



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5005 Name Leander Newhook Corps COFL

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Leander Newhook</u> |
| 2. What is your full Address? | 2. <u>Normans Cove</u>
<u>Trinity Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Bookbinder</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, Leander Newhook 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.

Leander Newhook SIGNATURE OF RECRUIT.

J. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Leander Newhook 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

on this 13 day of May 1918

Signature of Attesting Officer C. B. Dricks 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 complied with. I accordingly approve, and appoint him to the

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

Date.....191

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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

5005

Name Reuben Newhook
 Apparent age 19 years 10 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Emmanuel Newhook
Normans Cove 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.

(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 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 <u>15-5-18</u>									
Joined at <u>St John's</u> on <u>May 13-1918</u>									
<u>Discharged July 2/19</u>									
<u>Embarked St John's, train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for Brest 26-10-18</u>									
<u>Disembarked France 26-10-1918</u>									
<u>Admitted to Gen Hoop Queen's Battery 26-5-1919</u>									
<u>Rejoined unit 4-4-1919</u>									
<u>Transferred from Queen's 22nd Coy. Army Machine Co 23rd Coy.</u>									
<u>to be employed for demobilization 22-5-1919.</u>									
<u>Arrived to Newfoundland 1-6-1919</u>									
<u>Remobilization St John's 2-7-1919</u>									
Total Service forfeited as above _____									

Total Service towards Engagement to 2-7-1919 [date of discharge] 1 years 47 days
 " " Pensions " " " " " " " " " " " "

C.R. 5005

Extract from Daily Orders Part II Unit The Royal Rifles,
Regt. St. John's, July 4th, 1919.

The discharge of the undersigned on demobilization has been
confirmed
~~confirmed~~ by C.S. Discharge Depot with effect from 2-7-19.

5005 Pte. Leander Newhook.

C.R. 5005

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Depot, St. John's, June 9th, 1919

The discharge of the undernoted on demobilization has been
APPROVED ^d by the O.C. Discharge Depot with effect from
18-6-19.

5005 Pte. L. Newhook.

C.R.

5005

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 7th 1919

5005 Pte. L. Newhook.

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

BE "Corsican"

C.R.

5005

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

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

#5005.Pte.L. Newhook.

C.R. 5005

Extract from Daily Orders Part II Unit The Royal Rifles Regt.
by Lt. Col. F.G. Mathias, D.S.O. Commanding 1st Batta. 3/11/18.

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

5005 Pte. L. Newhook.

B Coy.

C.R. 5005

Extract from War Office .List No. H.A. 35670.

5005 Pte. L. Newhook.

Sabies Mild.

Admitted 8 General Hospital Rouen 26th., March 1919.

C.R.

5005

Extract from War Office List No. H.A. 35783.

DIS. TO RESERVE EX 8 GEN. HOSP. ROUEN 3rd. APRIL 1919.

5005 Pte. L. Newhook.

SCABIES MILD.

C.R. 5-505-

Extract from General Hall Re-inforcement Draft No. 55 Subscribed Folkestone
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.S.F.

5005 Pte. Newhook, L.

HP.

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C.R. 5005

Extract from Daily Orders Part 11, from Unit The Royal
Wilt. Regt. St. John's, dated June 14, 1918

#5005 Pte. L. Newhook.

Embarked for overseas with draft June 11, 1918.

Extract from Daily Orders part 11 from Unit The Royal Nfld.
Regt. St. John's, dated May 14, 1918.

#5005 Pte. Leander Newhook.

Attested for General Service with the Royal Nfld. Regt.
from 13.5.18

L Newhook

C.R. 5005

|| PRO

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. *Regt. Newfound Land*
2. Regtl. No. *5005* 3. Rank. *Sgt*
4. Name *Newhook* *Leander*
(Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on *May 11/18* at *St. Johns*
in category (or grade).....
7. Former Trade or Occupation } *Brakesman*
- 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 ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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, &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.)

