



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *5953*

Name *Samuel Newhook* Corps *C/16*

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

- |  |                                   |
|--|-----------------------------------|
| 1. What is your name? .....  | 1. <i>Samuel Newhook</i>          |
| 2. What is your full Address? .....  | 2. <i>Selds 710 my</i>            |
| 3. Are you a British Subject? .....  | 3. <i>Yes</i>                     |
| 4. What is your age? .....   | 4. <i>24</i> Years ..... Months   |
| 5. What is your Trade or Calling? .....  | 5. <i>Copra</i>                   |
| 6. Are you Married? .....  | 6. <i>No</i>                      |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <i>No</i>                      |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>Yes</i>                     |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <i>Yes</i>                     |
| 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. <i>Yes</i>                    |

I, *Samuel 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.

*Samuel Newhook* SIGNATURE OF RECRUIT.  
*R. S. Aymer* Signature of Witness.

*21/5/18*  
 I, *Samuel 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 *St. John's* on this *21* day of *May* 191*8*

Signature of Attesting Officer *R. S. Aymer* *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;

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

Date *May 21* 191*8*  
 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) .....



Reg. No. 5253 Rank Pvt. Name Newhook, S. 4Co  
Attested 2-15-18 Address Dilda J. B.  
Allotment 70<sup>4</sup> Allottee Edward Newhook (Father)  
Date of Allotment 1-7-1918 Returned from Overseas \_\_\_\_\_  
Embarked for Overseas JUL 22 1918 Cause \_\_\_\_\_

4-L. 30<sup>5/18</sup>-949 R. L. 109/8  
136/8, 1st Dec, 2nd Dec 1918  
4-7-18 3rd "

C.R. 5253

Extract from Nominal Roll of draft No. 86, from the 2nd.,  
Battalion, Winchester to the 1st., Battalion of the  
New Zealand Regiment, embarked Southampton, 25/11/18.

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5253 Newhook. 8

C.R. 5253

extract from daily orders part II Royal Newfoundland Regiment  
depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c records from noted date.  
17-7-19.

5253

5253, rte. Saml. Newhook.

C.R. 5253

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, June 20th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 30-6-19

5253 Pte. Stephen Power.

C.R. 5253

Extract from Daily Orders Part A1 Depot, St. Johns,

Date

June 18th 1919.

5253, Pte. S. Newhook.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R.

5253

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.

#5253 Pte. S. Newhook.



C.R. 5253

NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Line No. 132a Sent by Edwards Newhook Rec'd by \_\_\_\_\_ Check \_\_\_\_\_ No. \_\_\_\_\_

Place from \_\_\_\_\_  
To Military Militia Dept



*please let me know if  
5253 pl Newhook  
and Corsican*

*Edward Newhook*

*Yes*

C.R. 5253

COUNT NO. \_\_\_\_\_

## NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

## All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated May 28th 1919.

To Edward Newhook,  
Dildo.Corsican due to-morrow 5253 Newhook  
on board.W.F. Rendell  
Lieut. Col.  
For Minister of Militia.Charge to Dept. of Militia.

FOR TYPEWRITER

C.R.

5255

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

The following men embarked for overseas on H.M.S.  
"Columella" July 22, 1916.

#5253 Pte. Samuel Newhook.

C.R. 5253

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Reg. St. John's, dated May 22, 1918.

#5253 Pte. Samuel Newhook.

Attested for General Service with the Royal Nfld. Regt.  
from 21.5.18

S Newhook

C.R.

5253

1890

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., 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* Former Trade or Occupation } *Operator*
2. Regtl. No. *5253* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Newhook* *Samuel* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *25*
6. Posted for duty on *May 21/18* at *St. John's*  
in category (or grade) .....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(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? } *na*

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.)*

*See 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 ? *na*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ? *na*

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

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

*Repatriation.*

*W. E. Proctor* - *Capt. R. A. M. C.*  
 Medical Officer in charge of case.

Station *Hazely D. Camp* .. .. .  
 Date *29-4-19* .. .. .

