



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5156 Name Hugh Allan King Corps C of E.

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

1. What is your name? ..... 1. Hugh Allan King
2. What is your full Address? ..... 2. St. John's, Nfld.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years ..... Months 1
5. What is your Trade or Calling? ..... 5. Printer
6. Are you Married? ..... 6. Single
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. No
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. Yes Name ..... Corps C of E.
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, Hugh Allan King 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.

Hugh Allan King SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

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

I, Hugh Allan King 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, loyally and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at ..... on this ..... day of ..... 191

[Signature] Signature of Attesting Officer

### 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 15/5/18 ..... 191

[Signature] 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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Hugh Allen King

Apparent age 22 years          months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 35 inches  
Range of expansion 3 inches

Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Lt. Samuel King  
New Bonaventure B.B. Relationship Father

Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " " " " " " " " " " " "									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5156 Name Hugh Allan King Corps 6 of C.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Hugh Allan King</u> .....                          |
| 2. What is your full Address? .....  | 2. <u>100 Westford Street</u><br><u>St. John's</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                                      |
| 4. What is your age? .....   | 4. <u>22</u> Years ..... Months .....                    |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u> .....                                |
| 6. Are you Married? .....  | 6. <u>no</u> .....                                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u> .....                                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>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, Hugh Allan King 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.

15-5-18 Hugh Allan King SIGNATURE OF RECRUIT.  
W. H. Coughlan SIGNATURE OF WITNESS.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 15th day of May 1918.

Signature of Attesting Officer J. B. Dicks Lieut

### CERTIFICATE OF APPROVING OFFICER.

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

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

Date 15th May 1918 .....

Place St. John's .....

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).....

DESCRIPTIVE REPORT ON ENLISTMENT

5-156

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

Name *Dughallan King*
Apparent age *22* years *—* months. Height *5* feet *5* inches
Chest Measurement { Girth when fully expanded *35* inches
Range of expansion *3* inches
Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Lt. Samuel King*
*New Brentwood St.* Relationship *Father*
Particulars as to Marriage

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

Table with 4 columns: (a), (b), (c), (d). All cells are empty.

Particulars as to Children

Table with 2 columns: Christian Names, Date and Place of Birth. All cells are empty.

STATEMENT OF THE SERVICES

Table with columns: 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 (Years, Days), Service in Reserve not allowed to reckon towards G. C. Pay (Years, Days), Signature of Officers certifying correctness of entries.

Service towards limited engagement reckons from *18-5-18*
Joined at *Moins* on *May 18-1918*
Discharged *July 19*
*Cambrai St John's St. Cambella to Halifax N.S. 22-7-18*
*Cambrai for B.C.F. 23-11-18*
*Personals France 25-11-18.*
*joined Brillon 5-1-1919*
*transferred from No. 22 to Arrondissement No. 73 4/19*
*to the support of land for demobilization 23-5-19.*
*Arrondissement No. support of land 1-6-1919*
*demobilization St John's 5-7-1919*

Total Service forfeited as above.....

Total Service towards Engagement to *5-7-1919* (date of discharge) *1* years *49* days
Pensions " " " " " "

Reg. No. 5156 Rank Pte Name King, H  
 Attested 18-5-18 Address New Bonaventure  
 Allotment 70 Allotee Mrs Agnes King (Mother)  
 Date of Allotment 1-7-18. Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas JUL 22 1918 Cause \_\_\_\_\_

<p>20-5-18 Vac</p>	<p>3rd Dec 4-7-18</p>	
<p>H.L. 6-6-18 to 14-6-18</p>	<p>St. Troc 15 6/18, 3rd Dec 20 6/18</p>	
<p>16/6/18</p>	<p>Returned from leave</p>	

C.R. 5156

Extract from Daily Orders part II, Unit the Royal Newfoundland Regiment dated July 9th. 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer i/c Records annotated date.

#5156 Pte. Hugh A. King.

4-7-19.

C.R.

C.R. 5156

Extract from D.I. by Order No. 22 Unit The Royal WFLD.

Reg. No. 50, John's, June 13th, 1919.

The discharge of the interned on demobilization has been  
approved by C.O. Discharge Dept, with effect from 21-6-19.

21-6-19

5156 Pte. H. King.

C.R. 5156

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

Date 10-6-19.

5156 Pte. King.

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



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

C.R. 5156

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

#5156 Pte.h. King.

C.R. 5166

Extract from Nominal Roll of draft No. 56 from the Ind.,  
Battalion of the Regiment -inchester to the 1st., Bt.  
P. R. T. Embarked Southampton 22/11/18.

#5156 Pte. H. A. King.

C.R.

5156

Extract from Daily Orders part 11, from Unit The Royal  
Wfld. Regt. St. John's, dated July 25, 1916.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1916

#5156 Pte. Hugh King.

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

#5156 Pte. Hugh Alan King.

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

Depot 5156

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

## MEDICAL HISTORY

Surname King OF Christian Name Hugh Allan

Table I.—GENERAL TABLE.

Birthplace:—Parish New Bonaventure County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined .....	15 day of May 1918	Sydney	day of	191
Declared Age.....	27 years	days	years	days
Trade or Occupation .....	Fisherman			
Height .....	5 feet	5 inches	feet	inches
Weight .....	126 lbs.			lbs.
Chest Measurement {	Girth when fully expanded....	35 inches		inches
	Range of Expansion..	35 inches		inches
Physical Development..				
Vaccination Marks {	Right	Left	Right	Left
	Arm .....			
Number .....				
When Vaccinated .....				
Vision .....	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	James Paterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted .....	at Sydney		at	
	on 18 day of May 1918		on	day of 191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment.....	The Royal 5156			
	Nfld Regt			
Transferred to..				
Became non-effective by .....				
(Signature)	on	day of 191	on	day of 191
(Rank)				



## Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland  
 Rank Pte Surname King Christian Name H. A.  
 Religion C of E Age on Enlistment 22 years — months  
 Enlisted (a) 18/5/18 Terms of Service (a) Duration Service reckons from (a) 18/5/18  
 Date of promotion to present rank — Date of appointment to lance rank —  
 Extended  Re-engaged  Qualification (b) —  
 or Corps Trade and Rate 77 Long Capt  
 Occupation Fisherman Signature of Officer [Signature]

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
	From whom received	Record of promotions, reductions, transfers, casualties, etc. 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.			
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrived in UK		22/4/19	

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

(b) Signaller, Shipping Smith, &amp; Co

(1721) W.W. 1857-P 1194. 1,000,000. 6/18. P. A. R. Form B/103. (E. 1256.)

P.T.O.

Next of Kin: Father: Samuel King: New Bonaventure: Bay: Y & S.D.







## Medical Report on an Invalid.

Station Stagley D. Camp  
Date 20 4 19

1. Unit Royal Newfoundland  
2. Regimental No. 5156  
3. Rank Pte.  
4. Name King Hughallin  
5. Ago last birthday 22  
6. Enlisted on 18/18  
at St. Johns
7. Former Trade } Fisherman  
or Occupation }
- 7a. If with previous service in Army, state—  
(a) Former Unit ;  
(b) Regimental No. ;  
(c) Date of Discharge ;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

*Note.*—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

hie  
hie  
hie  
hie

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
(b) constitutional or hereditary, and not aggravated by service during the present war.  
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

h a

13. What is his present condition? *He complains of no disability.*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

- 14. If the disability is an injury, was it caused—
  - (a) In action?
  - (b) On field service?
  - (c) On duty?
  - (d) Off duty?

- 15. Was a Court of Inquiry held on the injury?
  - If so—(a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

*h a*

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

*h a*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*h a*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*h a*

*Repatriation*

- 20. Do you recommend—
  - (a) Discharge as permanently unfit, or
  - (b) Change to England?

*Sgt* W F Prosser *Capt R.A.M.C.*  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Wing D Camp  
Date 30-4-19

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made.

H.A. King

C.R. 5156

S.H.C.

## Medical Report on an Invalid.

Station Hazely CrossDate 30/4/14

1. Unit Royal Newfoundland
2. Regimental No. 5156
3. Rank plc
4. Name King Mephallin
5. Age last birthday 22
6. Enlisted { on May 18/14  
at St Johns
7. Former Trade } Fisherman  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit ;  
(b) Regimental No. ;  
(c) Date of Discharge ;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na.

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*He complains of no disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

*n.a.*

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

*n.a.*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*n.a.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*n.a.*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation*

*W. E. Procuier. Capt RAMC*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley House*

\_\_\_\_\_  
Officer in charge of Hospital.

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.

† Delete this word if no exceptions are to be made.

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*
2. Regtl. No. *1758* 3/ Rank. *Plt.*
4. Name *Boyles* *Robt*  
(Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on ..... at .....  
in category (or grade) .....
7. Former Trade or Occupation } *Farmer*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps, with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (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 ? }

*See Complaint of his disability*

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

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

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?

*Repatriation*

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.

*W. P. Proemier. Capt. R.A.M.C.*

Station *Hazley Down*

Date *9/14/19*

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.





THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Hugh Allan King, Regl. No. 5156

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Penny 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 July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<u>Hugh Allan King New Brunswick</u>		<u>70</u>
Total Allotment, \$				<u>70</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 Company  
[Signature]  
 1918

(Sig.) Hugh Allan King  
 (Rank) Pte



No. 6439/928

*de boy 099348*

N.F.C. 179.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Batt. ~~2nd~~ 1st Nfld Regiment  
Winchester

29th April 1919

5156 Pte H.A. King

*May 18<sup>th</sup> 1919*

With reference to the following telegram from the Minister of Militia / / ( 155 )

"Pay to- 5156 Pte H.A. King  
£5-0-0

Receipt hereunder.

*J. W. Waterhouse*  
Officer Commandg. 1st Batt'n.

Cheque £5-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Five  
pounds (£5.0.0) in respect of telegraphic remittance from the Minister of Militia.

*A. C. Minshall*  
Chief Paymaster & O. i/c Records.

H. King  
No. 5156 Rank Pte  
Witness French W Sgt

No. 17760/1927

*049926*  
*RB*



From: NEWFOUNDLAND CONTINGENT

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

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

2nd November 1918

*Nov 6* 1918

Subject: 5156, Pte. H. A. King,

With reference to the following telegram (9426) from the Hon. Minister of Militia, received

pay to 5156 King £5:0:0

Receipt hereunder.

*Chas. J.* LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2<sup>nd</sup> Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Five  
Pounds on account of

cable remittance from Newfoundland.

H. King.

No. 5156 Rank Private

Witness A. L. Carter, Pte.

Draft £ 5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. R. [Signature]*  
Chief Paymaster & O. 1/c Records.

King, A

5156

Ray Sept.

July 5, 1919

#5156 Pte. Hugh A. King,

New Bonaventure, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2665.

Yours truly

Captain,  
Quartermaster & O.i/c Records.

The Royal Mtd. Regiment

DEMOBILIZATION

No. 5156 Rank

Name King A

Warned for demobilization on

JUN 7 1919

## 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

H. King

Signature of Man.

Reg. No.

5156

J. P. Snowcliff

Signature of the Vocational Officer or his Representative.

Place

21 - Johns

Date

JUN 7 1919

191



# The Royal Newfoundland Regiment

Class for Demobilization: *R.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *6.6.19* .....

Regimental No. .... *5156* .....

Name ..... *King Hugh Allan* .....

Address ..... *New Bonaventure, P. B.* .....

Present Medical Category ..... *A-1* .....

Recommended for:— { (a) Immediate discharge .....  
(b) Standing Medical Board .....

Members of Board { *R.H. Lant Capt*  
O.C. Discharge Depot.

*M. Peterson*  
Senior Medical Officer

*S.W. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5156 Rank Plt Name King A  
 Date of Enlistment ..... Address New Brunswick District County  
 Occupation ..... Classification for Discharge E Medical Category A  
 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	1
B 178	W 3494	B 122	Board 1st	" 2	5
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 178a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 6-6-19 O. C. Discharge Depot. King A

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) ~~Clothing~~ Supplied .....

Date 7-6-19 O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R1575.3627* to his home  
*New Bonaville* and Release Certificate No. *1459* issued.

Date *7-6-19* ..... *J.A. Shaw Capt.*  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to *5-7-19*

Date *7-6-19* ..... *H. Mans M.*  
 Depot Paymaster.

Discharge approved for *21-6-19* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st.	" 2	<i>2 Form 13</i>
B 178a	D 400A	B 1915	do 2nd.	" 3	
B 179	D 400B	Form L	do 3rd.	" 4	
B 179a	D 400C	Form K	do 4th.	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date *7-6-19* ..... *J.A. Shaw Capt.*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUN 21 1919**

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

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

Date .....

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 51576 Rank Pfc Name King H  
 Intended place of residence St. John's Trinity

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 .....

Date ST. JOHN'S JUN 7 1919 *H. King*  
 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 7-6-19 *H. King*

ST. JOHN'S

Signature of soldier

*M. Johnston*  
 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 *H. King*

7-6-19

Signature of soldier

*James O. Newman*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No of days on Military  
 Discharged from service 21-6-19 *for 14 days* Service 414

## 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 *R.H. Lait Capt*

Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

Date JUN 07 1919

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's *M. Bowley Capt*

Date July 5 1919 *M. Bowley Capt*  
 Office of Records  
 The Royal Newfoundland Regiment

*AFB 207972665*



## 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 *Hugh Allan King*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *5156*  
 Intended address *Les Bonaventure, I. B.*

Height on discharge *5* Feet *7*  
 Color of hair on discharge *Brown, Light*  
 Complexion *Fair*  
 Color of eyes *Blue*

Descriptive Marks —  
 Figure on discharge *Normal*  
 Christian name of Father *Samuel*  
 Christian name of Mother *Agnes*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Les Bonaventure, Oct. 13, 1895*

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)

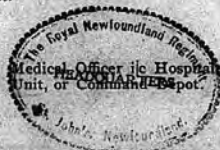
Station **ST. JOHN'S.**

*Hugh Allan King* (Rank) *Pt*  
 Date *5-6-19*

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

Station

Date



July 5, 1919

#5156 Pte. Hugh A. King,

New Banaventure, T.B.

Dear Sir:-

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

Yours truly

Captain  
Paymaster & O.i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Hugh A. King* .....

3. Rank..... *Pte* .....

4. Regt. No. *515-6*

5. Address in full to which future payments of gratuity are to be forwarded..... *New Bonaventure, N. B.* .....

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

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 18/18* .....

*To June 7/19* .....

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

*No*

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

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

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

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

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

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

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

*Vietnam*

*Demobilization*

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

*France, Belgium & Germany - From Dec 31/18 to April 1919*

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

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



Signature of Applicant: *Hugh A King*  
 Place of Residence: *New Bonaventure T. B.*  
 Declared before me at: *N. Johnis, Nfld*  
 This *7th* day of *June* 19*19*.....

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

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Credit.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster



The Department of Military

*Trans. Fee*  
2476  
The sum of

*June 13/09*

cents is the

five \$5.00 dollars and

Rank

*W. A. Kelly*  
*Private*

*New BehAdventure* *Trinity Bay*  
for driving No. *0156*

To

*New BehAdventure*

from *Trinity June*

*Set*

**OFFICE OF THE  
POSTMASTER  
JUN 14 1899  
COMMANDING**

*W. A. Kelly* attached

*certified to pay for*  
*\$5.00*

*J. A. Brown*

Discharge Dept. *revised*

No. *S.*  
*827*

TRAVELLING WARRANT

*\$5.00*  
*Correct*  
*- 11 -*

Date *7-6-19* The Royal Newfoundland Regiment

*General*

Please issue 1st Class Passage and Meals for

No. *5-136* Rank *Pl-* Name *King H.*

From *Trinity June* - ~~ST. JOHN'S~~ - To *New Bonaventure*

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

The Royal Newfoundland Regiment  
DEPOT ST. JOHN'S, N.F.

*J. P. Snowless*

SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer  
Discharge Depot-Newfoundland

Address.

Mr. Hugh A. King:  
New Bonaventure  
Trinity Bay.

July 4, 1919

Dear Sir:



I enclose herewith cheque  
for \$5.00 amount due you for conveying  
#5156 Pte. H. King from Trinity  
to New Bonaventure.

Yours truly,

Capt.  
Paymaster

Mr. H. A. King,  
New Bonaventure,  
T.B.

THE ROYAL NEWFOUNDLAND REGIMENT

To #5156 Pte. H. King

June 15th

To Paid For 1 Meal, while on leave -

70¢

*OK  
M. Richards*

*OR. Cheque mailed  
July 4/18*

*W. M. King* Ass't Adjutant  
Royal Newfoundland Regiment  
St. John's, Nfld.

*C. B. B.*

*J. M.*  
DISTRICT DEPOT THE ROYAL  
NEWFOUNDLAND REGIMENT  
JUL 19 1918  
COMMANDING

ACCOUNT *B. M.*  
CH. NO. *10334*  
IND. LEDGER  
PAY LEDGER  
GEN. LEDGER

Spies to Certify U.S.

Per <sup>5/16</sup> H King received to  
Breakfast 70 cts

Paid

*[Signature]*

June 15

Edmund Long

Central Hotel

Chattanooga



Receipt for Army Book 64

No. 5156 Name King

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

Name King

Date Aug. 16/8/20

Place New Bondventure

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

30/11/20

# The Royal Newfoundland Regiment

9/15/6

## DEMOLIBIZATION OF

Reg. No. 5156 Rank Pl Name King H  
 Date of Enlistment..... Address New Brunswick District University  
 Occupation..... Classification for Discharge H Medical Category A  
 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	4
B 178a	D 400A	B 1915	do 2nd	" 3	4
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 6.6.19 ..... King H  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOLIBIZATION

#### 1. Civil Re-Establishment.

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

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..... Amelius King H

Date 7-6-19..... O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1575.9627* to his home at *San-Bonavinta* and Release Certificate No. *2459* issued.

Date *7-6-19*

*J.A. Lawcraft*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *5-7-19*

Date *7-6-19*

*J.A. Lawcraft*  
Depot Paymaster.

Discharge approved for *21-6-19*

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
R 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 *7-6-19*

*J.A. Lawcraft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Charge  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

1111 91 1919

Date .....

O. C. Discharge Depot.

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

Date *June 14/19*

*J.A. Lawcraft*  
for O.C. Discharge Depot

Reg. No. *5156* Rank *Pfc.* Name *King, H.A.*

Attested ..... Address *New, Donaventure*

Allotment..... Allottee .....

Date of Allotment..... Returned from Overseas *29-5-49*

Returned on S.S. *Corsica* Cause *Discharge*

*6-6-49*  
*21-6-49*

PASSED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILISATION.