



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4677 Name Mr Hynes Corps R C

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

1. What is your name? ..... 1. William Hynes
2. What is your full Address? ..... 2. Portugal Cove,  
St Johns Base
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 23 Years 9 Months
5. What is your Trade or Calling? ..... 5. Street Car Conductor
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service? .. 9. yes
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. yes

I, Mr 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.

A ..... SIGNATURE OF RECRUIT.  
24-4-18

William Hynes ..... SIGNATURE OF RECRUIT.  
James Arklie ..... Signature of Witness.

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

I, Mr 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 St Johns on this 24 day of April 1918

Signature of Attesting Officer ..... James Arklie

### †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  
Place ..... } Approving Officer.

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

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

Report 29-4-18

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Ayres  
 Apparent age 23 years 9 months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Andrew Ayres, Portugal Cove  
Rock, St John's Base | Relationship Brother

### Particulars as to Marriage

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>24-4-18</u>					Lance Capt + <sup>5</sup> / <sub>18</sub> Capt. 8 <sup>11</sup> / <sub>18</sub>				
Joined at <u>St John's</u> on <u>April 24-1918</u>									
Discharged July 29/1919									
Reappointed for duty <u>29-4-18</u> Captain <u>St John's train</u> Title for demobilization <u>14 1/2</u> Arrived home <u>1-7-1919</u>					<div style="font-size: 4em; font-weight: bold; opacity: 0.5;">                     (Signature)                 </div> to Halifax Nov 11-6-18				
Demobilization <u>St John's</u> <u>29-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-7-1919 [date of discharge] 1 years 92 days  
 " " Pensions " " " " " " " " " " " "



C.R. 4677

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date  
29-7-19.

4677, Cpl. W. Hynes.

C.R. 4677

extract from Daily Orders Part II Royal Newfoundland  
Regiment dated July 19th 1919.

The discharge of the undernoted on demobilization has  
been APPROVED by U.C. Discharge Depot with effect from follow-  
ing date.

15-7-19.

4677, Cpl. W. Haynes.

C.R. 4677

Extract from Daily Orders Detachment Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

4677 Cpl. W. Hynes.

Reported at Headquarters 1-7-19 on "Cassandra" which  
sailed Glasgow June 24th, 1919.

4677

C.R.

Extract from Daily Orders by Lt. Col. B.J. Barton, D.S.O.  
Commanding 2nd Bn. Royal Wfld. Regt., 8-11-18.

)  
The following to be Acting Corporal as from 8-11-18.

4677 L/C. W. Hynes.

"C" Coy.

C.R. 4677

Extract from Orders by Lt. Col., B.J. Barten, D.S.O., commanding  
2nd Bn. Royal Wfld. Regt. dated 8/11/18.

The following to be Acting Corporals as from 8/11/18:

4677 L/Cpl. W. Hynes, "C" Coy.

C 4677  
Extract from Daily Orders Part 11. from unit The Royal Welsh  
Regiment, St. John's, dated June 14th, 1918.

4677 L/C W. Hynes .

Embarked for Overseas with draft 11-6-18.



C.R. 4677

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated May 6th, 1918.

#4677 Pte. W. Hynes.

To be Lance Corporal from 4/5/18.

C.R.

4677

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

#4677 Pte. William Hynes.

Attested for General Service with the Royal Nfld. Regt.  
from 24/4/18 to report 29/4/18.

W. Symes

C.R.

4677

~~1 x 80~~

FORM K

No 3958



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Haynes, Regl. No. 4677

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Five Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<del>4677</del> 3959	Brother	<u>Andrew Haynes</u>	<u>Fortugal Cove</u> <u>St John's Head</u>	
				Total Allotment, \$ <u>50</u>

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.) [Signature]  
Officer Commanding  
A Company  
[Signature]  
May 16th 1918

(S) William Haynes  
(Rank) L/C

FORM K



No. 3958



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Hynes, Regl. No. 4677

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and fully Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<del>4677</del> 3859	Brother	Andrew Hynes	Portugal Cove St John's base	
Total Allotment, £				50

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

Sig.) [Signature]

Officer Commanding  
a. Company

(Sig.) William Hynes

(Rank) L/C

[Signature]  
St John's  
May 16th 1918

TO, - The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir; -

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.  
Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
<u>4677.</u> <del>4667</del>	1/c.	Hynes W.	\$250	Wm. Hynes

I have the honour to be, Sir,  
for the Committee,  
your obedient servant.

Date

July 1/18.

William Hynes

No. 196/40/P&A.

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

Officer Commanding,  
2<sup>nd</sup> Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.



5th January, 1919

Subject: 4677, a/Cpl. W. Hynes,

With reference to the following telegram ( 63 ) from the Hon. Minister of Militia, received

"Pay to 4677 Hynes, £5.0.0.

Draft £ 5.0.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*A.A. Minwell Maj.*

Chief Paymaster & O. 1/c Records.

7/1 1919

Receipt hereunder.

*R. J. P. Parker* **LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**

Officer Commdg. 2<sup>nd</sup> Batt'n  
Royal Newfoundland Regiment

Received the sum of £5.0.0

Five Pounds - on account of  
cable remittance from Newfoundland.

W. Hynes

No. 4677 Rank Cpl

witness R. Mercer. Cpl

0

100189



N.F.P. 170.

No. 6506/1610

From: NEWFOUNDLAND CONTINGENT JUN 1919

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

To: ~~Officer Commanding,~~  
~~2/Bn Royal Nfld. Regt.,~~  
~~Halifax~~

11th June 1919

June 13th 1919.

4677, A/Cpl. W. Hynes,

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 (227):

*J. J. Barton*

LIEUT. COLONEL.

COMMANDER IN CHIEF, NEWFOUNDLAND REGT.

"Pay to-

4677 Hynes £4:0:0

Received the sum of £. 4. 0. 0.

Cheque £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Four Pounds. in respect of telegraphic remittance from the Minister of Militia.

*A. J. [Signature]*

Chief Paymaster & O. i/c Records.

W. Hynes

No. 4677 Rank Cpl.

Witness: H. White



Hynes, W

4677

Hay Dept.

July 29th 1919.

#4677, Cpl. W. Hynes.  
Portugal Cove Road  
St. John's. N.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3456.

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4677 Rank Cpl Name Hynes W.  
 Intended place of residence Portugal Cove Rd  
 2. Occupation Street Car Conductor  
 Classification of soldier E Medical Category AI

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 15 1919  
 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 15 1919  
 Signature of soldier William Hynes  
 Signature of witness M. Clouston

### 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 15 1919  
 Signature of soldier William Hynes  
 Signature of witness W. Keaton

### STATEMENT OF SERVICE

7. Enlisted for service 24-4-18 No. of days on Military  
 Discharged from service JUL 15 1919 Plus 14 days Service 462

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S  
 Date JUL 15 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 29/1919  
 The Royal Newfoundland Regiment

W. Bowley Capt  
 The Royal Newfoundland Regiment  
W. Keaton  
 7  
 31  
 20  
 29  
 07

# The Royal Newfoundland Regiment

Class for Demobilization: B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 4677

Name Hynes, H.

Address Portugal Cove.

Present Medical Category A-1

Recommended for: { (a) Immediate discharge \_\_\_\_\_  
(b) ~~Standing Medical Board~~ \_\_\_\_\_

Members of Board {

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

Watson  
Senior Medical Officer

Dee Borden  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4677 Rank Private Name James W. Hynes  
 Date of Enlistment 2-1-18 Address Port-Au-Pollon District St. Johns  
 Occupation Shoe Maker Classification for Discharge F1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 11-7-19 O. C. Discharge Depot St. Johns

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

*William 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 \$60.00

(b) Clothing Supplied None

Date 15-7-19 O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling-Warrant No. 2915 to his home at Portugal Cove and Release Certificate No. 3620 issued [Signature]

Date ..... 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 29-7-19

Date 15-7-19 ..... Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 15-7-19 ..... 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**

JUL 15 1919

Date ..... N.R. Cooper Capt.  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*William Hyus*

Signature of Man.

*M. Bloush*

Signature of the Vocational Officer or his Representative.

Reg. No. 4677

Place **ST. JOHN'S,**

Date 15-7-19.

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

# MEDICAL HISTORY

Surname Hynes OR Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <u>24<sup>th</sup></u> day of <u>April</u> 191 <u>8</u>	on	day of	191
	at <u>St John's, nfld.</u>	at		
Declared Age	<u>23 <math>\frac{3}{4}</math></u> years	—	years	days
Trade or Occupation	<u>Street bar conductor</u>			
Height	<u>5</u> feet <u>5 <math>\frac{1}{4}</math></u> inches		feet	inches
Weight	<u>130</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				

	Right	Left	Right	Left
Vaccination Marks { Arm	/			
{ 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

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) [Signature]  
(Rank) Major

Medical Officer. Medical Officer.

Enlisted at St John's, nfld. on 24<sup>th</sup> day of April 1918

	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal nfld Regt.</u>	<u>4677</u>		
Transferred to				

Became non-effective by on \_\_\_\_\_ day of \_\_\_\_\_ 191 on \_\_\_\_\_ day of \_\_\_\_\_ 191

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_



**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
30.4.18.	<i>Vac. P.E. Vacc 4/8 SD</i>
7-5-18	<i>T.A.B. SD</i>
17-5-18	<i>do SD</i>
25-5-18	<i>do SD</i>

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for Discharge on Demobilisation. Medical category A 1  
*July 1st 19* \_\_\_\_\_  
*W.S. H.*  
Medical Officer*

**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 *William Hynes*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4677*

Intended address *Portugal Cove.*

Height on discharge *5* Feet *6*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

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 *Portugal Cove, July 8<sup>th</sup>, 1894*

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 Hynes*

*B.M.*  
(Rank)

**ST. JOHN'S.**  
Station

Date *14-7-19*

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.



Medical Officer i/c Hospital.  
Unit, or Command Depot.

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.

1. Unit and Corps. *Royal Newfoundland Land* 7. Former Trade or Occupation } *Car Conductor*
2. Regtl. No. *4677* 3. Rank. *Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Hynes William* (Surname) (Christian Names) (e) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *24*
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 (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*

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.)

*The Complaints of No 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.

*Repatriation*

Station *Hazley Down*

Date *10/4/19*

*W.E. Prosser*

Medical Officer in charge of case.

\* 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

August 9th 1919.

Mr. W. Hynes,

Portugal Cove. St. John's. N.

Dear Sir:

Referring to your application, I enclose  
cheq ue for seventy dollars (\$70.00) being amount  
of first payment due you on account of war Service  
Gratuity.

Yours truly

Capt. & Paymaster.

HS/.

5471

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 *William* 2. Surname *Agnes*

3. Rank *Corporal* 4. Regtl. No. *4677*

5. Address in full to which future payments of gratuity are to be forwarded. *Postoffice Lane, St John's East*

6. Date of enlistment in the Regiment. *April 24/18*

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. *—*

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. *Sixteen months*  
..... 1.  $\frac{1}{2}$  .....

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?.....

16. Have you, during the present war, served in the Imperial Forces...

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.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

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

19. Are you now serving in the R.A.F.?..... If not give:- (a) Date of discharge July 29/19 (b) Reason for discharge.....

..... Remark .....

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: *William Hyatt*  
 Place of Residence: *Portugal Ave. St Johns East*  
 Declared before me at: *St Johns*  
 This *1st* day of *July* 191*9*.....

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

POST DISCHARGE PAY.		:		
Date paid	to	:	War Service	Net amount
	Soldier, Dependence:	:	Statutory.	due
.....	.....	:	.....	.....
.....	.....	:	.....	.....
.....	.....	:	.....	.....
Certified correct.			Registrar.	



No 3958



### 1ST. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, William Hynes, Regl. No. 4677  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 \_\_\_\_\_ Dollars and Fifty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz :

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<del>4677</del> 3859	Brother	Andrew Hynes	Portugal Cove St John's East	
Total Allotment, \$				50

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

Sig.) J. James  
 Officer Commanding  
 \_\_\_\_\_  
 \_\_\_\_\_  
St John's  
May 16th 1918

(Sig.) William Hynes  
 \_\_\_\_\_  
 (Rank) D/C

ST. JOHN'S, JUL 15 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Epl. W. Hynes

Billeting Soldiers as undermentioned

from July 1/19 to July 13/19

4677 - Epl. W. Hynes 15. 50

ACCOUNT	<u>3037</u>
CH. NO.	
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 15.50

William Hynes

Billeting Officer.

William Hynes

Epl. W.