\* 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

FORM K

N<sup>o</sup> 4130 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Newhook, Regl. No. 5253

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Seventy 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 1/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4808	Partner	<u>Edward Newhook</u>	<u>Dildo B. B.</u>	70
Total Allotment, \$				70

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 / RV  
Officer Commanding

(Sig.) Samuel Newhook  
(Rank) Private

H. Jones  
June 17 1918





No. 6035/307

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/o Records,  
Newfoundland Contingent,  
" 58, Victoria Street,  
London, S.W. 1.

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regiment  
B.E.F.

17th April 1919

191

5253 Pte. Newhook S.

With reference to the following telegram from the Minister of Militia, / / ( 142 )

"Pay to- 5253 Newhook  
£5. 0. 8.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*J. H. Marsden*  
Chief Paymaster & O. i/c Records.

*Deposited*

No. 5253

Name Newhook S

Sqn., Batty., }  
or Company }

D. Corp R. Newfoundland

Date of enlistment

2/5/18

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.

Signature O.C. Company, etc.

[Signature]

Character

[Signature]

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

Army Form B. 122

Newhook S

5253

Ray Sept

July 14, 1919

#5253 Pte. Sammel Newhok,

Dildo, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3006.

Yours truly

Paymaster & O.i/c Records.

Capt.

The Royal Nfld. Regiment

DEMOBILIZATION

No. *5253* Rank

Name *Lewhead S*

Warned for demobilization on

JUN 16 19

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5253 Rank. Pfc Name. Newhook Samuel  
 Intended place of residence. Dildo Trinity

2. Occupation Operator  
 Classification of soldier. E Medical Category. A1

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUN 17 1919

J. Mrs. H.  
 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 JUN 16 1919

S Newhook  
 Signature of soldier

W. L. ...  
 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, ST. JOHN'S

Date JUN 16 1919

S Newhook  
 Signature of soldier

James O. ...  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service... 21-3-18 No. of days on Military  
 Discharged from service... 30-6-19 Plus 14 days Service. 420

### 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 JUN 20 1919

R. H. ...  
 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 14/1919

W. ...  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

U9 820 79/3006

# The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 16.6.19 .....

Regimental No. ... 5253 .....

Name ..... Newhook ..... Samuel .....

Address ..... Sildo .....

Present Medical Category ..... A.i. .....

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

Members of Board {

R.H. Dait Major  
O.C. Discharge Depot.

I. Paterson  
Senior Medical Officer

S.W. Burden  
M.O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2203 Rank Plt Name Newport, James  
 Date of Enlistment 21-5-18 Address St. John's District St. John's  
 Occupation Operator Classification for Discharge 4 Medical Category H1  
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 16-6-19 O. C. Discharge Depot. J. A. Brown left

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action

Date 16-6-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £50

(b) Clothing Supplied J. A. Brown left

Date 16-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. A. 1846 to his home at Siddo Training and Release Certificate No. 2888 issued.

Date

17-6-19

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 14-7-19

Date

17-6-19

J. A. Snow  
Depot Paymaster.

Discharged approved for

30-6-19

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

N. F. P/36	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

17-6-19

J. A. Snow  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date

JUN 20 1919

R. H. Lat  
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 take course in telegraphy.

S. Newhook

Signature of Man.

Reg. No. 5253

B. Butler

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

June 17th. 1919

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

# MEDICAL HISTORY

Surname Newhouse Christian Name Samuel

Table 1. GENERAL TABLE.

Birthplace:—Parish Wells T.B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	at	<u>21</u> day of <u>May</u> 19 <u>18</u>	at	
Declared Age		<u>24</u> years		
Trade or Occupation		<u>Operator</u>		
Height		<u>5</u> feet <u>7</u> inches		
Weight		<u>123</u> lbs.		
Chest Measurement	Girth when fully expanded	<u>35</u> inches		
	Range of Expansion	<u>5</u> inches		
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	<u>1860</u>		
	Number			
When Vaccinated	<u>87752290</u>			
Vision	R. E.—V=	<u>6/20</u>	R. E.—V=	
	L. E.—V=	<u>6/30?</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamar Peterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>21</u> day of <u>May</u> 19 <u>18</u>	at	
Joined on Enlistment	Corps	<u>The Royal Nfld Regt</u>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of	191	on
(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 Signatures	
22-5-18	Vacc. <i>SP</i>	
13-6-18	T.A.B. <i>SP</i>	
20-6-18	" <i>SP</i>	
4-7-18	" <i>SP</i>	

NO. & RANK <i>5253 AC</i>				DATE OF EXAM: <i>2-10-18</i>	
NAME <i>Newark S.</i>				DATE OF ISSUE: <i>11-10-18</i>	
CORPS <i>P. Reg'd Rgt.</i>				OPHTH. CENTRE: <i>41</i>	
VISION W/O UT GLS	SPH	CYL	AXIS STANDARD ROTATION	VISION WITH GLS	FRAME NO. OR MEASUREMENTS
<i>6</i>					
<i>36</i>	<i>-2.00</i>	<i>-1.00</i>	<i>90</i>	<i>6</i>	
<i>6</i>					
<i>36</i>	<i>-2.00</i>	<i>-1.00</i>	<i>90</i>	<i>6</i>	<i>D</i>
SIGNATURE OF M.O. <i>W. Lockhart</i>				OPTICIAN'S INITIALS <i>EL</i>	
E.T.M.B.					

MILITARY HOSPITAL  
OPHTHALMOLOGICAL DEPARTMENT  
4-10-18  
WINCHESTER

VAR =  $\frac{6}{36}$  glasses

VAR =  $\frac{6}{36}$  glasses

*Comp. myopia astigmat. double*

*W. Lockhart Capt. R.A.M.C.*

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

*16.6.19*  
Date of T.M.B.

*W. Lockhart*  
for *Mrs. Lunt*

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

July 16, 1919

#5253 Pte. Samuel Newhook,

Dildo, 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

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..... *Samuel* ..... 2. Surname..... *Newhook* .....

3. Rank..... *Pte* ..... 4. Reg't. No..... *8223* .....

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

6. Date of enlistment in the Regiment..... *21 May 1918* .....

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 dependant..... *SO* .....

9. Address in full of such dependants..... *SO* .....

10. Is said dependant, now, or was said dependant 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..... *thirteen months* .....

*10 days* ..... 13. ....

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.

*\$ 76.57 Clothing Etc*

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? *no*

19. Are you now serving in the Regt.? *no* If not give - (a) date of discharge *July 1/19* (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 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: *S. Newhook*

Place of Residence: *Waco, S.D.*

Declared before me at: *Dr. Phoenix*

This *17<sup>th</sup>* day of *June* 191*9*...

*John M. Cooney*  
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
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster



## 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 *Samuel Newhook*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *5253*  
 Intended address *Sildo. I.B.*  
 Height on discharge *5* Feet *7*  
 Color of hair on discharge *Light*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks \_\_\_\_\_  
 Figure on discharge *medium*  
 Christian name of Father *Edward*  
 Christian name of Mother *Louisa*  
 Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_  
 Christian names of children \_\_\_\_\_  
 Place and date of soldier's birth *Sildo, Feb 26<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)

Station

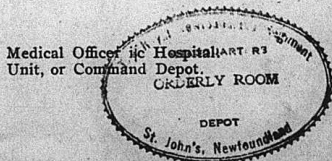
*Samuel Newhook*  
*S. I. Johns* Date *16-6-19*

*PT 62*  
 (Rank)

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



5253 Pte.  
Newhook S.

NO. <i>5253 Pte. Newhook S.</i>				DATE OF EXAM:	4-10-18
NAME <i>Newhook S.</i>				DATE OF ISSUE:	11-10-18
R	SPH	CYL	AXIS STANDARD NOTATION	VISION WITH GLS	OPHTH. CENTRE:
36	-2.00	-1.00	90°	6/6	71
L	36	-2.00	-1.00	90°	6/6
SIGNATURE OF M.O. <i>R. Lockhart</i>				FRAME NO. (OR MEASUREMENTS)	D
SIGNATURE OF M.O. <i>R. Lockhart</i>				OPTICIAN'S INITIALS	SL

EL 71244

" OPHTHALMIC DEPARTMENT "

Military Hospital,  
Winchester.

4-10-18

To :-

Medical Officer i/c.

*R. H. S. D.*  
5253 Pte Newhook S.

Please cause this man to attend here in six days' time (Sunday excepted) for spectacle fitting. He should bring with him Army Book 64 and Medical History Sheet for the necessary entries to be made therein.

*Pres for Pay  
Book please*

*R. Lockhart*  
*capt. m. c. s.*  
Ophthalmic Surgeon.

**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 } Former Trade or Occupation } operator
2. Regt. No. 2253 3. Rank... pl 7a. If the soldier claims previous service in Army, he should state—
4. Name Newhook Samuel (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday... 25
6. Posted for duty on May 21/18 at... St. John's in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability, enter "nil."
11. Date of origin of disability. nil
12. Place of origin of disability. nil
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. nil

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war                      | .....               | .....             |
| (ii.) Previous active service                            | .....               | .....             |
| (iii.) Climate in pre-war service                        | .....               | .....             |
| (iv.) Ordinary military service before the war           | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. | .....               | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na

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

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

bc complaint of no disability

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na

Repatriation

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

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

W. S. Proemier - Capt R. R. R. R. R.  
 Medical Officer in charge of case.

Station Mozeley Down

Date 29/4/19

\* 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

**Casualty Form—Active Service.**

Regiment or Corps..... ROYAL NEWFOUNDLAND REG......  
 Rank..... Pte...... Surname..... Newhook..... Christian Name..... S......  
 Religion..... 6 of 6..... Age on Enlistment..... 24..... years..... months.....  
 Enlisted (a)..... 21/5/18..... Terms of Service (a)..... DURATION...... Service reckons from (a)..... 21/5/18.....  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation..... Operator..... M. Long cop...... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	28 NOV 1918		
		Joined Batt.	5 JAN 1919		
		Arrived in UK		23/4/19	

*Jan*

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. (17591.) Wt W 1287-P 1124. 1,000,000. 6/18. D & S. Form B.103. (E. 1254.)

Next of kin: Father: Edward Newhook: Dildo: Trinity 1590: N.F.d.d.

SEPARATION ALLOWANCE.

Claimant..... Edward Newhook ..... (Father)

On account of Samuel Newhook No 2743 Rank. Pte.

Decision..... Approved .....

Date..... March 1/1920 .....

W. F. Reynolds Capt. Col.  
M. Rowley Major

Instructions.....

Allotment of 70<sup>00</sup> per day payable to Edward Newhook  
his Father from 1/4/18 to 14/7/19

41.30

Discontinued on account of being Discharged  
W. F. Reynolds Sgt.

**ROYAL MILITARY SERVICE  
(Separation Allowance Branch)**

(FORM)

**NOTICE.**

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:-

**THE PARLIAMENT,  
Separation Allowance Branch,  
St. John's Hill.**

1.	Name in full of soldier	Rank.	Regt. or Unit	Regt. No.
	<i>Samuel Newhook</i>	<i>Private</i>	<i>R. W. Regt.</i>	<i>5253</i>
2.	Age of soldier	Married or Single.		<i>Single</i>
	<i>25</i>			
3.	Name in full of father of soldier.	Age.	Occupation	Permanent Address.
	<i>Edward Newhook</i>	<i>65</i>	<i>Fisherman</i>	<i>Sheds, Trinity Bay</i>
4.	If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue.)			<i>Invalid. Mnesia</i>
5.	Names of your other children.	Address in full.	Occupation	Married or single.
	<i>Arthur Newhook</i>	<i>M. 177 / Sheds. T. Bay</i>	<i>Carpenter</i>	<i>Married</i>
	<i>Stevenson Newhook</i>	<i>M. 105 / 16 do</i>	<i>Carpenter</i>	<i>Married</i>
	<i>Andrew Newhook</i>	<i>E. 915 / 18 do</i>	<i>Fisherman</i>	<i>Single</i>
6.	State amount earned by yourself per month.			
	<i>None</i>			
7.	State date and place of death of your wife.			
	<i>Living</i>			
8.	State amount and source of any other income.			
	<i>None.</i>			
9.	What is the value of your real property.			
	<i>About. \$500.-</i>			



10. State actual amount contributed by soldier during year prior to enlistment.

\$250.00

11. Was this amount contributed weekly or monthly.

Monthly

12. Did this amount include payment of son's board etc.

Yes.

13. State your son's trade or occupation prior to enlistment

Railroading

14. State amount of his wages per week.

\$10.50 per week.

15. State name and address of his last employer.

Rid. Rfd. Co.

16. State amount of support monthly from son since enlistment.

\$21.70

17. State amount of "assigned Pay" received by you from son monthly.

18. From what date have you received "Assigned Pay".

19. Actual amount contributed by other children.

Weekly

Monthly.

None

20. If not receiving support from other children, state cause. Answer fully.

I'm an orphan and have finished & support. He has no other support himself owing to ill health. He's trouble.

21. Are any of these children in your employ.

Only the one referred to in (20) immediately above

22. Have you made a previous claim for Separation Allowance? If not, why. Give particulars.

No. I did not understand about the same.

23. What is the value of your personal property?

About \$2000.

24. With whom do you reside at present?

Am living in my own house with wife and son.

25. Are you already in receipt of Separation Allowance from any source. If so, how much?

*None*

26. Are you in receipt of assistance from any Patriotic Fund. If so, how much?

*None*

27. Was the soldier at the time of enlistment an employee of the Nfld. Government.

*No.*

28. In what capacity and in what place.

29. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt. If so, how much?

I herewith make this solemn declaration conscientiously believing the same to be true; and knowing it to be of the same Force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of Applicant..... *Edward Newhook* .....

Place of residence..... *St. John's Bay* .....

Declared and subscribed before me at..... *New Harbour* .....

this..... *4<sup>th</sup>* ..... day of..... *October* ..... 1919.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary, Public or Justice of the Peace..... *J. Woodman J.P.* .....

This application must be signed by two responsible parties one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the soldier first mentioned above is the sole support of the applicant.

Signature of clergyman..... *John P. Beauland, Priest New Harbour* .....

Signature of member of Patriotic Fund Committee.....



**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

.....  
May 9th. 1918.

191

**TO WHOM IT MAY CONCERN.**

This is to certify that

*Andrew Newhook, Ords, J.B.*  
enlisted

in THE ROYAL NEWFOUNDLAND REGIMENT on May 9th. 1918 but was  
rejected by the Medical Authorities as being unfit for  
Active Service.

*C.B. Dicks* Lieut.  
*A.S.R.*



**Civil Re-Establishment Committee**  
MILITIA BUILDING,  
St. John's, Newfoundland

HON. MR. JUSTICE KENT, CHAIRMAN,	R. B. JOB, ESQ., H. E. COWAN, ESQ. }	VICE-CHAIRMEN
SIR P. T. MCGRATH, SIR M. P. CASHIN,	J. G. STONE ESQ., DR. V. P. BURKE, REV. DR. L. CURTIS.	MAJOR MONTGOMERIE, MAJOR MACPHERSON, C.M.G.
MAJOR PARBONS, M.C., MEDICAL OFFICER.	DR. W. W. BLACKALL, VOCATIONAL OFFICER & SECRETARY	

ADDRESS ALL COMMUNICATIONS TO  
VOCATIONAL OFFICER,  
MILITIA BUILDING ST. JOHN'S

NOV - 9 '19

*Mr. E. Newhook.  
Dildo, I. B.*

Dear ~~Madam~~ *Sir,*

Enclosed please find cheque for  
100 week ended  
return same to me.

*104 70*

NOV - 9 '19

Kindly receipt this note and

Yours faithfully,

W. W. BLACKALL,  
Vocational Officer,

Per *W.W.B.*

*E. Newhook*



**Civil Re-Establishment Committee**  
 MILITIA BUILDING,  
 St. John's, Newfoundland

HON. MR. JUSTICE KENT, CHAIRMAN.	R. B. JOB, ESQ., H. E. COWAN, ESQ. }	VICE-CHAIRMEN
SIR P. T. MCGRATH.	J. G. STONE, ESQ.	MAJOR MONTGOMERIE.
SIR M. P. CASHIN.	DR. V. P. BURKE.	MAJOR MACPHERSON, C.M.G.
	REV. DR. L. CURTIS.	
MAJOR PARSONS, M.C., MEDICAL OFFICER.	DR. W. W. BLACKALL, VOCATIONAL OFFICER & SECRETARY	

ADDRESS ALL COMMUNICATIONS TO  
 VOCATIONAL OFFICER,  
 MILITIA BUILDING ST. JOHN'S

*Mr. E. Newhook,  
 Dildo, S.B.*

NOV 15 '19

Dear Madam: Sir

Enclosed please find cheque for

*\$ 4<sup>20</sup>*

for week ended NOV 15 '19

Kindly receipt this note and

return same to me.

Yours faithfully,

W. W. BLACKALL,

Vocational Officer,

Per *W.W. Blackall*

*E. Newhook*

Jan. 3, 1920.

Mr. Edward Newhook,  
Dildo, T.B.

Dear Sir:-

Referring to your application for Separation Allowance, will you kindly have you Dr. furnish the following information regarding yourself:

- (1) The nature of your incapacity
- (2) From what date it may be considered to have commenced.
- (3) By what per-centage your earning power is decreased.

Yours truly

Major

Paymaster.

## REID NEWFOUNDLAND COMPANY.

RAILWAY AND STEAMSHIP LINES.

8221

(Harry) Father

Whitbourne STATION,

Jan 6<sup>th</sup> 1920.

To the Separation Allowance Branch.  
 Milita Department. St John's. Nfld.

Gentlemen,

E. Newhook

Will you please let my father know about Separation Allowance money due him for while I was doing service overseas.

All papers by which you require information about the same has been sent to the Separation Allowance Branch.

Please advice as soon as possible.

I remain yours truly.

Samuel Newhook.

Have we a claim?



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Jan. 3, 1920.

Mr. Edward Newhook,  
Dildo, T.B.

Dear Sir:-

Referring to your application for Separation Allowance, will you kindly have you Dr. furnish the following information regarding yourself:

- (1) The nature of your incapacity - *Herms*
- (2) From what date it may be considered to have commenced - *1917*
- (3) By what per-centage your earning power is decreased.

Yours truly

*Major*  
Major

*Unable to receive any pay since that time - specifics above*  
*A. A. Christie WA*  
*Manuel*

Paymaster.



Nov 13, 1919

Mr. Edward Newhook,  
Dildo, T.B.

Dear Sir:-

Referring to your application for Separation Allowance, will you kindly furnish me with Marriage Certificates of your sons Arthur and Llewellyn, or else a certified extract from your Parish Register showing dates of their marriages.

Also, please advise me if your son Andrew offered for enlistment, and if so, on what date, and in what UNIT.

Yours truly,

Major  
Paymaster.



R.P.  
Magistrate's Office.

Mammals

Oct 13<sup>th</sup> 1919

This is to certify that I have been attending  
Mr Edward Chewbrook of Seldo Cove I. B.  
during the last fifteen years and unable  
to do hard labor on of Hernia

A. A. Clisshon M.D.

Mar .10, 1920

Mr. Edward Newhook,  
Dildo, T.B.

Dear Sir:-

Referring to your application for Separationallowance, I beg to state that same has been approved, and I enclose cheque for Two hundred and forty nine dollars and thirty three cents (\$249.33) in full payment of same.

I return, herewith, Marriage Certificates of your sons Llewellyn and Arthur.

Yours truly

Major

Pagmaster.

f

FORM K

No. 4130



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Newhook, Regl. No. 5753

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy 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 July 1/18.

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4808, Mother, Edward Newhook, Bildo S. B., 70. Total Allotment, \$ 70.

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.

Officer Commanding Company signature and date June 17/1918.

(Sig.) Samuel Newhook (Rank) Private

JULY 19th. 1919

Capt. Howley,  
O. I. C. Records

Please pay to S. Newhook #5253  
the sum of fourteen dollars  
in payment of allowance for week ended this date  
in connection with re-education.

\$14.00

Pension Nil

*C.R. 6*

ACCOUNT	
CN NO	<i>3392</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

*J. C. D.*  
*A. Butler*  
for Vocational Officer

*S. Newhook*

Oct 4th 1919

Major Howley  
O. I. C. Records

Please pay to S. Newhook, 5253  
the sum of fifty dollars and forty cents  
in payment of arrears of allowance for dependent for  
twelve weeks ended this ~~XXXX~~ date  
and charge same to the Civil Re-establishment Committee

\$50.40

Pension Nil

<del>2672</del>	Feb
26600	
PAY TO ORDER OF	
NO. 100000	

*J.P. [Signature]*

*W. W. [Signature]*

Vocational Officer

*[Signature]*

Kindly make this cheque out to  
Mr. S. Newhook, who is the dependent  
father for whom this is ~~substituted~~ *W. W. [Signature]*

Receipt for Army Book 64

No. 5253 Name S. Newhook

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

Date August - 9<sup>th</sup> / 20  
Place Whitbourne

Name S. Newhook

*WS*

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

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S. Nfld.***

---

Fold Here



OCT 20 1921. 1921.

The accompanying ~~Victory Medal~~ and/or **British War Medal**

is/are forwarded herewith to

Samuel Newhook

in respect of his service as No. 5253 Rank Pte.

Name S. Newhook Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received October 22<sup>nd</sup> / 21

Signature Samuel Newhook

Date October 22<sup>nd</sup> / 21

Address W's Content Cpr. R.N. Co.

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company C. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5253 Newhook Bn</u>	Age on	24 years months	operator		
Joined	Date	Place and Date of Enlistment	<u>St John's 21.5.18</u>	Religion		
Joined	Date	Period of } with Colours } with Reserve } } 365 years.		Place of Birth		
Joined	Date			<u>St John's</u>		
Joined	Date			<u>St John's</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>Demolished St John's 14 79</u>					

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5253 Rank Plt Name Newhook, Samuel  
 Date of Enlistment 21-5-18 Address Dildo District Trinity  
 Occupation Operator Classification for Discharge E Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P <sup>36</sup>	B 208	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 16-6-19 O. C. Discharge Depot. J. H. Mins. Capt.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 16-6-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied \_\_\_\_\_

Date 16-6-19

O i.c. Re-clothing

15253  
Demobilization Form 3

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3353 Rank Plt. Name Newhook, Samuel  
 Date of Enlistment 2-5-18 Address Diddy District Trinity  
 Occupation Operator Classification for Discharge 2 Medical Category A.1.  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. P <sup>36</sup>	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 16-6-19 \_\_\_\_\_  
 O. C. Discharge Depot. H. Mins. Capt.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 16-6-19 \_\_\_\_\_  
H. Mins. Capt.

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \_\_\_\_\_
- (b) Clothing Supplied \_\_\_\_\_

Date 16-6-19 \_\_\_\_\_  
 O i.c. Re-clothing \_\_\_\_\_

### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. A. 1846 to his home at 2100 Irving St. and Release Certificate No. 2198 issued.

Date 17-6-19 *J. H. Newbatt*  
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 14-1-19

Date 17-6-19  
Depot Paymaster.

Discharge approved for 30-6-19  
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 Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	I 93		

*2 Fam B*

Date 17-6-19 *J. H. Newbatt*  
O. C. Discharge Depot.

### APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUN 30 1919**

Date .....  
O. C. Discharge Depot.

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

Date July 10/19

*J. H. Newbatt*  
*Genl. Records*

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B. 18416 to his home at Bethlehem, Pa. and Release Certificate No. 218416 issued.

Date

17-6-19

*J. M. [Signature]*  
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 14.

Date

17-6-19

*J. M. [Signature]*  
Depot Paymaster.

Discharge approved for

30-6-19

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

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B179c	B 120	1 93		

*2 Form B*

Date

17-6-19

*J. M. [Signature]*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer in Records,  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

**JUN 30 1919**

Date

*J. M. [Signature]*  
O. C. Discharge Depot.

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

Date

July 10/19

*J. M. [Signature]*  
Records

Reg. No. *1213* Rank *Sgt* Name *Wm. H. A. ...*

Attested ..... Address *Waldo*

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

Date of Allotment ..... Returned from Overseas *29.5.19.*

Returned on S.S. *Koncean* Cause *Discharge*

*16.6.19*  
*1.7.19*

**PASSED TO DEMOBILIZATION**

**DISCHARGE APPROVED ON DEMOBILISATION**