



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5439 Name Harry Granville Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? Harry Granville
2. What is your full Address? } Wellington
3. Are you a British Subject? } Yes
4. What is your age? } 20 Years Months
5. What is your Trade or Calling? } Fireman
6. Are you Married? } No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } No
8. Are you willing to be vaccinated or re-vaccinated? } Yes
9. Are you willing to be enlisted for General Service? } Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 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? } Yes

I, Harry Granville 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.

Harry Granville SIGNATURE OF RECRUIT.
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 22nd day of May 1915.
Signature of Attesting Officer C. Dicks, Const.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date 191
Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5439 Name Harry Granville ~~son~~ Meth

Questions to be put to the Recruit before Enlistment

- | | |
|--|---|
| 1. What is your name? | 1. <u>Harry Granville</u>
<u>Dwillingate</u> |
| 2. What is your full Address? | 2. |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>26</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. } Name
..... } Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Harry Granville 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.

Harry Granville SIGNATURE OF RECRUIT.
J. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Harry Granville 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. Johns on this 24 day of May, 1915.
Signature of Attesting Officer W. A. B. Smith

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date 1915
Place } Approving Officer.

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C.R. 5439

Extract of Casualties from Pay & Record Office, London

58

5439 Pte. H. Granville.

Was discharged from 3rd London General Hospital 20/3/19.

Granted furlough until 29/3/19. Classified 1 Duty.

Authority:

A.F.W. 3D16 from O.C. Hospital.

C.R. 5439

Extract from Daily Orders part II, by Lieut. Col. H.B. Barton
D.S.O. Officer Commanding 2nd., Battalion of the Royal
Newfoundland Regiment dated 2-4-19.

The undernoted having reported back from the 1st. Batt.
is taken on the strength and posted to "H" Company from
2-4-19.

5439 Pte. H. Granville.

C.R. 5439

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

The discharge of the undernpted on demobilization has been
APPROVED by O.C? Discharge Depot with effect from 25-6-19.

5439 Pte. H. Granville.

C.R. 5439

Extract from Daily Orders, Part II Unit Royal Newfoundland
Regiment, Depot St. John's , dated 12-7-19.

The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/o Records from
noted date ⁹22-7-19.

5439, Pte. H. Granville.

C.R.

5439

Extract from Daily Orders Part II Unit The Royal Wfld. Regt.
St. John's, June 14th, 1919.

~~5339~~ Pte. H. Granville.

5439

Reported at Headquarters 1-6-19 Ex "Corsican" which sailed
Liverpool 22-5-19.

C.R. 5439

Extract of Casualties from Pay & Record Office, London,
dated Feb. 24th/19.

The undermentioned was transferred from Fulham Military
Hospital to the 3rd London General Hospital S.W., on
21/2/19.

#5439 Pte. H. Glanville.

Auth:

Memo from 3rd L.G.H.

WHEN REPLYING
QUOTE No.

C.R. 5439

March 4th 1919

Mr. Robert Granville
Twillingate

Dear Sir:-

I beg to inform you that further information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning your son, No. 5439 Private Harry Granville, to the effect that he is still progressing favourably

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

BOOKKEEPERS
STATION
LOST DRIED

C.R. 5'439

Extract from Casualties

List No. H.A. 33180.

5439 Pte. H.Granville.

Adm.11 sty.H. Rouen 16 Dec.16 Influenza sey.

DIEBOND BOND

5439

C.R.

Extract from Casualties received from Pay & Record
Office, London, 1-2-19.

The undernoted was admitted to Fulham Military
Hospital Hammersmith, 29-1-19.

5439 Pte. Granville.H.

Influenza.

C.R. 5439

Feb. 13th, 1919

Mr. Robert Granville
Twillingate

Dear Sir:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning your son, No. 5439, Private Henry Granville, to the effect that he is now progressing favourably.

Yours faithfully

Lieut. Col.,

Chief Staff Officer.

CR. 5439

Extract from telegram from Synoptical to Mil. dated Feb. 1st, 1919.

Fulham Military Hospital Jan. 29th.,

Influenza 5439 Granville.

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. 543-9



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Feb. 3rd, 1919

To Robert Granville, Twillingate.

Regret to inform you that Record Office, London, officially reports No. 5439, Private Henry Granville at Fulham Military Hospital Jan'y 29th suffering from influenza

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. Bennett

Ghge Dept of Militia Minister of Militia.

C.R. 5-439

Extract from Nominal Roll of Draft No 56 from the 2nd., Battalion
of the Regiment at Winchester to the 1st., Battalion of the
Newfoundland Regiment B. E. F.,
Embarked Southampton 23/11/18.

5-439 Granville

C.R. 5439

Extract from Nominal Roll of Draft No. 86. from the
8rd., Battalion of the Newfoundland Regiment to the
1st., Battalion of the Newfoundland Regiment. Extracted
Southampton 28/ 11/ 18.

⁵⁴³⁹
~~#5472~~ Pte. H. Granville.

C.R. 5439

Extract from Daily Orders part II, from Unit The Royal
22nd. Regt. St. John's, dated July 25, 1918.

The following man embarked for Overseas on H.M.S.
"Columbella" July 22, 1918.

#5439 Pte. Harry Granville.

C.R. 5439

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 27, 1918.

#5439 Pte. H. Granville

Attested for General Service with the Royal Nfld. Regt.
from 24.5.18

H. Granville

5439

P. O. R. O.

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

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

1. Unit and Corps. *Royal Horse Artillery*
2. Regtl. No. *1429* 3. Rank. *Pvt.*
4. Name *Granville* *Harry*
(Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Labourer*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

nil
nil
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. | ✓ | |
| (ii.) Previous active service.. | ✓ | |
| (iii.) Climate in pre-war service .. | ✓ | |
| (iv.) Ordinary military service before the war .. | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

No complaint of no disability

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

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

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

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

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

Repatriation

W.E. Procuier Half-Rate

Medical Officer in charge of case.

Station *Hazley Down*

Date *8/14/14*

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

No. 5439

Name Granville, J.

Sqn., Batty.,
or Company

D.

Corp R. Newfoundland

Date of
enlistment

24/5/18

G.C.
BadgesService or
Proficiency PayDate of last entry in
Company Conduct SheetNo. and date
of last drinkPeriod not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

Character

Good

Place

Date of
offence

Rank

Cases of
Drunken-
ness

Offence

Names of Witnesses

Punishment awarded

Date of award or
of order dispensing
with trial

By whom awarded

Remarks

Army Form B. 122.

[P.T.O.]

No. 5439 Rank Pvt Name Granville H.

Pay	F.A.	Wkr	Total	A.F.R./33
100	10		110	
Less Allotment			60	
Net Rate			50	

\$ 4-9-11
 2/5/12

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	\$	Y	Total			A.F.R./33
		From	To	t		s	d								
Balance					Balance	20/2/38						2	13	3	✓
Acquittance Rolls			7	8	Pay @ Net Rate	21/2/38	29/8/39	90	50	45	00	9	4	11	✓
Hospital Advances		1	10	0	R.A.	24/2/39	29/2/39	10	2/1			1	0	10	✓
A.B. 64.															
P.&.R.O. Payments		2	0	0	Gr. Pmt.										
Other Supp.			12	3	£ 9-9-1										
Cash	17/36	20/2/39	£ 8	9	1										

STATS

No. of Pmt.

No. of Pmt.

1/20
paymaster

3rd London Gen Hos.
Wandsworth

Royal N 7 L D Reg

Sir:

please pay to me
the sum of £1.00 poud &
Charge to my account.

No 5439 v

Yr Obedt Servant
J. H. Granville



Q. 77. 4 D

Reg.

Approved
M. J. [Signature]

H. F. Ho-o
Receipt 1579
2/15/19

ac

g ya

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES
CABLEGRAM

SENT

FOR STAMPS

Prefix

Code

At

To

By

WORDS

CHARGE

VIA WESTERN UNION

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

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To R. GRANVILLE

26/2/19.

TWILLINGATE (NEWFOUNDLAND)

CABLE FIFTY POUNDS THROUGH MINISTER MILITIA.

H. GRANVILLE.

Charge to
5439 Granville
///

CHARGED
PAY LEDGER
Date 27/2/19 by MR

CHECKED
M.D.
28.2.19

. 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.

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.

OK £1-00
25/1/19
R 14/19

3rd Lt G.H.

Wandsworth SW

Feb 25/19

To Paymaster

Royal Wpda Regt

Sir

Please pay to me
the sum of £1 one
Pound and charge
to my account

Pte H. Granville

5439

Royal Wpda Regt.

RECEIVED
GENERAL HOSPITAL
REGIMENT
24 FEB 1919
F. C. H. G. A.

2544/1

Fulham Military Hospital

14th February 9

5439. Pte Granville H.

21

5439. Granville.

£3.0.0.

Cranville, Nany

5459

Ray Sept

July 11, 1919

#5439 Pte. Harry Granville,

Twillingate.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & C. i. c Records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *Harry* 2. Surname *Grauville*
3. Rank *Pte* 4. Regtl. No. *5439*
5. Address in full to which future payments of gratuity are to be forwarded *Swillingate, N.B.*
6. Date of enlistment in the Regiment *Apr 16/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in field. If so, give dates and particulars of such service..... *Oversea*
12. Give total length of time which you served on active service, whether in field or overseas..... *From Apr 16/18 to June 11/19*

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

No

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

No

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

No

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

No

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

No

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

No

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

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

No
None 11/19
Temporary *No delegation*

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

France, Belgium, Germany
From Nov 1918 to January 1919

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

No

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

Signature of Applicant: *H. Granville*
 Place of Residence: *Wellington N.S.B.*
 Declared before me at: *M. John, W.L.L.*
 This *11th* day of *June* 19...*19*
John M. Capthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

Signature of Applicant:
 Name of Barrister:
 Declared before me at:
 This day of 19...
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.
 Net amount due
 Certified correct.
 Paymaster

July 9, 1919

#5439 Pte. Harry Granville,

Twd lingate.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2840.

Yours truly

Captain
Paymaster & U.i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5439 Rank Name Pte Granville H.
Intended place of residence Durlllegate

2. Occupation Drisherman
Classification of soldier 2 Medical Category A1

3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

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

Place ST. JOHN'S
Date JUN. 11 1919
for H. Mustard
Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
JUN 11 1919
H. Granville
Signature of soldier
AMB LOSTON
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date JUN 11 1919
ST. JOHN'S
H. Granville
Signature of soldier
W. J. O'Leary
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military
Discharged from service. JUN 25 1919 Plus 14 days Service 412

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
Date JUN 25 1919
R. H. Last
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's, Nfld.
Date July 9/1919
M. Bowley
Officer i/c Records
The Royal Newfoundland Regiment

2029/2840

The Royal Newfoundland Regiment

Class for Demobilization: *E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.6.19*

Regimental No *5439*

Name *Granville, Harry* Rank *Pte*

Address *Swillingate*

Present Medical Category *A1*

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

Members of Board {

R.H. East Capt
O.C. Discharge Depot.

J. S. ...
Senior Medical Officer

W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5439 Rank Pte Name Granville Harry
 Date of Enlistment 2-1-18 Address Twillingate District St. John's
 Occupation Fisherman Classification for Discharge 3b Medical Category H.I.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 10-6-19 O. C. Discharge Depot. H. Granville

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

H. Granville

Particulars passed to Vocational Officer for information and action.

Date 11-6-19 A.M. Loustan St

2. Clothing.

• Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

A.M. Loustan St

Date 11-6-19 O. i. c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1732 to his home at Swillingate and Release Certificate No. 2617 issued.

Date

11-6-19

J.A. Lawless
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-7-19

Date

11-6-19

H.M. ...
Depot Paymaster.

Discharge approved for

25-6-19

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

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

11-6-19

J.A. Lawless
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R.H. ...

Date

JUN 25 1919

O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former occupation

A. Granillo

Signature of Man.

H. M. Miller

Signature of the Vocational Officer or his Representative.

Reg. No. *5439*

Place

St. John's

Date

June 11th 191*9*

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

MEDICAL HISTORY

Surname Grawville OF Christian Name Harry B³
239

Table I.—GENERAL TABLE.

Birthplace:—Parish Trulligate County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	24 th	May	1918	191
Declared Age... ..	20.	years	days	years
Trade or Occupation	Fisherman.			
Height	5	feet	8	inches
Weight	140.	lbs.		lbs.
Chest Measurement {	38.	inches		inches
	3.	inches		inches
Physical Development... ..				
Vaccination Marks {	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R E.—V=	L. E.—V=	6/6.	6/6.
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lambert Peterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	Medical Officer.
Enlisted	at	24 th	day of	May
Joined on Enlistment... ..	on	24 th	day of	May
Transferred to.. ..	Corps.	Regtl. No.	Corps	Regtl. No.
	Royal Nfld Regiment. 5439.			
Became non-effective by	on	day of	191	on
(Signature)	on	day of	191	on
(Rank)				

Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions & of treatment
	Day	Month	Year	Day	Month	Year			
	29	1	1921	21	2	19	Influenza.		
3 rd London General Hosp. Wandsworth	21	2	1920	3	19		Influenza	58	

THE HOSPITAL
 37, DUNKIN'S RD. HAMMERSMITH, W. 12
 GENERAL OFFICE
 NO.

in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars of admission out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Convalescent

C. Phumk S.

Convalescent

William Capt

[P.T.O.]



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Franville Harvey*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5439*

Intended address *Willingate*

Height on discharge *5* Feet

Color of hair on discharge *Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Robert*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Willingate 4-12-1897*

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) *Harvey Franville* *St.*

Station **ST. JOHN'S.** Date *9-6-19* (Rank)

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

Station _____ Date _____



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

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

1. Unit and Corps *Royal Grenadier Guards* 7. Former Trade or Occupation } *Freeman*
2. Regtl. No. *5439* 3. Rank *pl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Granville* *Henry* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *26*
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

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

The Complaint of no disability

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

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

Repatriation

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

W. E. Proctor, Capt. R.A.M.C.

Station *Hazelyton*

Date *8.1.19*

Medical Officer in charge of case.

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



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Mar 27/20

I hereby agree to pay the Amt of 70.⁰⁰
to this Dept. Should No 05379. Cheque
for 70.⁰⁰ be returned to this office.
made out in favor of Harry Granville -

H Pardy

Witness W Newbure

27/3/20

In the Central District

Newfoundland,
St. John's, N.S.

I Harry Granville of ^{St. John's} ~~St. John's~~ in the Dominion aforesaid, make oath and say as follows: -

1. That I was a member of the Royal Newfoundland Regiment my number therein being 5439.

2. That in the month of October 1919 a cheque drawn in the sum of seventy dollars in my favour by the Militia Department at St. John's aforesaid, was forwarded to my address.

3. That I received the said cheque in the month of November 1919, but shortly afterwards lost it and have not since been able to find it.

Sworn to before me at }
St. John's aforesaid this }
23rd. day of March }
A.D. 1920. }

John M. ^{Mc}Carthy
J.P.

H. Granville
Jury of del. ^{to}
authorized W.F.H.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

65

Mar 22 19 20

Received from the First Newfoundland Regiment

the sum of Sixty Five Cents Dollars.

on account
balance of Pay.

A. C. H. Granville

Ch. No. 32617	Initials	C. W.
Pay Ledger 369	Initials	2014
Gen. Ledger	Initials	

Regtl. No. Rank

No. 5439

Rank Pt

Name H Granville

C.R! 5439

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name.. *J. H. Goswille*

Date.. *17th Nov.*

Place.. *Millstone*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

C. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>5439 Grenville Hunt</i>	Age on	<i>20</i> years <i>0</i> months	<i>Serviceman</i>			
Joined		Date	Place and Date of Enlistment <i>St. John's</i> <i>31 5 18</i>	Religion			
Joined		Date		<i>Method</i>			
Joined		Date	Period of	with Colours <i>1 1/2</i> years.	Place of Birth		
Joined		Date				with Reserve <i>3 1/2</i> years.	<i>Willeageab</i>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>9 7 19</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

5439

DEMOLIALIZATION OF

Reg. No. 5439 Rank Plt. Name Granville Harry
 Date of Enlistment 24-5-18 Address Thurillgate District St. John's
 Occupation Fisherman Classification for Discharge 1st Medical Category H.I.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 10-6-19 *H. Granville*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOLIALIZATION

1. Civil Re-Establishment.

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

H. Granville

Particulars passed to Vocational Officer for information and action.

Date 11-6-19 *Ambleton St*

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied _____

Date 11-6-19 O. C. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 9.1732 to his home at Jawalbisore and Release Certificate No. 2617 issued.

Date 11-6-19 J.A. Shewell
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-7-19

Date 11-1-19 J.A. Shewell
Depot Paymaster.

Discharge approved for 25-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 11-6-19 J.A. Shewell
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity

Date JUN 25 1919 R.H. Sait Capt.
O. C. Discharge Depot.

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

Date June 20/19 [Signature]

Reg. No. *5439* Rank *PL* Name *Craville Harry*
Attested Address *Dulge*
Allotment Allottee
Date of Allotment Returned from Overseas *11.19.*
Returned on S S *Corsican* Cause *Discharge*

10.6.19.
25.6.19.

PASSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILIZATION.