



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5549 Name Hayward Pye Corps CofS.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Hayward Pye
2. What is your full Address? } 2. Cape Charles, Labrador,
3. Are you a British Subject? 3. Yes,
4. What is your age? 4. 20 Years Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Hayward Pye 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.

..... Hayward Pye SIGNATURE OF RECRUIT.

..... P. R. Power Signature of Witness.

Hayward Pye 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 carefully 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 31 day of May 1918

Signature of Attesting Officer C. S. Dicks Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been 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

5549

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

Name Hayward Pye

Apparent age 20 years months. Height 5 feet 5 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 Albert Pye
Cape Charles, | Relationship Father,
Labrador, Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-5-18</u>									
Joined at <u>St John's</u> on <u>MOAY 31-1918</u>									
Discharged July 12, 1919									
Embarked <u>St John's S. C. S. S. to Halifax N.S.</u>									
Embarked for <u>B.S. I. 23rd B.</u> Embarked <u>France 18-11-18</u>									
Joined <u>Batter 5-1-19</u> Transferred from <u>Company 22-4-19</u> Arrived <u>Amirault 23rd 19</u>									
To <u>fld for demobilization 22-5-19</u> Arrived <u>fld 7-6-1919</u>									
Demobilization <u>St John's 12-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 12-7-1919 [date of discharge] 1 years 43 days

" " Pensions " [" "] " " "

C.R. 5549

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 12-7-19

5549 Pte. Hayward Pye.

C.R. 5549

Extract from Daily Orders West 11 Unit The Royal WFLA.
Regt. St. John's, June 19, 1919.

The discharge of the undernoted on demobilization has been
APPROVED BY C.O. Discharge Depot with effect from 28-6-19.

5549 Pte. H. Pye.

C.R!

5549

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.

#5549 Pte. H. Fye.

C.R. 5549

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

5549. Pte W. Pye

~~.....~~

C.R.

C.R.

5549

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

Date June 18th 1919.

5549, Pte. H. Pye.

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

C.R.

5549

Extract from Daily Orders part 11, from Unit The Royal
H.Q. Log St. John's, dated July 25, 1918.

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

#5549 Pte. Hayward Pye.

C.R. 5549

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 1st, 1918

#5549 Pte. H. Pye

Attested for General Service with the Royal Nfld. Regt.
from 31.5.18

H. Lye

C.R.

5549

~~1150~~

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *2549* 3. Rank. *plie*
4. Name *Pye Hayward*
(Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on. *May 29/15* at *St. John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 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) Where
(c) Opinion of Court
(b) Date of Discharge ;
(c) Cause of Discharge.
(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.
12. Place of origin of disability.
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
nil
nil
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 | <i>on a</i> | |
| (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? } *on a*

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

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

Signed W. E. Proctor
1 Lt Col Capt R. A. A. C.

Station *Hayley 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.

FORM K

No. 6281



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Hayward Pye, Regl. No. 5549

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 Aug 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4683	Father	Albert Pye	Cape Charles Salvador	60
Total Allotment, \$				60

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

(Sig.) [Signature]
Officer Commanding
Company
[Signature]
Aug 18 1918

(Sig.) Hayward Pye
(Rank) Ote



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Hayward Pye, Regl. No. 5549

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and twelve 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 Aug 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2483	Father	Albert Pye	Cape Charles Newfoundland	60
Total Allotment, \$				60

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

(Sig.) [Signature]
Officer Commanding
[Signature] Company
1918

(Sig.) Hayward Pye
(Rank) Pte

Eye, H

5549

Ray sept

July 12, 1919

#5549 Pte. Hayward Eye,

Cape Charles,
Labrador.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & O.I.C. Records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

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

Christian name *Hayward* 2. Surname *Pye*

3. Rank *Pte.* 4. Regtl. No. *5549*

5. Address in full to which future payments of gratuity are to be forwarded. *Cape Charles, Labrador.*

6. Date of enlistment in the Regiment. *May 30/18*

7. Name of dependant, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.

8. Relationship of such dependant.

9. Address in full of such dependants.

10. Is said dependant, now, or was said dependant at any time in receipt of Separation Allowance on account of another soldier?

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas.*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From May 30/18 to*

June 14/19

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

.....
..... *No.*

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

.....
..... *No.*

15. Have you been issued with a War Service Badge?.....

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

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

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

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge.....

..... Reason for discharge..... *Discharge*..... *Re-Enlistment*.....

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

France, Belgium + Germany..... *From*
Nov. 27/18 to April 1919.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

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.

H. P. G.

Signature of Applicant:

Place of Residence:

Cape Charles, Labrador.

Declared before me at:

St. John's, Nfld.

This

14th day of *June* 19*19*.

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

John M. Carthy
J.P.

POST DISCHARGE PAY.					
Date paid	Sold	Paid	War Service		Net amount
	Soldier.	Dependence	Gratuity.		due
.....
.....
.....
Certified correct.					Paymaster

July 12, 1919

#5549 Pte. Hayward Eye,

Cape Charles,

Labrador.

Dear Sir:-

Please find enclosed Discharge Certificate #2964.

Yours truly

Captain,
Paymaster & O.i/c Records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5549 Rank _____

Name Pye N

Warned for demobilization on

JUN 14 19

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5549 Rank Pte Name Pyle H
Intended place of residence Cape Charles

2. Occupation Fisherman
Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of..... **DEMobilIZATION.**

Eligible for War Service Gratuity

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

Place JUN 14 1919
ST. JOHN'S.
Date
..... H. Pyle 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 14 1919
.....
..... H. Pyle Signature of soldier
..... J. A. Snow Capt. Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date JUN 14 1919
ST. JOHN'S.
.....
..... H. Pyle Signature of soldier
..... James O'Riordan Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 31-5-18 No of days on Military
Discharged from service 28-6-19 then 14 days Service 408

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S.
..... R. H. Lait Major Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
Date JUN 28 1919.....

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
Place A. Gaus, Med
July 12/1919
Date
..... M. Bowley Capt Officer i/c Records
The Royal Newfoundland Regiment

a & B 207/2964

The Royal Newfoundland Regiment

Class for Demobilization:—

6j

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

13.6.19

Regimental No.

5549

Name

Pye Hayward

Rank

Address

Cape Charles Labrador

Present Medical Category

Ai

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

R.H. East Capt

O.C. Discharge Depot.

P. H. Brown

Senior Medical Officer

D.W. Burden

M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

 Reg. No. 53749 Rank Pte. Name Pye H

 Date of Enlistment 31-5-18 Address Cape Charles District St. John's

 Occupation Fisherman Classification for Discharge T-1 Medical Category H-1

Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1136	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 14-6-19 O. C. Discharge Depot.

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

2. Clothing.

Certified that Clothing Regulations have been complied with:—

 (a) Clothing Allowance payable \$6.00

(b) Clothing Supplied

 Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1780 to his home at Cape Charles and Release Certificate No. 2761 issued.

Date 14-6-19 *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 12-1-19

Date 14-6-19 *J. A. Snow*
Depot Paymaster.

Discharge approved for 28-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
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 14-6-19 *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 28 1919 *R. H. Sait*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation

A. P. G.
Signature of Man.

J. R. Knowlton
Signature of the Vocational Officer or his Representative.

Reg. No.

Place *ST. LOUIS.*

Date *4-6-19* 191

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

MEDICAL HISTORY

Surname Pye OF Christian Name Rayward

Table I.—GENERAL TABLE.

Birthplace:—Parish Cape Charles Rab. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	31	May		191
	at <u>St John's.</u>		at	
Declared Age	20	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet		inches
Weight	140	lbs.		lbs.
Chest Measurement	Girth when fully expanded		37	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel A. Benson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>St John's.</u>	at	
	on	31 day of <u>May</u>	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	<u>Royal Nfld. Regiment.</u>			<u>5149</u>
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Hayward Peye*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5549*

Intended address *Cape Charles, Labrador.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Albert*

Christian name of Mother *Eliza*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Cape Charles, Sept 30th, 1898*

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)
Hayward Peye

Pte
(Rank)

Station *S + Johns*

Date *13.6.19*

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

Casualty Form—Active Service.

Regiment or Corps. ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Pye Christian Name Sto.

Religion of E Age on Enlistment 20 years — months

Enlisted (a) 31/5/18 Terms of Service (a) DURATION Service reckons from (a) 31/5/18

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

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

Occupation Fisherman Signature of Officer M Long Capt

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.		JAN 19	
		App'd Coy Comd		14/1/15	32/3/15
		Arrived in UK		8/1/15	

(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 (17561.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E, 1256.)

Next of kin: Father: Albert Pye: Cape Charles: Labrador: N.S.L.D

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

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

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5749* 3. Rank... *1st Lieut* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Page* *Shawward* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *22*
6. Posted for duty on *May 29/18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

In all cases such as facial injuries, 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.)

Re 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.

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. Procunier Capt R.A.M.C.

Medical Officer in charge of case.

Station *Hazley Down*

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

Dept. of Militia

Cape Charles

31/8/1919.

Dear Sir

It was understood
by me that all soldiers
after serving six months
over seas were to receive
a Payment of. The rate
of seventy dollars \$70 per month
I served nine months and
Havent received any so far
if in favour of yours I would
like to hear from you soon.

Yours Sincerely
5549. H Pye.

July 12
Aug 12
Sep 12

Chs. would 11th
of each month

5549

Cape Charles
Labrador
Nov. 1st 1908

Dear Sir,

Since writing to you, I have
received two months allowance
due my son Hayward P. G. for
which I am thankful.

Yours thankfully
Albert P. G.

2740

5549

Cape Charles
Sabrador
Sept. 17/10

Dear Sir

My Son: Hayward Oye joined
the 1st Regiment in May of this
year. & has left for some time
As yet I have not received his
monthly allowance he signed
to send to me.

I would be thankful if you
would forward the same on to
me. or perhaps you have sent
it & it has gone astray.

I am

Thankfully yours

Albert Oye

Cape Charles

Sabrador

No acknowledgment
to date

5549

October 3rd. 1918.

Mr. Albert Eye,
CAPE CHARLES, Labrador.

Dear Sir:

With reference to your letter of Sept.17th. I beg to inform you that your son Hayward declared an allotment of 60% in your favour, commencing from Aug.1st. therefore the first cheque was posted to you on Sept.7th. in payment for the month of August.

Yours truly,

Lieut.
For Paymaster

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. S. Dukes

(Signature)

Regimental Number and Name		Enlistment		Trade
No.	<u>5549 Hawyard Pye</u>	Age on	<u>20</u> years <u>0</u> months	<u>Fisherman</u>
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion
Joined	Date		<u>31 5 18</u>	<u>C of E</u>
Joined	Date	Period of	with Colours <u>1 4 3</u> years.	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>12</u>	<u>79</u>		

To be carried over.

Army Form B. 121.

Receipt for Army Book 64

No. 5549 Name H. H. Hye

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

Name Hayward, P.

Date Aug. 24, 1920

Place Pope, Charles

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



The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 55749 Rank Pte. Name Pye H.

Date of Enlistment 31-5-18 Address Cape Charles District St. John's

Occupation Fisherman Classification for Discharge T-1 Medical Category A-1

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 14-6-19 for O. C. Discharge Depot.

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 _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied _____

Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1780 to his home at Cape Charles and Release Certificate No. 2761 issued.

Date 14-6-19

J. A. Crowley
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

Date 14-6-19

J. A. Crowley
Depot Paymaster.

Discharge approved for

28-6-19

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 103	ME 2		" 6
B179c	B 120	M 93		

Form B

Date 14-6-19

J. A. Crowley
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

JUN 28 1919

Eligible for War Service Gratuity

Date

R.H. Sait Capt.

O. C. Discharge Depot.

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

Date June 28/19

James Keith 2/Kt
Officer Records

C.R. 5549

Cape Charles.
Aug. 24. / 70.

Dear Sir

I Have only Rec.

one Ribbon 2. inch I Herby. Understand
that all soldiers served over seas.
Has Rec. two

I Remain yours
H. P. G.