



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1986 Name Wallace Halfyard Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wallace Halfyard
2. What is your full Address? 2. 127, Cabot Street
3. Are you a British Subject? 3. Yes
4. What is your Age? 4. 28 Years 6 Months.
5. What is your Trade or Calling? 5. Stoker
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 } 11. Yes
to be signed by you if you are accepted?

I, Wallace Halfyard 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.

Wallace Halfyard SIGNATURE OF RECRUIT.

C. Dyer 19th Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wallace Halfyard 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, Nfld. on this 20th day of November 1915.

Signature of the Attesting Officer. David V. Gage

† 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 1915

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, the 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) _____

604



Recruiting Form B, 1915.



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 10786 Name Wallace Halfyard Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wallace Halfyard
2. What is your full Address? 2. 127 Canal Street
3. Are you a British Subject? 3. Yes
4. What is your Age? 4. 38 Years..... 6 Months.
5. What is your Trade or Calling? 5. Student
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, Wallace Halfyard 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.

Wallace Halfyard SIGNATURE OF RECRUIT.

W. J. H. 127 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wallace Halfyard 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, Nfld. on this 30 day of September 1915.

Signature of the Attesting Officer, W. J. H. 127

† 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 1915

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, the 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) _____

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

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

Apparent age 18 years 6 months.

Height 5 feet 5 1/2 inches.

Chest measurement { Girth when fully expanded 35 inches.
Range of expansion 2 inches.

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin

Dr. John Halfrad, 129 Cabot Street

| Relationship.

For Her

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	Promotions, 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 19-11-15

Joined at H. Kreis on November 19 15

Promoted to 3rd Lt 15.3.17

Peretti, Che 10.6.17

[illegible]

Discharged Medically Sept 29-18.

Total Service forfeited as above	...	...	...	...	...
----------------------------------	-----	-----	-----	-----	-----

Total Service towards Engagement to 2-9-18 (date of discharge) 2 years 288 days

"	"	" Pension	" _____ (") "
---	---	-----------	-----------------

Regimental Number 1986

Company G.

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions:

For the duration of the present war, or until my
discharge.

Subject to the Army Act, the King's Regulations,
and to such ordinances as may apply or may
be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act,
5 George V., Chapter IV.

Signed Wallace Halfyard

Witness H. R. Rowell (2nd Lieut)

Dated at Dep.

May 24th 1916



C.R. 1986

September 9, 1918.

Dear Mr. Bennett:-

Thanks very much for your letter of Sept. 7th, relative to the pass issued to Sergeant Wallace Halfyard, from St. John's to Grand Falls. I have to thank you very much for the trouble you have taken to instruct the agent of the Reid Mfld. Co. to issue a First Class Ticket to St. John's.

I am,

Yours faithfully,

W. H. Halfyard
Colonial Secretary.

J. R. Bennett, Esq.,

Minister of Militia.

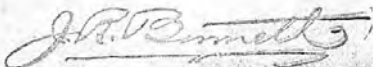
C.R. 1986

September 8th 1918.

Dear Mr. Halfyard,

In answer to your letter of September 4th re your nephew, Sgt. Wallace Halfyard, who was issued a pass from St. John's to Grand Falls, and who is now making an inquiry about his return to St. John's, I may say that it was through error that a one way pass was issued, and he should have received a return ticket. The Agent of the Reid Newfoundland Company has been instructed to issue a first class ticket to St. John's.

Yours faithfully,



Minister of Militia.

Hon. W.W. Halfyard,
Colonial Secretary.



C.R. 1986

September 4, 1918.

Dear Mr. Bennett:-

Sergeant Wallace Halfyard, a nephew of mine, who served Overseas two or three years, and returned with the first contingent of the Blue Puttee Boys the other day has gone to Grand Falls for a holiday. He, as you know, has been severely wounded, and is now convalescent. In speaking to me a day or two before he went to Grand Falls, he told me that he was given a free pass to Grand Falls, but was not sure of getting a free pass to return to his home here in the city.

I think he expects to return about the 15th. inst.

If it is in order I shall be much obliged if you will kindly cause it to be so arranged that he will be given a free pass to return home from Grand Falls.

Yours faithfully,

W. Halfyard

J. R. Bennett, Esq.,

Minister of Militia.

C.R. 1986

August, 20th., 1918

F. E. Pittman, Esq.,
General Passenger Agent,
Reid Mfld. Company.

Dear Sir:-

Kindly furnish Sergt. W. Halfyard
with First Class Passage, Meals and sleeper if
necessary, to Grand Falls and charge to the Dept.
of Militia.

Yours truly,

Capt. & Paymaster.

C.R. 1986

June 28, 18

Mr. John Halfyard,
129 Cabot Street
C I T Y

Dear Sir:-

With reference to your application for furlough for your son, No. 1986, Sergt. W. Halfyard, I have to inform you that owing to present existing War Office Regulations, which forbid the repatriation of soldiers excepting in the case of their being discharged, it regretted that furlough for your son cannot be at present considered.

Yours faithfully,

Lieut. Col

Chief Staff Officer

C.R. 1986

April 26, 18

Dear Mr. Halfyard,-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No.1986, Act. Sergt. Wallace Halfyard is now at Wandsworth

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,



Acting Minister of Militia.

Mr. John Halfyard,

129 Cabot Street

C.R. 1986

April 18, 18

Dear Mr. Halfyard:-

I regret to have to inform you that a report has this day been received from the Record Office, of the Royal Newfoundland Regiment, London, to the effect that

**No. 1986, Sergt. Wallace Halfyard at 63rd General Hospital
Boulogne, April 15th. seriously ill G.S.W. abdomen.**

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

W. F. A.

**Mr. John Halfyard,
129 Cabbot Street**

Acting Minister of Militia.

C:R. 1986



5 December, 1917.

Hon. J. R. Bennett,
Minister of Militia,
City.

Dear Sir,

I beg to acknowledge the receipt of your favor of
the 3rd instant, re #1986, Sergt. W. Halfyard.

Thanks very much for the valued information and the
promptness in making the enquiry re the physical condition of
Sergt. Halfyard.

I have the honor to be,

Sir,

Your obedient servant,

W. W. Halfyard

C.R. 1986

Dec. 3, 1917.

Hon. W. W. Halfyard,

C I T Y.

1986, Sergt. W. Halfyard.

Sir:-

With reference to your inquiry for furlough for the above mentioned soldier I have the honour to inform you that the following cable has been received from the Pay & Record Office London, "1986 Halfyard fit for duty A.1. only men for discharge are being repatriated under present conditions." It is regretted owing to present war regulations no more favourable reply can be given to your application at present.

I have the honour to be,

Sir,

Your obedient servant,



Minister of Militia.

WFR/JMF.

(112)

October 28, 1917.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 1986, Private Wallace Halfyard, who was previously reported suffering from severe gunshot wound in the right leg, has been admitted to Fulham Military Hospital, Hammersmith.

Yours faithfully,

Colonial Secretary.

Mr. John Halfyard,
129 Cabot Street.

October 20, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 1986, Corporal Wallace Halfyard, was at the 53rd General Hospital, Boulogne, on October 12th, suffering from a severe gunshot wound in the right leg.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mr. John Halfyard,
129 Cabot St.

G.

112
✓

27th October, 1916.

Dear Sir,

On the 23rd instant I wired the
Record Office, London, at your request, asking
for further news of your son, No. 1986, Private
Wallace Halfyard, and am to-day in receipt of
a reply to the effect that he is progressing
favourably.

Yours faithfully,

Colonial Secretary.

Mr. John Halfyard,
129 Cabot Street.

TRANSLATION OF CODE TELEGRAM SENT
TO SYNOPTICAL LONDON ON
23rd OCTOBER, 1916.

Report by telegraph present condition of Major Rendell,
457 Butler 1923 Clark 1986 Halfyard 916 Purcell 1742
Beasley.

G.

112
19th October, 1916.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 1986 Private Wallace Halfyard has been admitted to Wandsworth Hospital, suffering from Gunshot Wound Left Arm and Left Ankle.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. John Halfyard,
129 Cabot Street.

Colonial Secretary.

D1986

August 20th, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/c Records
Militia Department

1986 Sgt. W. Halfyard
405 Pte. F. Snelgrove
2037 " K. Gillingham
2068 " J. F. Berton
3288 " T. Collins

The marginally noted men have been
recommended for discharge as permanently unfit
by Medical Board held on Monday, August 19th.

I am send them herewith for your attention
and necessary action, please.

St John 's, Newfoundland,

Sept. 4th, 1918

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters.

SIR:

The undermentioned men have been discharged on the dates given. Kindly note and post in Daily Orders Pary II.

I have etc.

(sgnd) H.M.MADDICK,
Lieut.
For Paymaster.

1986	Sergt.	Halfyard, Wallace	Sept 2/18	Med. Unfit
5274	Pte.	Budden, George	Do.	Do.
670	"	Roper, Henry H.	Do.	Do.
136	"	Janes, Thos. P.	Do.	Do.
3330	"	James, Henry J.	Do.	Do.
4397	"	Day, Cyril	Do.	Do.
4601	"	Carew, James	Do.	Do.
4862	"	Peddle, Wm.	Do.	Do.
5124	"	White, Wm.	Do.	Do.
5115	"	Kelligrew, Henry J.	Do.	Do.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No.

1986

Rank

Sgt

Name (surname first)

Halfyard Wallace

Regiment ROYAL NEWFOUNDLAND REGIMENT.

1. State what special qualifications you have for employment in civil life.

Good Education

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

✓

3. What is the nature and locality of the employment you desire?

Clinical Work

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date

5th July 1918

Signature

(Sgt) W Halfyard

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Dr. Halpura.

C.R.

1986

~~P.H.O.~~

C.R. 1986

Wallace Halfyard was attested for General Service with
the NEWFOUNDLAND CONTINGENT on Nov. 19th 1915.
Regimental No. 1986 was allotted to Pte W. HALFYARD.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

C.R.

1986

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, dated Sept. 5th, 1918.

1986 Bgt. W. Halfyard.

Having been found medically unfit is struck off the strength
from 2-9-18.

C.R.1986

Extract from Telegram despatched to Synoptical, London,
dated May 25, 1918.

Pay to as follows:-

#1986 Pte. Halfyard,

25.

CR 1986

Extract from Daily Order s part 11, from Unit The Royal
Hfld. Regt. in the field. dated May 27, 1918.

#1986 Corpl. W. Halfyard.

Appointed Acting Sergeant 16-3-18

C.R.

1986

Extract of Casualties received from Pay & Record
Office, London, dated October 30, 1916.

#1986n Pte. W. Halfyard. ✓

Wounded 12/10/16 and reported by O.C.Bn, 14/10/16.

C.R. 1986

Extract from Nominal Roll of Draft No. 36, 200 Other Ranks
from 2nd., (Reserve) Batin. Royal Newfoundland Regiment
and proceeded to join the 1st. Battalion Royal Wfld.,
Regiment D. R. F., Embarked Southampton. 4/2/16.

1986 Cpl. W. Halfyard.

BC.

C.R. 1986

Extract of Casualty received from Pay & Record Office, London,
dated 6th May 1918.

1986 Sgt. W. Halfyard.

Wounded 18-4-18

Auth: O.C. Unit 22/4/18.

C.R. 1986

Extract from Casualties received from Pay & Record
Office, London, dated April 25th, 1918.

#1986 a/Sergt. W. Halfyard.

GSW. Abdomen.

Admitted 2nd London, General Hospital, Wandsworth,
25-4-18.

C.R. 1986

Extract from Nominal Roll Entrained St. John's for Overseas
June, 19. 1915. "H".

1986 Pte. Halfyard Wallace.

C.R. 1986

Extract of Casualty received from Pay & Record Office,
London. dated October 23, 1916.

#1986 Pte. W. Halfyard.

Gunshot wound Arm & Left Ankle.

Admitted 6th General Hospital, Rouen, 14th October 1916.

To England ex 6th Gen. Hosp. 15th Oct. 1916.

C.R.

1986

Extract from Nominal Roll of Draft which embarked for
B.E.F. on or about 20 June 1916.

#1986 Pte. W. Halfyard.

C.R. 1986

Extract from Nominal Roll of Draft No.25: Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland
Regiment B.E.F.

1986 Cpl.Halfyard, W,

MP.

C.R. 4037

1986 Pte. Wallace Halfyard. ✓

Ext. of Casualty list received Oct 27th, 1917.
Previously reported Gunshot Wound Right Leg
severe. Fulham Military Hospital, Hammersmith.

C.R. 1986

Extract from Casualties from London District, G, 887

Dated 27-10-16.

#1986 Pte. W. Halfyard.

WOUNDED

12-10-16

BC.

AUTHORITY:- O. C. Bn. 14-10-16.

C.R. 1986

Extract of Casualties received from Pay & Record Office,
London, dated October 19th 1916.

#1986 Pte. W. Halfyard.

Gunshot Wound Left Arm Vill.1. Left Ankle LX.1.B.4.
Admitted 3rd London General Hospital, Wandsworth, S.W.
17/10/16.

✓

C.R. 1986

m Extract of Casualties from Pay and Record Office, London dated 12th
July 1918.

1986 Sgt. W. Halfyard

ex 3rd London General Hospital 11/7/18, both classified B.iii.,
have been ordered to report to the Discharge Depot, Winchester,
this day.

Authority: Major Parsons.

C.R. 1986

Extract of Casualties from Pay and Record Office, London dated
20th July 1918.

1986 Sgt. W. Halfyard

has been granted extension of furlough to 10 a.m. 22/7/18.

Authority: O. 1/o Records.

C.R. 1986

Extract from Nominal Roll of RFA. Regt. Draft No.6
from 2nd Bn., Depot to 1st Bn., B.N.F. Embarked
Southampton, 14-6-14.

1986 Pte. W.Halfyard.

N.F.P./54

No.315.

From Pay & Record Office London
To Minister of Militia Sy.John's, Nfld.

#1986 Sgt. W.Halfyard

Hospital advances whilst at 3rd Len.Gen.Hosp.24-7-18 as
per voucher 6068 3s.6d.

Admitted 17. 10 16

Army Form W. 3016.

No. _____

Date Nov 16th 1916

(1) To the Officer i/c Records,

58 Victoria St

DW

(Station.)

(2) The Officer Commanding,

Infld Cont

Ops-

(Station.)

(3) The Paymaster,

58 Victoria St

DW

(Station.)

Regimental No.

1986.

Rank and Name

Pte Haefyard - W

Regiment or Corps

1st Infld Cont

has been granted a furlough from

Nov 16th

to

Nov 25th

His address while on leave will be:—

58 Victoria St.

SW

*This man has been furnished with
a warrant to Victoria and given
an advance of £1. (one pound).*

I consider he is fit for

Discharge Duty

Honour Tazam Capt R.A.M.C.T.

Officer in charge

3rd London General Hospital,
WANDSWORTH, S. W.

(Station.)

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

No. _____ Date 26 - 11 - 1917

(1) To the Officer i/c Records

38 Victoria St. S.W. (Station).

(2) The Officer Commanding

Capt (Station).

(3) The Paymaster

38 Victoria St. S.W. (Station).

Regimental No. 1984

Rank and Name Capt Halfyard. A

Regiment or Corps 1st Newfoundland Band

has been granted a furlough from 26 - 11 - 17 to 6 - 12 - 17

His address while
on leave will be: Full House

Regency St. Westminster

I consider he is
fit for*

i. Duty.

ii. On leave.

* Strike out that
which is inapplicable.

iii. Employment

Leslie Paget Lt. Col.
Military Hospital,
Salisbury (Station).

Officer in charge

Hospital,

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.
In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of
A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of
one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

No. 1986 Rank Capt Name Helpyard W.

Pay	F.A.	Wkg.	Total
110	10		120
Less: Allotment			60
Net Rate			60

DEBITS	Date	£	s	d	CREDITS	Period From To	Days	Rate	£	s	d
H.B. Co. Deft of Sal. (30/6/17)			1	10	✓ Balance	8/6/17					1 0
Balance			11	11	✓ Pay @ Net Rate	9/6/17 9/6/17	1	90			3 8 1/2
Acquittance Rolls			1	0	✓	15/6/17 26/6/17	170	60	102	00	20 19 2 1/2
Hospital Advances											1 2 0
A.B. 64					Ration allowances 10						
P. & R.O. Payments			1	0	✓ dys 2 of						
Unrepaid as exp. 2. long			2	11	✓						
Period ending 9/4/17			2	2	✓ (7-7-2)						
E.T.M. nfd											
Bills for W. C. R.											
Receipts	26/17	7	0	0							

CHECKED.
H.C.