No Complaints 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?
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 invaded at Foreign Stations.

Repatriation

Major OADMS.

Sgd. J. P. Knight

Capt. Rame

Medical Officer in charge of case.

Station *Wooler, P.O.M.S.*

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

Nº 4304



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Leander newhook, Regl. No. 5005

hereby agree, until further notification by me, and in similar official form to make an Allotment of 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.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4071	Father	Emmanuel newhook	normans bore T B	
Total Allotment, \$				<u>60⁹</u>

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.)
 Officer Commanding
B Company
John's
may 29th 1918

(S) Leander newhook
 (Rank) Pte

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

Sir:-

Please charge the amount 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 the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
5005	Plt	Newhook, L.	\$250	X Newhook

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

Date

July 9/18

L. Newhook
L.

No. 16233/1752.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd. Bn. Royal Nfld. Regt.,
Winchester.

October 9th, 1918

Oct. 16th 1918

Subject: 5005, Pte. L. Newhook,

Receipt hereunder.

With reference to the following telegram (3636) from the Hon. Minister of Militia, received

J. J. Barton LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. Batt'n
Royal Newfoundland Regiment

"Pay to 5005, Pte. L. Newhook, £3.0.0.

Received the sum of £3-0-0

Draft £3.0.0. is enclosed for payment to this Soldier.

Three pounds on account of cable remittance from Newfoundland.

Kindly obtain his receipt hereon.

J. Newhook

A. A. Guinness Maj.

Chief Paymaster & O. i/c Records.

No. 5005 Rank Pte.

Witness *C. Manning*

No. 5005 Name *Steehock, L.*

Sqn., Batty., } *B*
or Company }

Corps *Royal Newfoundland Regiment*

Date of enlistment }

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. *One*

Signature O.C. Company, etc. }

L. Steehock Capt Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Field</i>	<i>2/12/18</i>	<i>Pte.</i>		<i>Deficient of cap badge</i>	<i>Supt. Somerton</i>	<i>Lay for Same</i>	<i>2/12/18</i>	<i>Majr General</i>	<i>See</i>
<i>Review</i>	<i>14/4/19</i>			<i>Shoulder Titles</i>	<i>Brigadier</i>	<i>Admonished</i>	<i>14/4/19</i>	<i>Brigadier</i>	<i>Supplied by...</i>

Army Form B. 122

Newhook. L

5005

Ray Sept.

July 2, 1919

#5005 Pte. Leander Newhook,
Norman's Cove, T.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 2317."

Yours truly

Captain,
*aymaster & O.i/c records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5005 Rank Pte. Name Newhook L.
 Intended place of residence Norman Cove
 2. Occupation Brakeman
 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 JUN 4 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 and date ST. JOHN'S
JUN 4 1919
 Signature of soldier L. Newhook
 Signature of witness Alb. 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 and Date ST. JOHN'S
4-6-19
 Signature of soldier L. Newhook
 Signature of witness W. J. Balon

STATEMENT OF SERVICE

7. Enlisted for service 13-5-18 No of days on Military
 Discharged from service 18-6-19 Plus 14 days Service 416

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 18 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 2/1919
 Officer in Charge of Records
 The Royal Newfoundland Regiment

2912029/12317

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5005 Rank Pte Name Newhook L
 Date of Enlistment 13-5-18 Address Normanville District H. Berks
 Occupation Brabemans Classification for Discharge Ty Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	/
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 4-5-19
 O. C. Discharge Depot. H. Berks

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

 I am / in a position to resume civilian occupation.

f Newhook

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~~ Mike Constant
Date 4-6-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11,139,19,542 to his home at Stourmouths Court and Release Certificate No. 2253 issued.

Date 4-6-19 *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 1-1-19

Date 4-6-19 *J.A. Shaw Capt*
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36	B 268	B 121	N.F. Med.	D.F. 1.
F 178	W 3494	B 122	Board 1st.	" 2.
P 178a	D 400A	B 1915	do 2nd.	" 3. <u>2 Form B</u>
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 4-6-19 *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

Date JUN 18 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *4-5-19*

Regimental No. ... *5005* ...

Name *Newhook Leander* *Pt*

Address *Romans Cove*

Present Medical Category *A-1*

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

Members of Board {

R.H. Lat Capt.

O.C. Discharge Depot.

Paterson

Senior Medical Officer

See Berden

M. O. Depot

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

Signature of Man.

Reg. No. *L Hewhook*

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place *at Johns*

Date *4-6-19* 191*9*

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

MEDICAL HISTORY

Surname Newhook OF Christian Name Beaudet

Table I.—GENERAL TABLE.

Birthplace:—Parish Womans Cove County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	13	May		191
	at <u>S. Johns</u>		at	
Declared Age	19	years		days
Trade or Occupation	<u>Bricklayer</u>			
Height	✓	9		
		feet		inches
Weight		154		lbs
		lbs.		
Chest Measure- ment	Girth when fully expanded		37	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. Beaudet</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>S. Johns</u>	at	
	on	13	on	
		day of		day of
		May		191
		1918		
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal 5000</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Artillery*
2. Regtl. No. *5005* 3. Rank: *plte*
4. Name *Newhook* *Heard*
(Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on *May 11.8* at *C. P. B. S.*
 in category (or grade).....
7. Former Trade or Occupation } *Brakeman*
- 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 ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 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."
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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, &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.)

He complains 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
miserable
miserable
Capt Name*

Station *Mazeley Down*

Date *30/4/19*

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

July 2, 1919

#5005 Pte. Leander Newhook,
Norman's Cove, 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 & Officer i/c Records.

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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..... *Leander* 2. Surname..... *Newhook*

3. Rank..... *RtE* 4. Regtl. No..... *5005*

5. Address in full to which future payments of gratuity are to be forwarded..... *Normans Cove. I.B.*

6. Date of enlistment in the Regiment..... *May 13/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable

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?..... *No*

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..... *12 months*

22 days 1. $\frac{2}{3}$

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.

Yes
** \$50.19 Clothing and pay allowances*

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 hold by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the Rest? *No* If not give - (a) date of discharge *June 8/19* (b) Reason for discharge

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 Oct 1918 - Belgium and 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.

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: *Leander Hewhook*

Place of Residence: *Norman's Cove, Dumfries Bay,
St John's Newfoundlands*

Declared before me at:

This *4th* day of *June* 19*19*..... *St John's*

John M. McCarthy
Signature of ~~Registrar of the~~ *John M. McCarthy*
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the
Peace, or Commissioner of affidavits.

John M. McCarthy
J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
-----------	------------------	--------------------	--------------------------	-------------------

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

Certified correct.

Paymaster

FORM K

No 4304



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Leander Newhook, Regl. No. 5005

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person 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 :

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4071	Father	Emmanuel Newhook	Normans Cove T B	
			Total Allotment, \$	609

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
B Company

[Signature]
may 29th 1918

(Sig.) Leander Newhook

(Rank) Pte

5005 Newhook

M.

Please make next pay W.S.G.

W.F.R.

19/7/19

J.C.R.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

July 19 1919

Received from the First Newfoundland Regiment

the sum of Seventy Dollars.
on account of Pay. W.S.G.
balance

Leander Newhook

Ch. No. <u>3368</u>	Initials <u>ew</u>
Pay Ledger <u>3363</u>	Initials <u>wr</u>
Gen. Ledger.....	Initials.....

Regtl. No. J.C.S. Rank

No. 5005

Rank

Pt

Name

Newhook L

Casualty Form—Active Service.

ROYAL NEWFOUNDLAND REG.

Regiment or Corps

Leander *W.M.F.*

Rank *Pte.* Surname *Newhook* Christian Name *Leander*

Religion *C. & S.* Age on Enlistment *19* years *10* months

Enlisted (a) *13/1/18* Terms of Service (a) **DURATION** Service reckons from (a) *13/1/18*

RFB 1915

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

Extended { } Re-engaged { } Qualification (b) or Corps Trade and Rate

Occupation *Gravesman* *J. M. Ewert* 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 ...		<i>26 OCT 1918</i>	
		Disembarked...			
		Joined Battalion		<i>3 NOV 1918</i>	
	<i>8 Gen H</i>	<i>Adm Scobes</i>		<i>18/3/19</i>	<i>30 070</i>
		<i>Discharged H/O</i>		<i>4/1/19</i>	<i>B213</i>
		<i>Arrived in UK</i>		<i>23/4/19</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. (47891.) W.G. W. 1287-P1124. 1,000,000, 8/18. D.S. Form B.103. (E. 1256.)

Nestor's father

Emmanuel Newhook
Normans Cove St. J. P.M.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 1

Regiment of Royal Newfoundlands

Signature of O. C. Company Patrick Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>5605 Newmarket, Sewa</u>	Age on	<u>19</u> years <u>1</u> months	<u>Brakemen</u>			
Joined	Date	Place and Date of Enlistment	<u>St Johns 17.5.18</u>	Religion			
Joined	Date	Period of	with Colours <u>4</u> years. with Reserve <u>3</u> years.	Place of Birth			
Joined	Date				<u>C.P.</u>		
Joined	Date			<u>Mormous Cove, N. Bay</u>			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>St Johns</u>	<u>31/7/18</u>	<u>Pte.</u>		<u>Disobeying an Order from the Regimental Police and using obscene language in the Park about 9.00 am.</u>	<u>Pte. Taylor R.P.</u>	<u>7 Days to P.S.</u>	<u>1/8</u>	<u>Major Cartwright</u>	<u>C.P.</u>
<u>Hazely Down Camp</u>	<u>5.10.18</u>			<u>Absent from Tattoo 5.10.18 to Reveille 6.10.18</u>	<u>Cpl W. Brown</u>	<u>2 days. C.B.</u>	<u>7.10.18</u>	<u>Capt. Emerson</u>	<u>Forfeits 14 days pay</u>
				<u>Demobilized St Johns 2/7/19</u>					

To be carried over

The Royal Newfoundland Regiment

5005

DEMOBILIZATION OF

Reg. No. 5005 Rank Pte Name Newhook L

Date of Enlistment 13-5-18 Address Normans Ln District St. Johns

Occupation Bricklayer Classification for Discharge F Medical Category A1

Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 4-5-19 O. C. Discharge Depot. H. M. S. Lt

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

L Newhook

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 Amie Constable

Date 4-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *1134100542* to his home at *Hormans Court* and Release Certificate No. *2253* issued.

Date *4-6-19*

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 *1-1-19*

Date *4-1-19*

H. H. H.
Depot Paymaster.

Discharge approved for *18-6-19*

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. <i>Form B</i>
B 179a.	D 400C.	Form K.	do 4th.	" 5.
B 179b.	B 103.	ME 2.		" 6.
B 179c.	B 120.	M 93.		

Date *4-6-19*

J.A. Snow
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 18 1919*

Ret. Sgt. Capt.
O. C. Discharge Depot.

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

Date *June 12 1919*

Madeline
[Signature]

Reg. No. *5001.* Rank *Plt* Name *Newhall, L.*

Attested Address *Normans Lane.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Corsican* Cause *Discharge*

3-6-19
18-6-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION



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 *Leander Newhook*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5005*

Intended address *Norman's Cove I.B.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Emanuel*

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 *Norman's Cove I.B. July 26th 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) *Leander Newhook*

H.C.
(Rank)

Station *St John's*

Date *4-6-19*

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

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

Station

Date