Regimental No. *5592*

Name *Hynes* *Anthony* Rank

Address *Indian Islands*

Present Medical Category *A1*

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

Members of Board

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

H. Johnson
Senior Medical Officer

J.W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2092 Rank Pvt Name Hynes A.
 Date of Enlistment 3-6-18 Address Indyville District Pogo
 Occupation Fisherman Classification for Discharge H Medical Category H.A.
 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 12-6-19 O. C. Discharge Depot. H. Hynes

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.
G. Hynes

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied H. Hynes

Date 13-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at Johnston, Old Ferry and Release Certificate No. 2742 issued.

Date 13-6-19 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 11-7-19

Date 13-6-19 J.A. Snow
Depot Paymaster.

Discharge approved for 27-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P/36	B 208	B 121	1	N.F. Med	D.F. 1	
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L	1	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 13-6-19 J.A. Snow
O. C. Discharge Depot.

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 15 1919 R.H. Sait
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

G. Hayes.

Signature of Man.

Reg. No.

5592

J. A. Snowliff.

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

13-6-19.



191

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

MEDICAL HISTORY

Surname Haynes OF Haynes Christian Name Anthony

Table I.—GENERAL TABLE.

Birthplace:—Parish		<u>Indian Islands Nfld.</u>		County		<u>Newfoundland.</u>	
		<u>SPECIAL RESERVE</u>				<u>REGULAR ARMY</u>	
Examined	.....	on	<u>27th</u> day of <u>June</u> 191 <u>8</u> .	on	.....	day of	191
		at	<u>Sydney.</u>	at			
Declared Age	.....		<u>19</u> years	days		years	days
Trade or Occupation	.....		<u>Fisherman.</u>				
Height	.....		<u>5</u> feet <u>8</u> ³ / ₄	inches		feet	inches
Weight	.....		<u>140.</u>	lbs.		lbs.	
Chest Measurement	Girth when fully expanded		<u>39</u>	inches		inches	
	Range of Expansion		<u>4.</u>	inches		inches	
Physical Development	.....					
Vaccination Marks	Arm	Right		Left		Right	
	Number						
When Vaccinated	.....					
Vision		R.E.—V	<u>6/6</u>			R.E.—V	
		L.E.—V	<u>6/6.</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>L. M. Peterson</u>					
(Rank)		<u>Major</u>		Medical Officer.		Medical Officer.	
Enlisted	.....	at	<u>Sydney.</u>	at			
		on	<u>30th</u> day of <u>June</u> 191 <u>8</u> .	on	.....	day of	191
			Corps	Regtl. No.		Corps	Regtl. No.
Joined on Enlistment	.....		<u>Royal Nfld.</u>				
			<u>Regiment.</u>	<u>5592.</u>			
Transferred to	.....					
Became non-effective by	.....	on	.....	day of	191	on	.....
(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 *Aubrey Hyres*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5592*

Intended address *Indian Islds. 7090*

Height on discharge *5* Feet *10*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Salt*

Christian name of Father *—*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Indian Islds 25th June, 1899*

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) *Aubrey Hyres* *Plt*
(Rank)

Station **ST. JOHN'S.** Date *12-6-19*

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 _____



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.

- Royal Newfoundland*
1. Unit and Corps. } Former Trade or Occupation } *Fisberman*
2. Regt. No. *5597* 3. Rank. } 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
4. Name
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on *17/11/18* 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 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? } *na.*

In all cases such as facial injuries, ears, 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 complain 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.*

Repatriation

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

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

W.E. Prosser Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Kangley D. Camp*
 Date *18/5/19*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (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 part of the soldier

(a) Attributable to

(b) Aggravated by

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

Give details:

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

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in either than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Harley Camp* } President or
Chairman.

Date *18/5/19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable
in cases of
Patients in
Hospitals.

Date Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations,
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station O.C. Discharge Centre.

Date

FORM K

No 6357



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Aubrey Hynes, Regl. No. 5392, hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz: August, 25/18

Allotment begins

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4745	Brother	Alex. Hynes	Indian Island Yogo Dist	60
Total Allotment, \$				60c

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) J. James
Officer Commanding
F. Company
St John's
July 24 1918

(Sig.) Aubrey Hynes
(Rank) Pte

7156

Indian. Islands
Fogo. District
Oct 24th 1919

Capt. J. H. Snow.
St. Johns.

Dear Sir.

I was informed on the
13th day of June 1919, when I was
demobilized from the Royal A. F. L. Regiment
that I would get my discharge 14 days
from that date

And as I haven't received it
I would like for you to forward same
to me. please.

Yours. Sincerely

5-5-92. W. Aubrey Pynes.

The Department of Militia

ACCOUNT	
CHK. NO.	4974
IND.	00
PAY	5.00
GEN. LEADER	

The sum of *five* Dollars is due

Mr .. *Alex. Hyves* .. *Indian Isd* for .. *arwing* ..

Reg. No *5592* Rank .. *Pvt* .. Name .. *Hyves* .. *A* ..

From .. *Seldou* .. To .. *Indian Isd* ..

Vouch att. Counsel for \$ 5.00

A. H. [Signature]

DISTRICT OFFICER
NEWFOUNDLAND
AUG 15 1919
COMMANDING

J. A. [Signature]

Captain
Demobilization Officer.

[Signature]

No. *G 706*

TRAVELLING WARRANT

Date *13-6-19* The Royal Newfoundland Regiment

Please issue 1st Class Passage and Meals for

No. *5592* Rank *Sgt* Name *Hynes A*

From ~~ST. JOHN'S~~ *Seldom* To *Indian Field*

~~The Royal Newfoundland Regiment~~
~~DEPOT ST. JOHN'S~~

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. J. [Signature]
SIGNATURE OF ISSUING OFFICER.
Discharge Depot - Newfoundland

Please forward \$5.00 what I
am charging for carrying

Pte. Hynes from Seldom

Address. Alex. Hynes. Indian Islands
4090. District

Aug. 21, 1919

Mr. Alex. Hynes,
Indian Island.

A. C. R.

Dear Sir:

I enclose herewith cheque
for \$5.00, amount due you for driving
Pte. A. Hynes from Seldom to Indian Island.

Yours truly,

Capt.
Paymaster.

LM/

C.R. 5592

REQUIRE.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name.....*Aubrey Hynes*.....

Date.....*Nov 14 1920*.....

Place.....*Indian Islands*.....

Receipt for Army Book 64

No. *5592* Name. *Hynes a*

To Certify that I have received the AB 64 of the above
named soldier.

Name. *Aubrey Hynes.*

Date. *Aug. 13th 1920.*

Place. *Indian Islands.*

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

WR

Casualty Form - Active Service.

Regiment or Corps *R. Newfoundland*

Rank *Pvt.* Surname *Keynes* Christian Name *A*

Religion *6 of E* Age on Enlistment *19* years *7* months

Enlisted (a) *3/4/18* Terms of Service (a) *Duration* Service reckons from (a) *3/6/18*

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

Extended _____ Re-engaged _____ Qualification (b) _____
or Corps Grade and Rate _____

Occupation *Fisherman* *W. H. O'Keefe* Signature of Officer.

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		
	<i>6 Gen. H. Adams N.Y. Dimes</i>		<i>28/3/19</i>	<i>HT 35688</i>	
	<i>0/c Reed to H. R. Fox. release.</i>		<i>1579</i>	<i>Brown.</i>	
	<i>London.</i>				
<i>Jmt</i>	<i>25. 4. 19.</i>		<i>Record Office, Britis</i>		
			<i>in France & Flandre.</i>		

(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) Signaller, Shipping-Smith, &c. (17501.) W.L.W 1887-P.1194. 1,000,000. 6/18. D & S. Form B/103. (E. 1254.) I.P.T.O.

Next of Kin: *Brother: Alexander Keynes: Indian Islands: Notre-dame Bay: N.F.L.D.*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheets

Regiment of Royal Newfoundland Signature of O. C. Company W. Dicks Lieut

One

Regimental Number and Name	
No.	<u>572 Hynes Hubrey</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<u>19</u> years <u>1</u> months	<u>Fisherman</u>
Place and Date of Enlistment	<u>St Johns 12-6-18</u>	Religion
		<u>C.P.</u>
Period of	with Colours <u>1³/₈</u> years.	Place of Birth
	with Reserve <u>3³/₈</u> years.	<u>Indian Island NFB</u>

Good Conduct Badges, Service pay or proficiency pay

Promoted S/L Corporal 21-7-18

Retired to private at his own request 18-9-18

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St Johns 10 / 19</u>				

To be carried over.

Army Form B. 121.

5592

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5592 Rank Plt. Name Hynes, A.
 Date of Enlistment 3-6-18 Address St. John's, Nfld. District Yago
 Occupation Fisherman Classification for Discharge 1 Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	B 121	N.F. Med.	D.F. 1
B 178	W 3404	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178	D 400B	Form L	do 3rd	" 4
B 178a	D 400C	Form K	do 4th	" 5
B 178b	B 103	ME 2		" 6
B 178c	B 120	M 93		

Date 12-6-19 J. Hynes H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A. Hynes

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable Yes
 (b) Clothing Supplied Yes

Date 13-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at London, Md. Fog and Release Certificate No. 3742 issued.

Date 13-6-19

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 11-7-19

Date 13-1-19

J.A. Snowball
Depot Paymaster.

Discharge approved for 27-6-19

Forwarded with following documents to O. C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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 13-6-19

J.A. Snowball
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 GratuityDate JUN 15 1919

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

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

Date June 24/19

Amelia
Records

Reg. No. *5592* Rank *Pfc* Name *Hyman, Ch*

Attested Address *Indian Hld. 790*

Allotment Allottee ..

Date of Allotment Returned from Overseas *1-6-29*

Returned on S S *Corsican* Cause *Discharge*

12-6-19

15-6-19

~~ISSUED TO DEMOBILIZATION OFFICE~~

DISCHARGE APPROVED ON DEMOBILISATION.