22-5-11

No.

1068

ANGLO-AMERICAN

WESTERN UNION

DIRECT UNITED STATES

CABLEGRAM

SENT

FOR STAMPS

Prefix

Code

At

To

By

WORDS

CHARGE

VIA ANGLO.

THIS FORM WILL BE ACCEPTED AT ALL
POST OFFICE TELEGRAPH STATIONS.

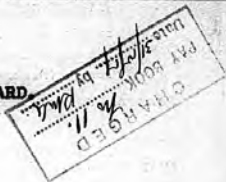
TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

27/10/17

To E. F. M., HALFYARD.
CABOT STREET,
ST. JOHN'S (NEWFOUNDLAND)

PLEASE CABLE MONEY THROUGH MINISTER OF MILITIA.

WALLACE HALFYARD.



Charge to,-

1986 Halfyard

14 1/2
28 1/2
33 1/2
2 1/2

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western
Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature

Address

58, Victoria St, S. W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE
LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

No.

1192

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES

CABLEGRAM

Prefix		Code		SENT		FOR STAMPS	
WORDS	CHARGE	At	To	By			
14	✓	VIA ANGLO.			THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.		

22/11/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **RFM HALFYARD**
CABOT STREET
STJOHNS (Newfoundland)

CABLE FIVE POUNDS THROUGH MINISTER MILITIA URGENT

WALLACE HALFYARD



(Authorised)

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature

Address

58 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

29 Campbell Street

Ayr.

18/11/17

1986

Dear Sirs

Will you kindly forward
letter enclosed to Sgt. W. Halfyard.
I do not know his number but I thought
you would be able to do so.

Oblige

Yours respectfully
L. Phillips

P.S. He left Ayr on Thursday evening for France.



ST. N. W. H. L. A. V. C. S. P. L. C.	
PAY & RECORDS OFFICE	
Ref. No.	✓ 4008
Rec'd.	20 NOV 1917
Ass'd.	
App'd.	Forwarded
File No.	

4
Please cable money through
Minister of Militia
Wallace Halfyard.

Halfyard
Cavat Street

St. John's
Newfoundland.

No. _____

NEWFOUNDLAND CONTINGENT

N.F.P./55.

To: _____

1986 Cpl W Halfyard

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

Nov 27 191*7*

Herewith

Postal Draft Three pounds
(£5—) being

REMITTANCE FROM HEADQUARTERS.

Please acknowledge receipt hereon.

(Sig.)

W. Halfyard.

(Date)

Nov 27. 17

Chief Paymaster & Officer i/c Records.

11829/2

Fulham Military Hospital,
Hammersmith, W

6th, November 7.
1986, Cpl. W. Halfyard,
1st. Newfoundland Regt.

6572

6 11 17,-

"Pay to 1986 Halfyard £4.

No Receipt

Deposited to 24/c.

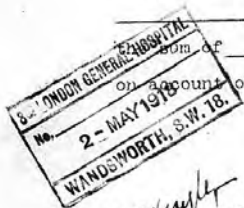
7

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1

Please remit to Beaser

Sum of One pound 8 (£ 1 - 0 - 0)
On account of any balance that may be due to me.

Regtl. No. 1986 Rank Sergeant.Name Halfyard. W.W.

*Elfrink
Capt. Ranner*

Approved _____
Officer i/c.,
3rd London General Hospital.

Dated at 3rd L. G. H.
May 2nd 1918.

O.K. £1.0.0 W.F.C.
Recpt No 6930

NEW FOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to Beaver

OK. £1.0.0. the sum of 1 pounds 0 s. (£1.0.0.)
 21-5-18.
 Receipt No. 2561 on account of any balance that may be due to me.

Regtl. No. 1486 Rank SergeantName H. J. G. W.

Approved _____ Officer I/C.,

London General Hospital.Dated at 3rd L. G.May 16th

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,
 Newfoundland Contingent,
 58, Victoria Street,
 London, S.W. 1.

Please remit to

W. Hayyard.the sum of one pounds s. (£1)

on account of any balance that may be due to me.

O.K.
 £10.00
 DRB
 6/6/18

NEWFOUNDLAND CONTINGENT.
 PAY OFFICE,
 5056
 JUN 1918

Regtl. No. 1486 Rank SergeantName Hayyard. W.

8870/44/6/6/18

Approved

H. Falbot

Officer i/c.,

Essex Hospital.

Dated at

EssexJune 21st 1918

8870/44

FILE	BRANCH
	INITIALS

NRB/6/18

8870/44

Red Cross

6th June 8

Esher.

1986 Sgt.

W. Halfyard

1:0:0

8181.

No. 8483/727

NEWFOUNDLAND CONTINGENT

N. F. P. /70.

From

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

To

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

Subject: 30th May 1918

Subject: 1986, A/Cpt. W. Halfyard

With reference to the following telegram (4774) from the Hon. Minister of Militia, received

Pay to 1986 Halfyard £5:0:0

Draft £5:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A. H. Manser Maj.
Chief Paymaster & O. i/c Records.

191

Receipt hereunder.

Officer Comdg. Battrn
1st Newfoundland Regiment

received the sum of

 on account of
cable remittance from Newfoundland.

 Rank

K. J. Pfo sent to C. C. S. L. G. H.

5/6/18.

And. placed to credit his 34 c.

Rhels

No. 8754/213

FROM:

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

NEWFOUNDLAND CONTINGENT

TO:

Officer Commanding,
3rd London Gen. Hospital,
Wandsworth.



File

4th June 1918

Subject: 1986 Halfyard, W. (Sgt)

With reference to the following
telegram (4774) from the Hon. the
Minister of Militia, received
/ /

Pay to 1986 Halfyard £5:0:0

Kindly advise whether this
amount should be remitted to you
for payment to this Soldier, re-
tained to credit of his account,
or otherwise dealt with.

Chief Paymaster & O. i/c Records.

6th June 1918

ANSWER

Kindly place the sum referred
to to the credit of the soldier
concerned.

G. E. Hall
Capt
For O.C.
3rd London General Hospl.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wallace Wright-Halfpenny Regl. No. 1986
hereby agree, until further notification by me, and in similar official form to make an Allotment of
..... Dollars and Eight 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}
concerned, viz.: 1 Person

ned, viz.:
Allotment begins December 19th

[illegible]

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.) *J. H. Brady* Lieut-
Officer Commanding

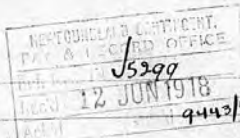
Officer Commanding

H Company

S' Johns H. 2 S. A. Co.
December 11, 1915

(Sig.) *Willac* W. Half yard

(Rank) Private.



The Paymaster -
Dear Sir -

Please send me one
pound (£1) and charge to my
account.

Yours truly.

Sgt. W. H. Alford

#1986

4/11/13/149 Royal Tiffls Regt
Tales Red & Hospital
Surrey.

approved
H. Talbot
Secy

6/18 June 11/18.

O.K.
L-1-0-0 12/16/18.
J.H.

9443/49

Red Cross

12th June

8

Esher.

1986

Sgt

W. Halfyard

1:0:0

8213.

th

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE

✓ 5993

26 JUN 1918

10170/60/26/67/18

10170
/60

June 25/18.

The Paymaster
Dear Sir—

Please send me two
pounds ten shillings (£2. 10s.)
for purpose of getting boots
and clothing.

OK = 2-10-0 Lfg. (Lgt.) W. Halfyard
1918
1/6/18 Royal Nfld Regt.
Red & Hospital
Essex.
Lurray.
approved
Hil Talbot
Essex Red & Hosp.

0170/60

Red Cross

26th June

8

Esher

1986

Sgt

W. Halfyard

8:10:0

Ray

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES

CABLEGRAM

No. Form 11.

785

Prefix <u>13</u>	Code <u>212</u>	SENT	FOR STAMPS
WORDS	CHARGE	At _____	
		To _____	
		By _____	
		VIA WESTERN UNION	

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

17/8/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM HALFYARD

CABOT STREET STJOHNS (Newfoundland)

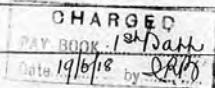
CABLE FIVE POUNDS THROUGH MILITIA URGENT

WALLACE HALFYARD



Ray
1926 Sgt

13 2 1/2
32 1/2
7 8 1/2



Authorized.

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

58 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

**NOTIFICATION by the Officer i/c Records to the
O.C. Unit of a Soldier placed in Class P. or
P.(T.) of the Reserve, in case of his trans-
fer to the Reserve.**

(To be completed and dispatched without delay.)

To the Officer Commanding

The Medical Board before whom this Soldier appeared are of opinion that his disabilities have been caused or aggravated by military service, and his documents have been sent to Chelsea for the consideration of his claim to a pension.

In the event of his transfer to the Reserve, he will be placed in Class P. or P.(T).*

* Strike out Class not applicable.

Soldier's surname..... *Halfyard*

Christian names..... *Wallace*
(in full)

Regt. No. and Rank..... *1986 Sergeant*

Regt. or Corps..... *1st Re. Newfoundland*
(If T.F. this should be stated.)

Officer i/c Records.

Station.....

Date.....

N.B.—This Army Form will be left blank and sent with Army Form W. 3498(B) to the Officer i/c Records.

NOTIFICATION by President of Medical Board in the case of a soldier brought before the Board pending transfer to Class P. or P.(T.) Reserve.

(To be completed and dispatched on the day on which the Medical Board is held.)

To the Officer i/c Records,

The Soldier named below has this day appeared before an Army Medical Board at this station, and his documents are forwarded for transmission to Chelsea for the consideration of his claim to pension.

Note.—His transfer to Class P. or P.(T.) Reserve will take effect from 21 days after the approval of the General Officer Commanding-in-Chief, and will be notified to you by the Officer i/c Records concerned.

Soldier's surname..... *Halfyard*

Christian names..... *Wallace*

(in full)

Regt. No. and Rank..... *1986 Sergeant*

Regt. or Corps..... *1st Re. Newfoundland*

(If T.F. this should be stated.)

On transfer to the Reserve he will be placed in Class P. or P.(T.), and you will immediately furnish his address to C.A.P.I.O., 33, Baker Street, London, W.

3rd London General Hospital

WANDSWORTH, S.W.

Station.....

Date.....

President of Board.

Pay

July 4/18

The Paymaster

Dear Sir—

Would you send me
an account of money due me up to
the 13th of this month and oblige.

Yours truly

Sgt. W. Halfyard.

#1986

Sgt. W. Halfyard
Royal Nfld Regt.
Ward 2

3rd London Gen. Hospital

Wandsworth
London



NEWFOUNDLAND CONTINGENT.	
PAY	RECORD OFFICE.
Recd	✓ 6042
5 JUL 1918	
Ackd	
Ref. Nos.	
Exch.	
Comm.	
P. 2.	
N. & C.	
B & F.	
P. S.	

No. 1986 Rank

Name

W. Halfyard.

Pay	F.A.	Wkr	Total	M.F.D./S
133	13		146	16th
Less Allotment			90	
Net Rate			56	

DEBITS	Date	£	s	d	CREDITS	Period From To	Days	Rate	£	s	d
Balance					Balance	12 ² / ₁₈			1	7	1
Acquittance Rolls	4 ¹⁷ / ₁₈	0			Pay @ Net Rate	16 ² / ₁₈ 15 ³ / ₁₈	28	60	16	80	2
Hospital Advances	1 ¹⁴ / ₁₈	0				16 ³ / ₁₈ 11 ⁷ / ₁₈	118	90	106	20	21
A.B. 64.											16
P.&R.C. Payments	6	10	0								1
											0
											10
											1
											5
											11
											28
											19
											3

W.D.A.

E.A.M.

Cheque No. 8704

Cash 8172

~~12-19-11~~

12-19-11

1.5.1

28-19-11

14-4-0

10-2

11-14-2

11-14-2

11-14-2

11-14-2

11-14-2

11-14-2

6754/151

3rd London General Hospital,
Wandsworth.

2nd May

8

1986, Pte.W.Halfyard

5875

30 4 18

Pay to 1986 Halfyard £5:0:0

No Receipt

10195/70

Red Cross Hospital,
Essex.

26th June 8

1986, Sgt. W. Halfyard

5777

Pay to 1986 Halfyard £5:0:0

No Receipt

*KB
24/6/8*

From, O. C.

3rd. London General Hospital.

3rd London General Hospital
WANDSWORTH, S.W.

To, The O. C.,

Records,

SR R/Ed. 58 Victoria St

In accordance with instructions contained in A. C. I. No.

2069 of 1916, I beg to report to:-

No.

1986.

Lieut Halliwell
SR R/Ed.

will shortly be brought before a Medical Board and will probably
be discharged from the Army or re-classified

Duplicate documents will not be required, please.

H. Jackson
Major

R.A.M.C.

4/7/18
Registrar, R.A.M.C.

3rd London General Hospital

WANDSWORTH, S.W.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or (I) in substitution for a man fit for General Service.

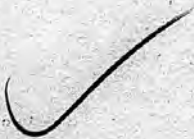
No. 1986 Rank Sgt Regiment 1st Royal Nfld
 Name Halfyard Wallace
 (Surname first)

1. State what special qualifications you have for employment in civil life.

Good Education.

COPIES SENT		
To	No.	DATE
M. or M.	<i>1209/108</i>	26 JUL 1918
O.C. 1st. Dn.		
" 2nd. Dn.		

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.



3. What is the nature and locality of the employment you desire?

Glencal work

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date

6th July 1918

Signature

W. Halfyard

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Halfyard, W.

1986

Hay Sept

Original
This space to be left blank
for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 1986 Army Rank Sgt.
Name Halfyard Wallace
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. Description at the time of discharge.

Age _____ years _____ months

Descriptive marks.

Height _____ feet _____ inches

Chest { girth when fully expanded _____ ins.

measure- { range of expansion _____ ins.

Complexion _____

Eyes _____

Hair _____

Trade _____

Intended place of
residence {
(To be given as fully
as practicable) {

COPIES SENT

TO	NO	DATE
M. OF M.	<u>1202/08</u>	<u>26 JUL 1918</u>
O.C. 1ST EN.		
2ND EN.		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Only for use with Men returned from an Expeditionary Force or from Garrisoned Abroad. Army Form W. 3016.
(In Books of 300.)

No. _____ Date Nov. 18/1916 191
55, VICTORIA ST.
LONDON, S.W.
NOV 18 1916
POST OFFICE

(1) To the Officer i/c Records, Newfoundland Contingent,

55 Victoria St. S.W. (Station).

(2) The Officer Commanding, 2/1st Nfld Regt,

Ayr, N.B. (Station).

(3) The Paymaster, 58 Victoria St. S.W.

(Station).

Regimental No. 1986

Rank and Name Pte. Halfyard, W.

Regiment or Corps 1st Newfoundland

has been granted a furlough from 16/11/16 to 25/11/16

His address while on leave will be: 58 Victoria St. S.W.

I consider he is fit for* (a) Duty. I Duty.
(b) Light Duty, and likely to be fit for Service Overseas within three months.
(c) Light Duty, and not likely to be fit for Service Overseas within three months or requiring special medical treatment.
(d) Service at home, but unlikely ever to be fit for Service Overseas.

* Strike out that which is inapplicable.

(Sgd) H. Fagan, Capt for 3rd London General Hospital,
Officer in charge Wandsworth, S.W. (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Engineers two copies of A.F.W. 3016 will be sent to the Officer in charge R.E. Records and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

ORIGINAL LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 1086 Rank Sergt. Name W. Halfyard Unit Royal Nfld. Regt. who was Repatriated
to Newfoundland on 21/3/18 Authority A. F. B. 179 Cause Class A

DR.

STATEMENT OF ACCOUNT

PARTICULARS		£	s	d	PARTICULARS		£	s	d	CR.	
Balance Dr. from					Balance Cr. from 15/2/18						
Allotment 156 days @ 60¢	93	60	19	4	Pay 128 days @ \$ 1.35	30	80	1	7	1	
Cash Payments: P. & R. O.			20	15	Field Alice 128 days @ \$ 1.10	172	80				
Acquittance Rolls B.E.F.			4	19		19	80				
E. F. M. to Nfld.				2	Other Allices days @ \$	225	60	46	7	1	
Other Debits:					Other Credits:						
Cables Nfld. Per. W.P.A.				7							
Purchase per W. P. A.			1	1							
Hospital Advances			1	14							
Total Debits			48	3	Total Credits			47	14	2	
Balance due by Paymaster				10	Balance due to Paymaster				9	8	
			48	3				48	3	10	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place)

(Date) 191

Made up/Checked in accordance with information received in the Pay & Record Office London to 21/7/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

27-7-1918

OK/WX

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

OFFICE COPY
N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 1936 Rank Sergt. Name W. Halfyard Unit Royal Nfld. Regt. who was Repatriated
to Newfoundland on 21/ 9/ 18 Authority A. F. E. 179 Cause Class A

DR.

STATEMENT OF ACCOUNT

PERIOD: From 18/2/18 To 21/7/18	PARTICULARS					CR.				
	\$	s	d	\$	s	d	\$	s	d	\$
Balance Dr. from							Balance Cr. from			
Allotment 156 days @ 60s	95	60	10	4	7 1/2		Pay 128 days @ \$ 1.36	172	80	
Cash Payments: P. & R. O.			20	15	0		Field Allow 128 days @ \$ 10	128	80	
Acquittance Rolls B.E.F.			4	19	0		Other Allowances days @ \$	225	60	45
E. F. M. to Nfld.				9	8 1/2					
Other Debits:							Other Credits:			
Cables Nfld. Per. W.P.A.				7	6					
Purchase per W. P. A.			1	1	0					
Hospital Advances			1	14	0					
Total Debits				48	3	10	Total Credits			47
Balance due by Paymaster							Balance due to Paymaster			14
				48	3	10				9
										8
										48
										3
										10

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 1918

Made up/checked in accordance with information received in the Pay & Record Office _____ O.C. " " Company.
and is therefore subject to amendment if and as may be found necessary. _____ London to 27/7/18
Pay & Record Office, London,

27-7-1918

Chief Paymaster & Officer i/c Records.

CHECKED.

27-7-18

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 4⁵⁰

Aug 15th 1918.

Received from the First Newfoundland Regiment
the sum of Four ⁵⁰ Dollars.
~~an account~~
balance of Pay. Aug. 15/18.

W. Halfyard.

Ch. No. 1141	Initials <i>KW</i>
Pay Ledger 193	Initials <i>WM</i>
Gen. Ledger	Initials <i>J</i>

Regtl. No. 198 Rank *Sgt.*

No. 1986

Rank Sgt

Name Halford, W.

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 56⁵⁸

Sept 22 1918

Received from the First Newfoundland Regiment
the sum of Fifty Six ⁵⁸ Dollars.
~~Account~~ of Pay.
balance

W. Halyard

Ch. No. 2038 Initials ECU

Pay Ledger 1918 Initials Wm

Gen. Ledger Initials Y

Regtl. No. 1986 Rank Sgt.

No. 1986.

Rank Sgt.

Name Halfyard, W.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 28⁰⁰/₁₀₀

Dec 11th 1918

Received from the First Newfoundland Regiment
the sum of Twenty Eight⁰⁰/₁₀₀ Dollars.
on account of Pay. P. D. O.

W. Halfyard

Ch. No. 6608	Initials. Kew
Pay Ledger. 102	Initials. awl.
Gen. Ledger.	Initials.

Regtl. No. 1986 Rank Sgt.

27018

No. 1986 Rank Sgt

Name Halfyard W

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 4⁸⁶

Feb 20 1920

Received from the First Newfoundland Regiment
the sum of Four⁸⁶ Dollars.
~~on account~~
balance of Pay.

C. R. R. R.
C. R. R. R.

Ch. No. <u>30178</u>	Initials <u>Jim</u>
Pay Ledger <u>389</u>	Initials <u>LO</u>
Gen. Ledger	Initials

Regtl. No. 1986 Rank Sgt.

No.

1986

Rank

Sgt

Name

W. Haffarel

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

Sept. 1 1921.

The accompanying Victory Medal and/or British War Medal
is/are forwarded herewith to

A/Sgt. W. Halfyard

in respect of his service as No. 1986 Rank A/Sgt.

Name W. Halfyard Royal Nfld. Regt.
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received Victory Medal & British War Medal

Signature W. Halfyard

Date Sept. 6/21

Address Colonial Secy's Office

[P.T.O.]

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.,

Dept. of Militia,

St. John's, Nfld.

Fold Here

RECEIVED
JUL 26 1921
MILITIA

June 28th., 1921. 1919.

The accompanying King's Certificate, on his discharge,

(No. 724), is forwarded herewith toSergeant Wallace Halfyardin respect of his service as No. 1986 Rank Sergt.Name Wallace Halfyard Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received King's CertificateSignature W. Halfyard.Date July 2 5/21 *HG*Address c/o Colonial Secy's Office.

[P.T.O.]

Receipt for Army Book 64

No.....*1986*.....Name.....*Halfyard*.....

To Certify that I have received the ³AB 64 of the above
named Soldier.

Name.....*W. Halfyard*.....

Date.....*July 27/20*.....

Place.....*St John's Head, Leeds*.....

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

WZ

Copy
This space to be left blank
for the Chelsea Number.

Proceedings on Discharge.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 1986 Army Rank Sgt

Name Kalfgard Wallace
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge September 2nd 1918

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age 21 years 4 months

Height 5 feet 6 inches

Chest measurement { girth when fully expanded _____ ins.

{ range of expansion _____ ins.

Complexion fair

Eyes blue

Hair fair

Trade Student

Intended place of residence 129 Cabot St.
(To be given as fully as practicable) St. John's, Nfld.

Descriptive marks.

large scar on abdomen

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service on account of wounds received in action

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

[OVER.]

5. He is in possession of the following number of G.O. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place)

(Date) Commanding Bn. Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's W. Halfyard. (Signature of Soldier.)

(Date) Sept. 16th 1918 Holland (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to (the date to which the record of service is completed) years days.

Further service " " (the date of confirmation of discharge) "

Total "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) Signature

(Date)

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations

W. Halfyard.

J. Holland

Casualty Form Active Service.

ROYAL NEWFOUNDLAND REGIMENT.

Rank *Alie* Surname *Kaljian* Christian Name *Wallace*
 Religion *Methodist* Age on Enlistment *18* years *6* months
 Enlisted (a) *19.11.15* Terms of Service (a) *Duration* Service reckons from (a) *24.1.16* *19.11.15*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {*24.5.16*} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation..... 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>Halifax</i>	<i>14.6.16</i>	
			Disembarked <i>Toronto</i>	<i>15.6.16</i>	
<i>20.6.16</i>	<i>Unit</i>	<i>1st Battalion</i>	<i>In the Field</i>	<i>20.6.16</i>	<i>B213</i>
	<i>do.</i>	<i>With do.</i>	<i>do</i>	<i>4.7.16</i>	<i>B213</i>
<i>24.1.16</i>	<i>Mr. G. England</i>	<i>et al. 5th Gen. H. H. H. H. H.</i>	<i>15.10.16</i>	<i>15.10.16</i>	<i>W 3082</i>
			<i>Sgt. A. E. Clerk</i>		
			<i>Capt. J. P. C. Clerk</i>		
			<i>For C. Infantry</i>		
			<i>Second</i>		
			<i>G. A. 2nd Battalion</i>		

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

(b) Signaller, Shoeing-Smith, &c.

Casualty Form—Active Service.
ROYAL NEWFOUNDLAND REGIMENT.

Rank Cpl Surname Wallace Christian Name Wallace
 Religion Methodist Age on Enlistment 20 years 11 months
 Enlisted (a) 20.11.15 Terms of Service (a) 10 years Service reckons from (a) 20.11.15
 Date of promotion to present rank 17.5.17 Date of appointment to lance rank 15.3.17
 Extended Student Re-engaged Student Qualification (b) 1st Lt
 Occupation Student or Private Rate 1st Lt Signature of Officer. [Signature]

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	<u>Shamilton</u>	<u>11.6.17</u>	
		Disembarked	<u>London</u>	<u>12.6.17</u>	
		<u>Joined Battalion</u>		<u>2.7.17</u>	<u>B213</u>
	<u>O. Chitt</u>	<u>Wounded in Action</u>		<u>9.10.17</u>	<u>B213 12.10.17</u>
<u>19.10.17</u>	<u>64 C.C.S.</u>	<u>Ad. & Ad. & Leg</u>		<u>10.10.17</u>	<u>C.D. 1839</u>
	<u>53 Gen. Hap</u>	<u>do</u>	<u>Boalogue</u>	<u>12.10.17</u>	<u>N.A. 19158</u>
	<u>H.S. Markham</u>	<u>Transf to England</u>		<u>24.10.17</u>	<u>W 3083</u>
			<u>1st Lt</u>		
			<u>2nd Lt</u>		
			<u>3rd Lt</u>		
			<u>4th Lt</u>		
			<u>5th Lt</u>		
			<u>6th Lt</u>		
			<u>7th Lt</u>		
			<u>8th Lt</u>		
			<u>9th Lt</u>		
			<u>10th Lt</u>		
			<u>11th Lt</u>		
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			<u>40th Lt</u>		
			<u>41st Lt</u>		
			<u>42nd Lt</u>		
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			<u>93rd Lt</u>		
			<u>94th Lt</u>		
			<u>95th Lt</u>		
			<u>96th Lt</u>		
			<u>97th Lt</u>		
			<u>98th Lt</u>		
			<u>99th Lt</u>		
			<u>100th Lt</u>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment shall be entered.
 (b) Signaller, Shoring-Smith, &c.

COPY

Army Form B. 103.

Regimental Number. 1986

Casualty Form - Active Service.

Regiment or Corps

Rank *Cpl* Surname *Ralford* Christian Name *Wallace*
 Religion *Methodist* Age on Enlistment *18* years *6* months
 Enlisted (a) *1.10.18* Terms of Service (a) *5 years* Service reckons from (a) *1.9.18*
 Date of promotion to present rank Date of appointment to lance rank
 Extended () Re-engaged (☒) Qualification (b)
 Occupation *Student* Corps Trade and Rate *1st Lt March May* 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>Shapton</i>	<i>3.2.18</i>	
		Disembarked	<i>Ronen</i>	<i>6.2.18</i>	
		<i>Joined Battalion</i>		<i>15.2.18</i>	
		<i>Wounded in Action</i>		<i>14.4.18</i>	<i>RA 244/18</i>
	<i>7th A. Coy</i>	<i>Re 9th W. Tharmer Transf</i>	<i>C.L.</i>	<i>13.4.18</i>	<i>RA 244</i>
	<i>83 Gen Hosp</i>	<i>(severe)</i>	<i>Boulogne</i>	<i>14.4.18</i>	<i>RA 22018</i>
<i>23.4.18</i>		<i>Transf to England for</i>			
		<i>Re 1st Gen Hosp</i>		<i>23.4.18</i>	<i>W 3083</i>
		<i>(J.W. Andree)</i>	<i>Grey 17 Hilgate</i>		
			<i>He 1st Gen Hosp</i>		
			<i>He 1st Gen Hosp</i>		
			<i>He 1st Gen Hosp</i>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered in the column for re-engagement or enlistment.
 (b) Signaller, Shoeing-Smith, &c.

Casualty Form—Active Service.Regiment or Corps *Royal Newfoundland*Rank *Cpl* Surname *Halfyard* Christian Name *Wallace*Religion *Methodist* Age on Enlistment *18* years *6* monthsEnlisted (a) *St. Johns* Terms of Service (a) *Duration* Service reckons from (a) *19/11/18*

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

Extended ☒ Re-engaged ☒ Qualification (b)
or Corps Trade and Rate.....Occupation *Student* *18* *1918* *for naval major* Signature of Officer.

Report

Date

From whom received

Record of promotions, appointments, transfers, casualties, &c., during active service, as reported on Army Form B. 103, shall be quoted in each case.

Place of Casualty

Date of Casualty

Remarks
Taken from Army Form B. 103, Army Form A. 35, or other official documents.Embarked *Southampton* *3-2-18*Disembarked... *Reueu* *6-2-18.*Joined Battalion *15 FEB 1918**7672*
*83 Genf.**CO. 1st Battalion**C.E.S.**CO. 2nd Battalion (Levee)**Vaulogue**23.4.18**Transfer to 1st Battalion for "Jan Breydel"*
*(Sw. abdomen)**23.4.18* *W 3083**9.5.18.**U. 1/c No. 1**Infantry Section**C.M. 2, 3rd Ech.*

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

(b) Signaller, Shoeing-Smith, &c.



Rate of Officer i/c Records.

Sp. Alcedoniana

[P.T.O.]

COPY.

Army Form B. 179.

Medical Report on an Invalid.

Station

Hazelton Down Camp

Date

18 JUL 1918

1. Unit *2nd Bat Royal Newfoundland Regt.* Former Trade } *Student*
or Occupation }
2. Regimental No. *1986*
3. Rank *Pvt*
4. Name *HALFYARD - WALLACE.*
5. Age last birthday *20 years.*
6. Enlisted { on *16th November 1915*
at *St John's Newfoundland*
- 7a. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge. } *no*

8. Disability in respect of which invaliding is Proposed.

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

*GSW Abdomen (penetrating)*Statement of Case.

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

9. Date of origin of disability. *13-4-18*
10. Place of origin of disability. *Asmentiserees*

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that he was wounded with a bullet which entered left side below costal margin penetrating abdomen. Laparotomy performed at a cas. then sent to England where in 2nd Lond Gen for about 1 month and boarded B III

Vide AF 8178

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

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

*Wounded on active service**na**na*

13. What is his present condition?

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

Shows large scar about middle line of abdomen. ab-
distended walls supported
binds, constipated. Complaint of
constant pain in abdomen.

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

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

na

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

- If so—(a) When?
(b) Where?
(c) Opinion?

na

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

Yes Laparotomy

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

no

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

na

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

na

20. Do you recommend—

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

Discharge as permanently unfit
for active service

Mr. Rance

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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

Opinion of the Medical Board.

(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war; *yes.*

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? *les.*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent? *yes.*

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil. *Final for 3 months.*

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or *yes.*

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended. *no*

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended? *no*

30. Does the man require the constant attendance of another person? *no*

Signatures:—

Station *St John's*

Date *Aug 18 1918*

Approved

Station

Date

John W. Duncan President.

Spence, Jack Members.

Amey Macpherson, Major Administrative Medical Officer.

D. M. S. NEWFOUNDLAND.



Medical Report on an Invalid.

Station Hazley Down Camp
Date 18 JUL 1918

1. Unit 2nd BATTN. ROYAL NEWFOUNDLAND REGT.

7. Former Trade } Student
or Occupation }

2. Regimental No. 1986

7A. If with previous service in Army, state—

3. Rank 1st Lt

(a) Former Unit;

4. Name HALFYARD. WALLACE.

(b) Regimental No.;

5. Age last birthday 20 years.

(c) Date of Discharge;

6. Enlisted } on 16th November 1915
at St John's Newfoundland.

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Sw Abdomen (perforated)

COPIES SENT		
To	No.	DATE
M. of M.	<u>12009/708</u>	<u>26 JUL 1918</u>
Statement of Case.		
2nd Bn.		

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

9. Date of origin of disability.

13-4-18

10. Place of origin of disability.

Argentina

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that he was wounded with a bullet which entered left side below costal margin penetrating abdomen. Laparotomy performed at A.C.C.S. The bullet found where in Pelvic No 3 London General for about a month and wounded Blm

Vide KPB 778.

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

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

wounded in active service

na,

na,

13. What is his present condition?

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

Shows large scar about 20 cm. x 10 cm. on abdomen - abd. slightly distended: well supported by abdominal bands: constipated. Complaint of constipation in 'oldma.

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

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

na.

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

- If so—(a) When?
- (b) Where?
- (c) Opinion?

na.

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

Yes. Laparotomy.

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

no.

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

na.

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

na.

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

Discharge as permanently unfit for Active Service

DRR
Capt Rame.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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

Original

Army Form B. 179.

Medical Report on an Invalid *and Prolapsed*Station 3rd London General Hospital,

WANDSWORTH, S.W.

Date 17/11/181. Unit 10 Rofld.7. Former Trade }
or Occupation }Student2. Regimental No. 1986.

7A. If with previous service in Army, state—

3. Rank Serjeant

(a) Former Unit;

4. Name Halcyard Wallace

(b) Regimental No.;

5. Age last birthday 21

(c) Date of Discharge;

6. Enlisted { on 16 Nov 1915
at St. Johns.

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

G. S. W. Abdomen (penetrating)

Statement of Case.

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

9. Date of origin of disability. 13. 4. 18.10. Place of origin of disability. Armentieres.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

2 lobes in stomach contained

wounded by bullet entering at left side below costal margin penetrating abdomen. Laparotomy performed. Since then tenderness over scar & feeling of distention. This has persisted for some months.

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

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

attributable to service during present war
G. S. W.

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

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

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

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

If so—(a) When? *✓*

(b) Where? *✓*

(c) Opinion? *✓*

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

Yes. Laparotomy.

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

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

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

20. Do you recommend—

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

Reclassification in Category B

Unimpaired capacity

Officer in medical charge of case.

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

3rd London General Hospital,
Station *WANDSWORTH, S.W.*

Col. A.M.S.
Comdg. 3rd. London Gen. Hospital.

Date *9/7/18*

Officer in charge of Hospital.

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentials between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war; *Yes*

(ii.) Climate; *—*

(iii.) Ordinary military service; *No*

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or *No*

(v.) Whether it is constitutional or hereditary. *P.L.W.*

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which? *—*

23. Is the disability permanent? *No.*

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present? *No.*

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable? *not*

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England? *This man should be discharged - Category B.III*

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended? *No*

30. Does the man require the constant attendance of another person? *No*

Signatures:—

3rd London General Hospital,

Station WANDSWORTH

Date 10. VII. 18

L. Donaldson Davis *Capt. Rawson*
President.

W. H. Bacon
Members.

Approved

Station 3rd London General Hospital,

WANDSWORTH, S.W.

Date

Administrative Medical Officer.

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

MEDICAL HISTORY

OF

Surname HallidayChristian Name Wallace

Table I.—GENERAL TABLE.

Birthplace:—Parish

County Nfld

		SPECIAL RESERVE.		REGULAR ARMY.								
Examined	on <u>16</u> day of <u>Nov</u> 191 <u>4</u> at <u>St John's Nfld</u>	on	day of	191 <u>4</u>								
Declared Age	<u>18</u> years	years										
Trade or Occupation												
Height	<u>5</u> feet <u>5½</u> inches	feet										
Weight	<u>132</u> lbs.	lbs.										
Chest Measurement	Girth when fully expanded... <u>35</u> inches Range of expansion... <u>2</u> inches											
Physical Development												
Vaccination Marks	Right Left Arm Number	Right Left	Right Left	Right Left	Right Left							
When Vaccinated	<u>1905</u>											
Vision	R.E.—V= <u>4/6</u> L.E.—V= <u>6/9</u>	R.E.—V=		L.E.—V=								
(a) Marks indicating congenital airties or previous disease	(a) COPIES SENT <table border="1"> <thead> <tr> <th>No.</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td><u>2009/18</u></td> <td><u>26 JUL 1918</u></td> </tr> <tr> <td><u>2009/18</u></td> <td><u>26 JUL 1918</u></td> </tr> </tbody> </table>		No.	DATE	<u>2009/18</u>	<u>26 JUL 1918</u>	<u>2009/18</u>	<u>26 JUL 1918</u>	(a) NEWFOUNDLAND CONTINGENT 55, VICTORIA ST. LONDON, S.W. 13 JUN 1917 PAY & RECORD OFFICE			
No.	DATE											
<u>2009/18</u>	<u>26 JUL 1918</u>											
<u>2009/18</u>	<u>26 JUL 1918</u>											
(b) Slight defects but not sufficient to Cause Rejection			(b) NEWFOUNDLAND CONTINGENT 55, VICTORIA ST. LONDON, S.W. 12 DEC 1917 PAY & RECORD OFFICE									
Approved by (Signature)			Medical Officer.									
(Rank)												
Enlisted	on	day of	191	on	day of	191						
	Corps.		Regtl. No.	Corps.		Regtl. No.						
Joined on Enlistment	<u>1st Nfld Reg</u>		<u>1986</u>									
Transferred to	<u>1st Newfoundland</u>											
Became non-effective by												
(Signature)												
(Rank)												

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178 to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

COPY. MEDICAL HISTORY of

Surname Halfyard Christian Name Wallace

TABLE I.—GENERAL TABLE.

Birthplace ... Parish ... County Med

Examined ... { on 16th day of Nov 1915
at St John's Med

Declared Age ... 18 years ... days.

Trade or Occupation ...

Height ... 5' feet, 5 1/2 inches.

Weight ... 122 lbs.

Chest { Girth when fully Expanded. 35 inches.

Measurement { Range of Expansion 2 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number 1

When Vaccinated ... 1908

Vision ... { R.E.—V= 6/6
L.E.—V= 6/9

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) _____

(Rank) _____ Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 1915

Corps. *	Regtl. No.
ROYAL NEWFOUNDLAND REGIMENT.	<u>1986</u>
Transferred to ...	

Became non-effective by _____

on _____ day of _____ 1915

(Signature) _____

(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Wandsworth	17	10	16	16	11	16	S.S.W. with 1 dose IX 1 severe	31	Wound - E.B.W. left axilla bullet removed from scapula. also wound of left saddle with entrance wound left thigh. Wounds healed. Grafted fur bag.	Prof. Wethered
Fulham Military	24	10	17	26	11	17	S.S.W. H. Lee		Ypres 10.10.17 joint not involved. Complete recovery	Prof. Wethered
3rd London General Wandsworth Admitted	23	4	18				S.S.W. M. M. M. (Frustrating)		Spinal held - see overleaf Disability - E.B.W. M. M. M. Abdominal walls displaced. Is uncomfortable unless supported by bandages. Cause - S.S.W. on Active Service Disability - to earn a livelihood induced by 40%	Prof. Wethered

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
Nov. 20/15.	1. Circulation.
9.12.15	2 nd do
24.12.15	Vacc.
10.7.18.	Trachea held Brown finding. Rechecked. D III for H. Hagan, Maj. R.A.M.C. for R.C. 2nd London General Hospital Wandsworth Sw.
17.7.18.	Drained at Nagley Iron Camp. Marked. F. Category Maj. H. Hagan, Maj. Capt. H. Hagan, Capt. H. Hagan

Table IV.—Service Table.

[illegible]

Reg. No. 1968 Rank Sgt Name Halifax W

Attested 86 Address 129 Cabot Street

Allotment Allottee

Date of Allotment Returned from Overseas 4-8-18

Embarked for Overseas Cause Discharge

17-8-15. Recommended Discharge Permanently unfit

DISCHARGED - MEDICALLY UNFIT

2-9-18 No 156.



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. & 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 *Halfyard Wallace.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *1986.*
 Intended address *St. John's.*
 Height on discharge *5* Feet *6*
 Color of hair on discharge *Fair.*
 Complexion *Fair.*
 Color of eye *Blue.*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father *John.*
 Christian name of Mother *Susannah*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*
 Place and date of soldier's birth. *St. John's Apr 30/1897*
 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) *Wallace Halfyard.*

Station *St. John's* Date *Aug. 15th* 1918. (Rank) *Sgt.*

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.

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

Station *St. John's* Date *Aug. 16/18*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
(1454) W9497/A12549 2/11/74 33 58Form
B. 121
41.

Regiment of

ROYAL NEWFOUNDLAND REGIMENT.

Signature of O. C. Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay			
No.		Age on	months	Trade				
1986	Keefhard W.	18	6	Student				
Joined	24/12/17	Place and Date of Enlistment	19.11.1915	Religion				
Joined	14/1/18	Period of	with Reserve	Place of Birth				
Joined	27/1/18							

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
Lace Guard	13.1.17	Sgt		Leaving parade without permission	Sgt. Dunphy	5 Days C.D.	13.1.17	2/Lt. E. Barnes	10.1.18
Shabura	27.12.17	Cpl		in Absent from 10.30 a.m. parade Deficient of swapper case	C2. M. S. Chidg	pay for same 29.12.17		J. W. March	Thrup
				Medically Unfit 2 yrs.					

To be carried over

Army Form B. 121.

Squadron, Troop, Battery and Company Conduct Sheet.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 (349) W1387/404 400m 2/15-1 23 58

Forms
 B. 121.
 29.

Regiment of

2/12 Newfoundland

Signature of O. C. Company

Army Form B. 121.

Number of Sheet

Regimental Number and Name
 No. 1986 W. Haefyard.
 Joined 20/12/16 Date Nov. 19/16.
 Joined 1/1/17 Date
 Joined 25/12/17 Date

Enlistment
 Age on 18 years 6 months
 Place and Date of Enlistment 55 John's Nov. 19/16
 Period of { with Colours years
 { with Reserve years

Trade Student
 Religion Methodist
 Place of Birth St John's

Good Conduct Badges, Service Pay or Proficiency Pay

Signature of O. C. Company
 J. E. Barnes
 Captain

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
Race Course	4/3/17	Pts.		Leaving parade without permission	Sgt. Dunphy	5 days C.B.	5/3/17	2/Lt. E. Barnes	as l.w.
Glenburn	27/12/17	Cpl.		Elbow from 10.30 A.M. parade officiant of Swagger case	C. M. C. Cludge	pay for 3 a.m.	27/12/17	J. W. Barnes	

COPIES SENT

TO

DATE

26 JAN 26

NO

TO

M. O. M.

O.C. 1st. Bn.

" 2nd Bn.

To be carried over

Army Form B. 121.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

A Name in full Halfyard Wallace
Regiment from which discharged 1st R. R. Ld.
Regimental Number 1986
Where born (Parish, Town and County), and when St. John's 30th April 1897
Intended address 129 Cabot St. St. John's Newfoundland
Height on discharge 5 Feet 6 1/2 Inches
Colour of Hair on discharge Dark Brown Colour of Eyes Blue
Descriptive marks (Scar on left arm & knee) Complexion Pale
Figure on discharge Lean
Christian name of Father John
Christian name of Mother Margaret
Wife's Maiden name in full ✓
Date and Place of Marriage ✓
Christian names of Children ✓
Nature and locality of civil employment desired Clerical work

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)
3rd London General Hospital,

WANDSWORTH, S.W.

(Rank) Sergeant
Date July 15/18.

Station

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.

3rd London General Hospital,

Station WANDSWORTH, S.W.

Date 5/7/18.

Medical Officer i/c
Hospital.

B Period of Service and in what Corps ...

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
COPIES SENT					
To	No.	Ind.	DATE		
M. of M.	<u>204/18</u>		<u>26 JUL 1918</u>		
O.C. 1st Bn.			<u>S. Africa</u>		
" 2nd Bn.					
...					

Disallowed ...

Service towards Pension ...

Date inclusive to which pay has been issued ...

Sums due on account of public debts ...

Sum due on account
of advance of Pension }

Rank on Discharge

Character (as on Certificate of discharge)

Where born, and on what date

Date and Place of first Enlistment

Trade on Enlistment

Cause of Discharge

Number of G.C. Badges

Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station

Officer in Charge

Date

Records.

[OVER]

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 Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.I.

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

A Name in full Halfyard Wallace
Regiment from which discharged ROYAL NEWFOUNDLAND REGIMENT.
Regimental Number 1986
Where born (Parish, Town and County), and when St Johns 30th April 1897
Intended address 129 Cabot St St Johns Newfld
Height on discharge 5 Feet 6 1/2 Inches
Colour of Hair on discharge Dark Brown Sandy **Colour of Eyes** Blue
Descriptive marks Wound Scar on Left wrist & Rt knee **Complexion** Pale
Figure on discharge John
Christian name of Father Susanah
Christian name of Mother —
Wife's Maiden name in full —
Date and Place of Marriage —
Christian names of Children —
Nature and locality of civil employment desired Clerical Work

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

(Rank)

Date

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

Medical Officer i/c Hospital.

B Period of Service and in what Corps

	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
				India		
				S. Africa		
Disallowed	...	...	...			
Service towards Pension	...	...	...			
Date inclusive to which pay has been issued	Sum due on account of advance of Pension }					
Sums due on account of public debts						

Rank on Discharge

Character (as on Certificate of discharge)

Where born, and on what date

Date and Place of first Enlistment

Trade on Enlistment

Cause of Discharge

Number of G.C. Badges

Medals

Wounds, and Actions in which received

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station

Officer in Charge

Date

Records.

No. 1986	Name Wallace Halfyard	Sqn., Batty, or Company "H"	Corps Newfoundland	Date of enlistment 19/11/16	G.C. Badges	Service or Proficiency Pay
Date of last entry in Company Conduct Sheet 27/12/17	No. and date of last drunk	Period not reckoning towards freedom from extra fine	Sheet No. I	Signature O.C. Company, etc. J. M. M. M.	Character	U. E. O. D.

[illegible]

Army Form B-192

[P.T.O.]

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 question 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. *Wallace*..... 2. Surname. *Halfyard*.....

3. Rank. *Sergeant*..... 4. Regt. No. *1986*.....

5. Address in full to which future payments of gratuity are to be forwarded. *129 Cabot St., St. John's*.....

Newfoundland.....

6. Date of enlistment in the Regiment. *Nov. 19th 1915*.....

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 dependent.....

Not Applicable.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*.....

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

Not Applicable.....

12. Give total length of time which you served on active service, whether in field or overseas. *2 years 288 days*.....

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.....

One hundred dollars (\$100.00)

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

Yes

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.....

Not Applicable

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?.....

Not Applicable

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

Sept. 2nd 1918

Due to Wounds received in

Action

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.....

Yes

France

Spain

Guadecourt

Passacadele

And

Comentieres

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?.....

Not Applicable

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: *Wallace Halfyard*
 Place of Residence: *129 Cabot St., St. John's, Nfld.*
 Declared before me at: *St. John's*
 This *28th* day of *Feb.* 1919.

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

Arthur Munn

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>13.12.18</i>	<i>136.50</i>		<i>5.40</i>	<i>350.00</i>
			<i>less P.D.P.</i>	<i>136.50</i>
				<i>213.50</i>
Certified Correct.			Paymaster.	



ALLOTMENTS

I, Wallace Wright-Halfyard Regl. No. 1986

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

[illegible]

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.) *J. H. Grady* *Sinst-*
Officer Commanding

Officer Commanding

(Sig.) Wallace W. Halfyard.

(Rank) *Private*

S^t Johns B. T. S. A. H^y Company
December 11th 1915

LAST PAY CERTIFICATE

DUPLICATE
MATE COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 1986 Rank Sergt. Name W. Halfyard Posted Royal Nfld. Regt. who was Repatriated
to Newfoundland on 21/7/18 Authority A. F. B. 179 Cause Class A

DR.

STATEMENT OF ACCOUNT

PARTICULARS		£ s d					PARTICULARS					CR.				
PERIOD: From 16/2/18 To 21/7/18	Balance Dr. from						Balance Cr. from	1.10								
	Allotment 156 days @ 60s	95	60	19	4	7/2	Pay 128 days @ 1.38	172	80							
	Cash Payments: P. & R. O.			20	15	0	Field Allow 128 days @ 1.18	151	84							
	Acquittance Rolls B.E.F.			4	19	0	Other Allowances days @ 1.18	228	60	48	7					
	E. F. M. to Nfld.															
	Other Debits:						Other Credits:									
	Cables Nfld. Per. W.P.A.					7										
	Purchase per W. P. A.			1	1	0										
	Hospital Advances			1	14	0										
	Total Debits			48	3	10	Total Credits			47	14	2				
	Balance due by Paymaster						Balance due to Paymaster					9	8			
				48	3	10				48	3	10				

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place)

(Date)

191

Made up/Checked in accordance with information received in the Pay & Record Office London to 21/7/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

27-7-1918

Chief Paymaster & Officer i/c Records.

CHECKED

27-7-18

DEPARTMENT OF VETERANS AFFAIRS

To  Copy for HO file
Attention of

Ottawa 4, Ont
Date Jan 6, 1969.....

NAME HALFYARD Wallace

SERVICE *NFLD*
NUMBER 1986 WW 1

C.P.C. No. 261154
W.V.A. No.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.P.M.E CPC ST JOHN'S NEWFOUNDLAND DEC 31, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Dec 29, 1968.....
Cause of Death.....
Place of Death Not stated.....

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~PAYX~~
~~NO.~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry