



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3624 Name Moses Haladay Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Moses Haladay</u> |
| 2. What is your full Address? | 2. <u>Middle Lane Corv</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Artist</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, Moses Haladay 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.

Moses Haladay SIGNATURE OF RECRUIT.

E. M. Coughlan Signature of Witness.

E. 18-4-17

Moses Haladay OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Moses Haladay 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 by the said recruit has made and signed the declaration and taken the oath before me at 1822 on this 18th day of April 1915.

W. H. ... Signature of Attesting Officer

† 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..... } Approving Officer.

Place..... }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Moses Haladay
 Apparent age 30 years 7 months. Height 6 feet — inches
 Chest Measurement { Girth when fully expanded 57½ inches
 Range of expansion 5½ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Haladay
Middle Lance Coy I.R. Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-11-17</u>									
Joined at <u>St John's</u> on <u>April 18th 17</u>									
<u>Embarked</u>	<u>St John's S.I.</u>	<u>Prepared to sail</u>		<u>19th 17</u>					
<u>Boarded</u>	<u>H.M.S. Winchester</u>			<u>28.11.18</u>					
<u>to Newfoundland for demobilization</u>									<u>12-12-18</u>
<u>Arrived</u>	<u>Newfoundland</u>			<u>27.12.18</u>					
		<u>Demobilization</u>		<u>St John's</u>					<u>3rd 1919</u>
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-2-19</u> [date of discharge] <u>1</u> years <u>292</u> days									
Pensions " " " " " " " " " " " " " "									

C.R.

3624

Extract from Daily Orders part II, Depot St. John's
dated Febraury 5th., 1919.

The discharge of the undernoted on demobilization have
been CONFIRMED by Officer i/c Records 3-2-19

3624 Pte. Moses Halliday.

C.R. 3624

Extract from Daily Orders part 11, Depot St. John's
dated January 23rd., 1919.

The discharge of the undernoted on demobilization have
been approved by O. C. Discharge Depot from noted dates:

#3624 Pte. M. Haliday.

C.R. 3624

Extract from Medical Board held on Monday Jan. 13th, 1919.

3624 Pte. M. Haladay.

Recommended discharge as permanently Unfit.

C.R. 3624

Extract from Daily Orders part 11, Depot St. John's dated Dec. 2nd. 18

The u/m returned from Overseas and reported at Depot 21-11-18.

#3624 Ote. H. Haladay.

C.R. 3624

Extract from Central Roll of Registration Draft No. 79
from the 2nd., Battalion of the Royal West Surrey
Regiment per W. G. WICK as high observed at
Wiltshire Dock. 18/18/16.

#3624 Pte. M/ Haliday.

C.R. 3624

Extract from Nominal Roll, embarked St. John's for Overseas 19-⁵/~~7~~-17.

#3624 PTE. M. HALIDAY.

3624

C.R.

Extract from Daily Orders Part 11 Unit The Royal Hkhd.

Regt., April 18th, 1917.

3624 Pte. M. Haladay.

Attached to the strength from Apl. 18th, 1917.

H Halliday

C.R. 3624

1890

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.

Regt No. 3624 Rank Pk. Name Halliday Unit ROYAL NEWFOUNDLAND REGT. who was repatrolled
to Newfoundland on 11/12/18. Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

PERIOD:	PARTICULARS						PARTICULARS					
	\$	£	s	d	£	s	d	\$	£	s	d	
From 25-11-18 to 25-12-18	Balance Dr. from						Balance Cr. from					
	Allotment 19 days @ 40¢	17	60	11	11	2	Pay 19 days @ \$1.00	114	00			
	Cash Payments:						Field Allow 19 days @ \$1.10/100	11	90			
	1 st Pay.				15	0	Other Allowes days @ \$	120	90	14	5 11	
	2 nd "				1	16	10	Other Credits:				
	Other Debits:						Copy sent to ofn 21303/210					
	B. Damage					6	PA 24/12/18					
	Miss Stopp.				7	5						
	Total Debits			14	5	11	Total Credits			14	5	11
	Balance due by Paymaster			14	5	11	Balance due to Paymaster			14	5	11

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

J. Co. DEC 11 1918 191
(Place) (Date)

Made up/checked in accordance with information received in the Pay & Record Office J. Co. O.C. "F." Company. to 11
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Moses Halliday Haladay*
aged *20* conducted at *Hdors*
Date: *18/4/17* Recruiting Officer:

NO OF TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no *no*
- 10 ~
- 11 ~
- 12 ~
- 13 ~
- 14 ~
- 15 ~
- 16 ~
- 17 ~
- 18 ~ *6/6 bark.*
- 19 ~
- 20 ~
- 21 ~
- 22 ~
- 23 ~
- 24 ~
- 25 ~
- 26 ~
- 27 ~
- 28 ~
- 29 ~
- 30 ~
- 31 ~
- 32 ~
- 33 no.
- 34 *6/1*
- 35 *1/29*
- 36 *34-37 1/2*
- 37 *\$180 per year*
- 38 *Father - John.*
- 39 *no.*

3654
3624

JH

Signature of Medical Examiner:

Smiths Arm. S.B.
J.W. Borden

Medical Report on an Invalid.

Station Hazelton Down Camp
 Date 28/1/18

1. Unit Royal Newfoundland Regt 7. Former Trade }
 or Occupation }
 2. Regimental No. 5824
 3. Rank
 4. Name HALLIDAY
 5. Age last birthday
 6. Enlisted { on
 at
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (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).

Debilility

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.
 10. Place of origin of disability.

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

Joined Apr. 1917. August same year complained pain in back. ? renal Calculus. Nothing found. Similar complaint again this year. Again nothing found.

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.

Attrib. Strain Military 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.

Robust healthy looking - for continuously employed & pain in back - urine normal received hospital treatment. Complained of defective vision - eyes tested, headache therefrom received attention. Put on light duty. Contracted Mumps Oct 1918 received attention in medical isolation but was able to recover again put on light duty. Capt France on account of defect vision.

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

- (a) In action?
- (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?

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?

Repatriation (c)

W. H. C. P. 110

ROYAL NEWFOUNDLAND REG.

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.

Nº 3609



41 ST. NEWFOUNDLAND REGIMENT ✓

ALLOTMENTS

I, M. Haladay , Regl. No. 2674

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

Jan 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3380	Wife	Mrs John Haladay (Rachel)	Smith Sound Trinity Bay	60
			Total Allotment, \$	<u>60.</u>

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.) Charles R. Ape Capt.

Officer Commanding Company

(Sig.) M. Haladay
(Rank) Private

P. T. John
May 16 1917



41 ST. NEWFOUNDLAND REGIMENT 4

ALLOTMENTS

I, M. Halassy, Regl. No. 3674

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Twenty 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 June 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3286	Wife	Mrs John Halassy (Rachel)	Smith Sound Trinity Bay	60
Total Allotment, \$				60.

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

(Sig.)

Charles Ayelett

Officer Commanding

B. Company

(Sig.)

M. Halassy
Private
H. St. James

(Rank)

St John
June 16

191

13008/815/P&A

(87401) W.L.W. 12321/M3408 12,000,000 2/17. J.C.A.S. (E828)

Army Form C. 348

Forms
C. 318
68

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT

From 53, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

From *O.C. F. Coy*
2/1 Newfoundland Regt.

To Officer Commanding,
2/1st. Newfoundland Regt.,
Ayr, N. B.

To *Paymaster*
London.

FM/WF

ANSWER.

Pay & Record Office,

3rd, December 1917

3624, PTE. M. HALLIDAY.

Newton on Ayr.

8 Dec 1917.

With reference to the enclosed copy of memoranda exchanged with O. C., 1st Scottish General Hospital, Aberdeen: Amended A. F. O. 1643 is enclosed for remission of stoppages as customary.

Stoppages for debit to this Soldier, notified on N.F.P/54 No. 328, 1/11/17 should be cancelled. Corresponding credits for stoppages notified on N.F.'s P/54 Nos. 231 & 271 are now notified on N. F. P/54 No. 355, enclosed herewith, please.

A. D. [Signature] Major,
Chief Paymaster & O i/c Records.

BRANCH
Noted.
Pay
ACCEPTED UPON
BY *[Signature]*
DATE *Noted.*

O.C. F. Coy

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE
Ref No. *7602*
10 DEC 1917
Askd. *10/12/17*
Ans'd. *[Signature]*
File No. *[Signature]*

(1)

From: G. Treaise, 2/Lt.
B/O F. Co.
2/1 Newfoundland Regt.

Ayr,
14/11/17

To: Paymaster,
Victoria Street, London.

With references to the stoppages against No. 3624, Pte. M. Halliday, we beg to advise that this man was sent to Hospital suffering from Kidney Trouble and not from Venereal Disease. A statement to this effect from the Medical Officer is enclosed herewith.

(Sgd) G. Treaise, 2/Lt.
O/C F. Co. 2/1 Newfoundland Regt.

(2)

Enclosure to No. (1)

From: Captain R. A. M. C.
M. O. 1/c 2/1st Newfoundland Regt.

To: Adjutant 2/1st Newfoundland Regt.

Re No. 3624, Pte. Halliday, M.

To explain that in his Medical History the above has no mention of Venereal Disease. The following is a copy of remarks bearing on the cause etc.

Admitted 6/8/17, Discharged 25/10/17, "Renal calculus suspected but not found by X Ray" Complains of some frequency of micturition and occasional pain in the back (10/10/17). Signed by R. E. McKerron,
Major R. A. M. C.

(Signed)

†
Capt, R. A. M. C.
M.O. 1/c 2/1st N. F. L. D.

Newton Park School,
Ayr,
15/11/17.

(3)

From: Paymaster and o/c Records, Nfld, Cont. 20/ November 1917
London, S. W.

To: Officer Commanding,
1st Scottish General Hospital,
Aberdeen.

3624, Pte. M. Halliday, 1st Newfoundland Regiment.

With reference to A. F. O's 1643 for periods 28/7/17 to 25/10/17 Private Halliday is shown suffering from Venereal Disease during the period 6/8/17 to 25/10/17 Memorandum from Medical Officer of his Unit 15/11/17 is enclosed for comment and necessary action. Kindly return enclosure with amended A. F. O. 1643, for the period Halliday was in Hospital.

(Sgd) H. A. Timewell, Major,
Chief Paymaster and O. 1/c Records.

10384/888

555

Officer Commanding,
2/1st Newfoundland Regiment,
Ayr, N. B.

F

HOSPITAL STOPPAGES.

Under Col.6A.

3624 Pte Halliday, M. Hospital Stoppages
for period 7/8/17
to 28/9/17 = 55 days
@ 60s (see H.F.P.54
Nos.231-271) as per
Army Form O. 1843,
Notified at this
Office in error by
1st Scottish General
Hospital, Aberdeen,
See this Office, No.
13008/815/P&A

6 10 7

6 10 7

4th November 7

F

Ayr, N. B.

F

2nd

(4)

From: Officer Commanding,
1st Scottish General Hospital,
Aberdeen.

23 November 1917

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

3624, Private Halliday M.

Herewith amended A. F. O. 1643 for Pte. Halliday. He was at first notified as a case for full stoppages but owing to a clerical omission which is regretted the change in diagnosis was not intimated.

(Sgd) Mjor,
for O. C. 1st Scottish General Hospital.

9/2/P&A

CHIEF PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT
83, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

20th, November

Officer Commanding,
1st. Scottish General Hospital,
Aberdeen.

3624, PTE. M. HALLIDAY,
1st. NEWFOUNDLAND REGIMENT.

With reference to A. F's O. 1643 for periods
28/7/17 to 25/10/17: Pte. Halliday is shown as suffering
from Venereal Disease during the period 6/8/17 to
25/10/17. Memorandum from Medical Officer of his Unit,
15/11/17 is enclosed for comment and necessary action.

Kindly return enclosure with amended A. F. O.
1643 for the period Halliday was in Hospital.

Chief Paymaster & O. i/c Records, Major

FM/WF

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

23 Nov. 1917

3624, Pte Halliday, M,

Herewith amended A. F. O, 1643, for Pte Halliday.
He was at first notified as a case for full stoppages
but owing to a clerical omission which is regretted the
change in diagnosis was not intimated.

(Signed) ? Major,
for O. i/c 1st Scottish General Hospital.

Paymaster

Victoria St.

London.

With reference to the stoppages
against No 3624 Pte M. Halliday we beg
to advise that this man was sent to
hospital suffering from kidney trouble
and not from venereal disease.

A statement to this effect from
the Medical Officer is enclosed herewith.

C. J. [unclear] of the

BRANCH [unclear] Coy
Pay of Hospital Post

NOTICE UPON

BY [signature]
DATE 3/12/17

Ref. No.	6966
Rec'd.	19 NOV 1917
Ack'd.	[signature]
Ans'd.	[signature]
File No.	

Clyde

14/11/17

OS. 1/1 S. 74.

12534/2. 90a.

OC 2/1

13005/815-OC 2/1

Transferred from C. L. F. Col

To Adjutant of N.S.D.



Re No 3624 Pte Halliday M.

To explain that in his Medical History the above has no mention of Venereal Disease.

The following is a copy of remarks bearing on the case re

Admitted 6.8.17 Discharged 25.10.17.

"Renal calculus suspected but not found by X-ray." Complaints of some frequency of micturition and occasional pain in the back (10.10.17) Signed by R. E. McKerron

Major Rance

Cecil Cliff

Capt Rance

Wentworth Park School

W.O.C. of N.S.D.

Apr.

15.11.17.

MEMORANDUM.

PAYMASTER & OFFICER I/C RECORDS,
 NEWFOUNDLAND CONTINGENT
 58, VICTORIA STREET,
 LONDON, S.W. 1.
 ENGLAND.

20th, November 1917

From

To Officer Commanding,
 1st. Scottish General Hospital,
 Aberdeen.



3624, PTE. M. HALLIDAY,
 1st. NEWFOUNDLAND REGIMENT.

With reference to A. F.'s O. 1643 for periods
 28/7/17 to 25/10/17: Pte. Halliday is shown as suffering
 from Venereal Disease during the period 6/8/17 to
 25/10/17. Memorandum from Medical Officer of his Unit,
 15/11/17 is enclosed for comment and necessary action.

Kindly return enclosure with amended A. F. O.
 1643 for the period Halliday was in Hospital.

Major,
 Chief Paymaster & O I/c Records.

FM/WF

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

3624 Pte Halliday M.

Herewith amended A.D. O.1643 for Pte
Halliday. He was at first notified as a case for full
stoppages but owing to a clerical omission which is
regretted the change in diagnosis was not intimated.



James Clew MAJOR.

For O. i/c. 1st SCOTTISH GENERAL HOSPITAL	
NEWFOUNDLAND CONTINGENT PAY & RECORD OFFICE	
Ref. No. <i>9199</i>	BRANCH <i>Pay</i> ACTED UPON <i>J.H.</i>
Rec'd. <i>26 NOV 1917</i>	
<i>13005/815-22</i>	BY
Amtd. <i>3/2/17</i>	DATE <i>5/11/17</i>
File No.	

13008/815/P&A

PAYMASTER & OFFICER I/C RECORDS,
NEWfoundland CONTINGENT,
VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

Officer Commanding,
2/1st. Newfoundland Regt.,
Ayr, N. B.

PM/WF

Pay & Record Office,
3rd, December 7

3624, PTE. M. HALLIDAY.

With reference to the enclosed copy of memoranda exchanged with O. C., 1st, Scottish General Hospital, Aberdeen: Amended A. F. O. 1643 is enclosed for remission of stoppages as customary.

Stoppages for debit to this Soldier, notified on N.F.P/54 No. 328, 15/11/17 should be cancelled. Corresponding credits for stoppages notified on N.F.'s P/54 Nos. 231 & 271 are now notified on N. F. P/54 No. 355, enclosed herewith, please.

Major,
Chief Paymaster & O i/c Records.

(1)

From: G. Trecise, 2/Lt.
B/O F. Co.
2/1 Newfoundland Regt.

Ayr,
14/11/17

To: Paymaster,
Victoria Street, London.

With references to the stoppages against No. 3624, Pte. M. Halliday, we beg to advise that this man was sent to Hospital suffering from Kidney Trouble and not from Venereal Disease. A statement to this effect from the Medical Officer is enclosed herewith.

(Sgd) G. Trecise, 2/Lt.
O/O F. Co. 2/1 Newfoundland Regt.

(2)

Enclosure to No. (1)

From: Captain R. A. M. C.
M. O. 1/c 2/1st Newfoundland Regt.

To: Adjutant 2/1st Newfoundland Regt.

Re No. 3624, Pte. Halliday, M.

To explain that in his Medical History the above has no mention of Venereal Disease. The following is a copy of remarks bearing on the cause etc.

Admitted 6/8/17, Discharged 25/10/17, "Renal calculus suspected but not found by X Ray" Complains of some frequency of micturition and occasional pain in the back (10/10/17). Signed by R. E. McKerron,
Major R. A. M. C.

(Signed) ?

Capt. R. A. M. C.
M.O. 1/c 2/1st N. F. L. D.

Newton Park School,
Ayr,
15/11/17.

(3)

From: Paymaster and o/c Records, Nfld, Cont. 20/ November 1917
London, S. W.

To: Officer Commanding,
1st Scottish General Hospital,
Aberdeen.

3624, Pte. M. Halliday, 1st Newfoundland Regiment.

With reference to A. F. O's 1643 for periods 28/7/17 to 25/10/17 Private Halliday is shown suffering from Venereal Disease during the period 6/8/17 to 25/10/17 Memorandum from Medical Officer of his Unit 15/11/17 is enclosed for comment and necessary action. Kindly return enclosure with amended A. F. O. 1643, for the period Halliday was in Hospital.

(Sgd) H. A. Timewell, Mjor,
Chief Paymaster and O. 1/c Records.

(4)

From: Officer Commanding,
1st Scottish General Hospital,
Aberdeen.

23 November 1917

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

3624, Private Halliday M.

Herewith amended A. F. O. 1643 for Pte. Halliday. He was at first notified as a case for full stoppages but owing to a clerical omission which is regretted the change in diagnosis was not intimated.

(Sgd) Mjor,
for O. C. 1st Scottish General Hospital.

ORIGINAL

N.F.P./12.

NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

1. I, (No) 3624 (Rank) Pte (Name) Holliday M.
 hereby apply for cancellation of Allotment made by me on N.F.P/11
 No. 3609 dated April 1917 in favour of
Wife: Mrs John Holliday, Smithsound T.B.
 for \$ — cts 60 per diem.

Such cancellation to take effect on the 28th day of
February 1918.

2. I agree to accept all risks and consequences of this applica-
 tion failing to reach Headquarters, St. John's, in time to become
 operative at above nominated cancelling date; and that in the
 event of such non-delivery, and thereby the allotment continuing
 to be paid to the Allottee, I also agree to such further stoppage
 in the Pay Books as may be necessary, or otherwise to refund such
 overpaid amount or amounts.

Dated at

Hapeley Down Camp
Winchester
Feb 6th 1918

Wesley Holst

Allotter.

Approved and Witnessed:

J. P. [Signature]
 O.C. "A" Company.

Noted
 Wm Windsor
 for C.R. & S.F. Coy
 7-2-18

NOTED
[Signature]
 C.C.M.S.
 Date 15/2/18 Coy

To be made out in TRIPLICATE and delivered at the Pay & Record
 Office not later than date of cancellation, in accordance with
 P. & R.O. C.L./10, 9/12/16.

No. 4239

ORIGINAL.

N.F.P./14.

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 3624 (Rank) Pte (Name) Halliday M.
 hereby agree, until further notification by me, and in required form,
 to make an allotment of — dollars and 40 cents
 per diem, from my pay, to and for the benefit of the undermentioned
 Person and/or Persons. Such payments to be made on proof of identity
 of the Person and/or Persons concerned, viz.,

Whether Wife Child, other Relative, or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person)	
			£	¢
<u>Mother</u>	<u>Rochael Jane Halliday</u>	<u>Smithsound Trinity Bay Britannia</u>		<u>40</u>

This Allotment to take effect from and including 1st March 1918

NOTE:- This Form must be completed and Signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the C/Paymaster in accordance with P.&R.O. C.L./10, 9/12/16.

(Sig.) [Signature]
 Officer Commanding
 "J" Company.

Dated at
Hazelton Down Camp
Feb 6th 1918

(Sig.) [Signature]
 Allotter.

NOTED
[Signature]
 C.C.M.S.
 Date 3/3/18

Noted
[Signature]
 fac. 2. m. S. F. in
 7-2-18

Halliday L

3624

Hay Sept

February 2nd., 1919

#3624 Pte. Moses Haladay,

Britannia Cove, T.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 799."

Yours faithfully,

Captain,
Raymaster & O.I/c Records

Enc 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3624 Rank Pvt. Name R. Galaday

Intended place of residence Antennia Cove I. Bay

2. Occupation Soldier

Classification of soldier (3) Medical Category I

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

ELIGIBLE for POST DISCHARGE PAY

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

Place W. Bowley Capt.

Date W. Bowley Capt.
Comanding 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 A. Jones R. Galaday

Signature of soldier

R. Bowley Capt.

Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date Jan 16th 1918 R. Galaday

Signature of soldier

ST. JOHN'S

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18.4.17 No of days on Military

Discharged from service 19-1-19 plus 14 Day Service 657 Days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Lait Capt.

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

JAN 19 1919

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place A. Jones. Nfd W. Bowley Capt

Officer of Records

Date February 2/1919 The Royal Newfoundland Regiment

2213 2019/799

13
31
30
31
31
20
31
30
31
31
291

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3624 Rank Pte Name Haladay M
 Date of Enlistment 18.11.17 Address Middle Lane District St. John's
 Occupation Cook Classification for Discharge B Medical Category 10
 Recommendation S.M.B. permanently unfit Disability Rating 20% G. M. 100
 Passed to Demobilization Officer with following documents:—

N.F. P 3624	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	5
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 16.1.19

W. H. Carr
O/C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 1.1.19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph A. Brown

Date 17-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *850* to his home
 at and Release Certificate No. issued.

Date *17-1-19*

Ch. Dicks Capt.
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to *17-1-19*

Date *17-1-19*

W. Bailey Capt.
 Depot Paymaster.

Discharge approved for *19-1-19*

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

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	<i>James B.</i>
F 178	W 3494	B 122	Board 1st.	" 2	
R 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 *18-1-19*

Ch. Dicks Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY.

Date *JAN 19 1919*

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

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

Date

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

MEDICAL HISTORY

OF

Surname Haladay Christian Name Moses

Table I.—GENERAL TABLE.

Birthplace:—Parish Middle Lane Cove County Trinity Bay

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>18th</u> day of <u>April</u> 191 <u>7</u>		on _____ day of _____ 191	
Declared Age	at <u>Headquarters</u> <u>30</u> years <u>7</u> months		at _____ _____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>6</u> feet _____ inches	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches
Weight	<u>139</u> lbs.	_____ lbs.	_____ lbs.	_____ lbs.
Chest Measurement	Grith when fully expanded ... <u>57 1/2</u> inches		_____ inches	
	Range of Expansion ... <u>5 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>4/6</u>	R.E.—V= _____	R.E.—V= _____	R.E.—V= _____
	L.E.—V= <u>4/6</u>	L.E.—V= _____	L.E.—V= _____	L.E.—V= _____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>W.R. Proemin</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Headquarters</u> on <u>18th</u> day of <u>April</u> 191 <u>7</u>		at _____ on _____ day of _____ 191	
Joined on Enlistment	Corps. _____	Regtl. No. _____	Corps. _____	Regtl. No. _____
Transferred to	<u>4/12/17</u> <u>3624</u>		_____	
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number 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, admission and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
1st SCOTTISH GENERAL HOSPITAL 1st SCOTTISH GENERAL HOSPITAL ABERDEEN.	6	8	17	25	10	7	? Renal Calculus.	80	Aug. 16 th 1917. Signs of functional amblyopia. R.V. admitt. only 9/60; ϵ \pm an. offus = $\frac{1}{2}$ L.V. admitt. only 9/40; ϵ \pm an. offus = $\frac{1}{2}$ 23-9-17 Renal calculus suspected but none found by X-ray, patient resting, well at present. General condition good: comparison of ophthalmometry of refraction and axes was done in N. B. (10. 7. 17)	<i>W. J. S. [unclear], Capt., R.A.M.C.</i> <i>J. B. [unclear] Lt.</i> <i>R. [unclear] Major, R.A.M.C.</i>
Hazelley Down	16	9	17	30	9	18	Colic (Renal)	14	Pain in back No typical attack of renal colic. Improved. Several tests made of urine but nothing abnormal found. Pain suggests myalgia or lumbago. <i>More. Many referred.</i>	<i>G. S. [unclear] Capt., R.A.M.C.</i>

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

Date	Brief Details, and Signature
<p>27-4-17 12-5-17</p> <p>30 NOV 1918</p>	<p>T.A.B. W.S.P.</p> <p>HAZELEY DOWN CAMP.</p> <p>Recommend Repatriation ind 21 App 20. ROYAL NEWFOUNDLAND REG.</p> <p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisa- tion. Medical category <u>E</u> 13.1.19 <i>[Signature]</i> Captain Date of S.M.B. Discharge Depot-Newfoundland</p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

MORNING SICK REPORT

MEDICAL INSPECTION REPORT* { Squadron,
Unit 2nd Batt. Royal Newfoundland Battery, or
Company.

Station Hazelton Down Camp Date 6-7-18

Regtl. No. 3624 Rank Private

Name Haladay Moses

(Christian Name in full; Surname first)

Married? _____ Religion _____

Completed years of Age 22 Service 3 yrs.

If for duty † _____

Whether a defaulter _____

Lines or barracks _____ Room _____

Disease _____

Disposal -- Medical Officer's Remarks and Signature --

Defect Vision - Metabolic

Calculus.

Orderly

Orderly

* Strike out whichever is not applicable
† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as "Soldiers for trial by Court-Martial," or "Joining the station," &c., should be stated against their names.

MORNING SICK REPORT

MEDICAL INSPECTION REPORT* { Squadron,
Unit 2nd Batt. Royal Newfoundland Battery, or
Company.

Station Hazelton Down Camp Date 6-7-18

Regtl. No. 3624 Rank Private

Name Haladay Moses

(Christian Name in full; Surname first)

Married? _____ Religion _____

Completed years of Age _____ Service _____

If for duty † _____

Whether a defaulter _____

Lines or barracks _____ Room _____

Disease _____

Disposal -- Medical Officer's Remarks and Signature --

* Strike out whichever is not applicable
† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as "Soldiers for trial by Court-Martial," or "Joining the station," &c., should be stated against their names.

To be Discharged from Hospital
to-morrow.

Unit _____ { Squadron,
Battery, or
Company.

Regtl. No.	Rank and Name

To be Discharged from Hospital
to-morrow.

Unit _____ { Squadron,
Battery, or
Company.

Regtl. No.	Rank and Name
<i>100</i>	<i>Private</i>

From : Ophthalmic Surgeon, Central Military Hospital

To : Medical Officer in Charge 2nd Batt. Royal Newfoundland

Hazelton Barracks

July 6th 1918.

" REPORT OF VISION "

No. 3624 Pte. Staladay M.

V.A. R.E. $\frac{6}{18}$

With correct-
ing lenses. R.E. $\frac{6}{9}$

Has ... L.E. $\frac{5}{60}$

R.E. $\frac{6}{60}$

R.F. Slight hypermetropia. L.E. Slight mixed astig. - old
Con. Strab. & eye amblyopia.

Glasses required are those the standard supplied
by the W.O. please

C. A. M. C.

Capt. R.A.M.C.
Ophthalmic Surgeon.

Note ... This Report should be attached to this Man's Medi-
cal History Sheet for future reference please.

Civil Re-establishment Committee



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

*To take course in motor
mechanics*

Signature of Man.

Reg. No. *3624*

A. Butler

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

Jan'y 16th 1919 Norfolk Island

Medical Report on an Invalid.

Station Hazley Down Camp
 Date 28/11/18.

1. Unit Royal Newfoundland } Former Trade }
 2. Regimental No. 3624 } or Occupation }
3. Rank Pte
4. Name HALLIDAY.
5. Age last birthday
6. Enlisted { on
 at
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (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).

Debility

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.
10. Place of origin of disability.

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

Joined Apr. 1917. Aug same year complained pain in back? Renal Calculus nothing found. Similar Complaint again this year, again nothing-found

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.

Attributed to Strain military Service

N.A.

N.A.

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?
- (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?

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?

Robust healthy looking - has continued
 complained of pain in back - used normal
 received hospital treatment. Employed by
 defective vision - eyes tested headcases
 therefrom received attention. Put on
 light duty. Continued heavy work Oct
 1918. Received attention in Medical Isolation
 tent, and after recovery again put on light
 duty. Light France in account of
 defect vision

Repatriation (1)

M.P.C. Capt. P.C.O.

ROYAL NEWFOUNDLAND REG
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.

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 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;

(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?

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

23. Is the disability permanent?

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.

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopedic 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. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Five years ago was injured by heavy stick falling across his back. ~~from~~ At the same time he fell over another stick injuring the abdomen

no

yes by military service

20% 6 months

Yes

Station _____
Date _____

Approved by _____
Date _____

Station _____
Date _____

[Signature] President.

[Signature]
[Signature] Members.

[Signature]
Administrative Medical Officer.





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 *Moses Haladay*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3624*

Intended address *Bethanias Cove*

Height on discharge *5* Feet *11*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *Tall*

Figure on discharge

Christian name of Father *John*

Christian name of Mother *Rachel*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Bethanias Cove 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) *Moses Haladay* *his* witness *W. Michael*
mark *S.P.M. (Rank)* *R.H.*

Station *St. John's* Date *10.1.19*

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



Station

Date

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. 3624 Rank Pte. Name Halliday, N Unit ROYAL NEWFOUNDLAND REGT. who was repatriated
to Newfoundland on 11/12/18. Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT

	PARTICULARS					PARTICULARS					CR.
	\$	¢	£	s	d	\$	¢	£	s	d	
PERIOD: From 23-11-18 To 20-12-18.	Balance Dr. from					Balance Cr. from					
	Allotment 19 days @ 40¢					Pay 19 days @ \$1.00					19 00
	Cash Payments:					Field Allowance 19 days @ \$1.10/100					1 90
	19 Pay.										
	22 "										
	Other Debits:					Other Allowances days @ \$					20 90
	B. Damage										4 5 11
	Mis Stopp.										
	Total Debits					Total Credits					
	Balance due by Paymaster					Balance due to Paymaster					4 5 11

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

HAZELEY DOWN CAMP. DEC 11 1918 191
(Place) (Date)

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

Pay & Record Office, London,
191

J. J. ...
A.C. "J." Company.
to

Chief Paymaster & Officer i/c Records.

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. 3624 Rank Plt. Name Halliday Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

PARTICULARS	£ s d				PARTICULARS	£ s d			
	£	s	d	£		s	d		
Balance Dr. from					Balance Cr. from				
Allotment 19 days @ 40	17	60	11	11	2				
Cash Payments:					Pay 19 days @ \$1.00	119	00		
18 th Pay.				15	0.				
2 nd " "				1	16	10			
Other Debits:					Field Allow 19 days @ \$1.10/100	11	90		
BD Damages								14	5
Mis Stopp.				2	5				
Total Debits				14	5	11			
Balance due by Paymaster					Other Allowances days @ \$				
				14	5	11			
					Other Credits:				
					Total Credits			14	5
					Balance due to Paymaster				
								14	5

PERIOD: From 23-11-18 To 11-12-18

H.F.C. 18/12/18

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

960 HAZELEY DOWN CAMP. DEC 11 1918 191
(Place) (Date)

Made up/Checked in accordance with information received in the Pay & Record Office 5 O.C. "J." Company London to 19/12/18. and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
Sec. 19th. 1918.

Handwritten initials

Chief Paymaster & Officer i/c Records.



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

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

P

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

March 25th, 1919

Memo: To Capt. Howley,
From Vocational Officer

Moses Haliday, No 3624

This is to certify that the man named in the margin
~~wishes to~~ discontinue our educational course today.

W. W. Blackall

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 *Moses* 2. Surname *Halday*

3. Rank *Private* 4. Regt. No. *3624*

5. Address in full to which future payments of gratuity are to be forwarded *198 New Gower St. St. John's*

6. Date of enlistment in the Regiment *April 1917*

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

Mother, Rachel Jane Halday

8. Relationship of such dependents *Mother*

9. Address in full of such dependent *Smith Sound, Trinity Bay - Britania*

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

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

12. Give total length of time which you served on active service, whether in Nfld, or Overseas *Home in April 1917, and discharged in January 1919*

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.....

No.

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.....

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 Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

Feb. 13/19

No.

Physically unfit

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.....

No.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com?.....

Yes

(b). If so, are you in receipt of full pay and allowances from that Committee.....

I get £50/- per month from Military Dep't

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: *his*
Moses X. Halden
 Place of Residence: *West*
198 New Gower St. Nfld.
 Declared before me at: *St. John's, Nfld.*
 This *27th* day of *February* 19*19*

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
.....	<i>4 mos.</i>	<i>280.00</i>
.....
.....
Certified Correct.					Paymaster.

Nº 3609



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, M. A. Galley, Regl. No. 3609
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 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.....

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
Total Allotment, \$				

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.) Chas R. Dyer Capt.
 Officer Commanding
 Company

(Sig.)
 (Rank)

DUPLICATE
ORIGINAL.

N.F.P./12.

NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

1. I, (No) 3624 (Rank) Pte (Name) Holliday Pte

hereby apply for cancellation of Allotment made by me on N.F.P/11

No. 3609 dated April 1917 in favour of

Mother Mrs John Holliday, Smithsland T.B

for \$ - cts 60 per diem.

Such cancellation to take effect on the 28th day of

February 1918.

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at

Hazelley Down Camp
Winchester

Feb. 6th 1918

Wm Holliday Pte
Allotter.

Approved and Witnessed:

J. Seymour
O.C. "9" Company.

Noted
Wm Windsor
M.C.S.M.S. Fea
7-2-18

NOTED
Wm Windsor
C.C.M.S.

To be made out in TRIPPLICATE and delivered at the Pay & Record
Office not later than date of cancellation, in accordance with
P. & R.O. C.L./10, 9/12/16.

No. 4235DUPLICATE.
ORIGINAL

N.F.P./11.

NEWFOUNDLAND CONTINGENTALLOTMENT

I, (No.) 3624 (Rank) Pte (Name) Holliday M.
 hereby agree, until further notification by me, and in required form,
 to make an allotment of — dollars and 40 cents
 per diem, from my pay, to and for the benefit of the undermentioned
 Person and/or Persons. Such payments to be made on proof of identity
 of the Person and/or Persons concerned, viz.,

Whether Wife Child, other Relative, or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person)	
			\$	c
<i>Mother effect came into effect on and including April 1st 1918. W.S.B.</i>	<u>Rochel Jane Holliday</u>	<u>Smithsound Trinity Bay Britannia</u>		<u>40</u>

This Allotment to take effect from and including 1st March 1918

NOTE:- This Form must be completed and Signed by the Soldier, counter-
 signed by the Officer Commanding his Company, and forwarded to the
 C/Paymaster in accordance with P.&R.O. C.L./10, 9/12/16.

(Sig.) J. L. [Signature]
 Officer Commanding,
 "7" Company.

Dated at
Hazley Lower Camp
Feb 6 1918

(Sig.) [Signature]



Noted Allotter.
 Wm. [Signature]
 M. C. R. M. S. F. O.
 T. R. - 18

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of 1st Newfoundland

Number of Sheet First

Signature of O. C. Company Mark Aylesworth

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Haladay Moses.</u>	Age on	years	months	
3624.		Place and Date	<u>St John's.</u> <u>18.4.17</u>		
Joined		Date			
Joined		Date	Period of	with Colours, <u>292</u> years. with Reserve <u>365</u> years.	
Joined	Date	Place of Birth			
		Trade	<u>Fisherman</u>		
		Religion	<u>Meth.</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hayes Bay Down Camp</u>	<u>18/8/18</u>	<u>Pte</u>		<u>wilfully neglecting his duty & encouraging disturbance</u>	<u>Cpl. Collins</u>	<u>28 days Detention</u>	<u>19/8/18</u>	<u>Lt. Col. Barton D.S.O.</u>	
<u>Demobilized St John's, 3/79</u>									
To be carried over									

Medical Report on an Invalid.Station Hazley Down Camp.Date 23-11-18.1. Unit. **Royal Newfoundland.**2. Regimental No. **3624**3. Rank **Pte.**4. Name **Halliday. M.**

5. Age last birthday

6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ 7. Former Trade }
or Occupation }

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

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(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).***D E B I L I T Y.**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.

10. Place of origin of disability.

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

Joined April 1917. Aug. same year complained of pain in back. Renal calculus, nothing found. Similiar complaint again this year again nothing found.

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).

Attributed to strain.

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

Military Service.**N. A.**

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

N. A.

13. What is his present condition? **Robust Healthy looking he continuously complained of pain in back. Urine normal. Received Hospital treatment. Complained of defective vision. Eyes tested headaches therefrom received attention. Put on light duty. Contracted heavy cold Oct 1918. Received attention in medical isolation hut., after recovery again put on light duty. Unfit for France on account of defective vision.**
- 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—
- In action?
 - On field service?
 - On duty?
 - 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?
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—
- Discharge as permanently unfit, or
 - Change to England?

Repatriation(1)

J. St. P. Knight, Capt, N.F.L.D. Regt.

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.

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 invalidated, 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 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.

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

- (i.) Service during the present war;
- (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?

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

23. Is the disability permanent?

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.

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (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.

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

30. Does the man require the constant attendance of another person?

5 years ago was injured by heavy stick falling across his back, at the same time he fell over another injuring the abdomen.

No.

Yes By 111 Military Service.

20% 6 months.

Yes.

Signatures:—

N. S. Fraser President.

Station St. John's.

J. Sinclair Tait.

Date Jan 13th. 19.

L. Paterson, Major.

} Members.

Approved

Station

Date



(Sgd.) Cluny McPherson, Major.
Administrative Medical Officer.

COPY The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3624 Rank Private Name M. Halladay

Intended place of residence Britannia Cove, T.B.

2. Occupation Fisherman

Classification of soldier B Medical Category E

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

LIABLE for POST DISCHARGE PA

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 (sgnd) C. C. Duley, Capt.

Date 17-1-19 for Comanding 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 (sgnd) Mosh. Haladay

Signature of soldier

17-1-19 " C. B. Dicks, Capt.

Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S (sgnd) Mosh. Haladay

Signature of soldier

16-1-19 " J. Daymond, Sgt.

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18-4-17 No of days on Military

Discharged from service 19-1-19 plus 14 days Service 654

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 (sgnd) R. H. Teit, Capt.

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date 19-1-19

CONFIRMATION OF DISCHARGE

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

Place

Officer i/c Records

Date

The Royal Newfoundland Regiment

1220

Medical Report on an Invalid.

Station Hazeley Down Camp.

Date 28-11-18.

1. Unit **Royal Newfoundland.**

2. Regimental No. **3624**

3. Rank **Pte.**

4. Name **Halliday.**

5. Age last birthday

6. Enlisted $\left\{ \begin{array}{l} \text{of} \\ \text{at} \end{array} \right.$

7. Former Trade }
or Occupation }

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

(a) Former Unit ;

(b) Regimental No. ;

(c) Date of Discharge ;

(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).

D E B I L I T Y.

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.

10. Place of origin of disability.

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

Joined April 1917. Aug. same year complained of pain in back. Renal calculus, nothing found. Similiar complaint again this year again nothing found.

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).

Attributed to strain.

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

Military Service.

N. A.

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

N. A.

13. What is his present condition? **Robust Healthy looking he continuously complained of pain in back, Urine normal. Received Hospital treatment, Complained of defective vision. Eyes tested headaches therefrom received attention. Put on light duty. Contracted heavy cold Oct 1918. Received attention in medical isolation hut., after recovery again put on light duty. Unfit for France on account of defective vision.**
- 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—
- In action?
 - On field service?
 - On duty?
 - Off duty?
15. Was a Court of Inquiry held on the injury?
- If so—(a) When?
- Where?
 - Opinion?
16. Was an operation performed? If so, what?
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—
- Discharge as permanently unfit, or
 - Change to England?

Repatriation(1)

J. St. P. Knight, Capt, N.F.L.D. Regt.

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.

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 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.

- 1. (a.) State whether the disability is clearly attributable to—
 - (i.) Service during the present war;
 - (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?

5 years ago was injured by heavy stick falling across his back, at the same time he fell over another injuring the abdomen.

No.

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

Yes By iii Military Service.

23. Is the disability permanent?

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.

20% 6 months.

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

27. Do the Board recommend—

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

Yes.

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?

30. Does the man require the constant attendance of another person?

Signatures:—

M. S. Fraser President.

Station St. John's.

J. Sinclair Tait. } Members.

Date Jan 13th, 1919.

L. Paterson, Major. }

Approved.

Station _____

(Sgd.) Cluny McPherson, Major.
Administrative Medical Officer.

Date _____



The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3624 Rank Ote Name Haladay M.
 Date of Enlistment 18.4.17 Address Middle Lane District Cove
 Occupation Boatman Classification for Discharge B Medical Category 5
 Recommendation S.M.B. permanently unfit Disability Rating 20% 6 months
 Passed to Demobilization Officer with following documents:—

N.F. P. <u>394</u> 1	B 268	B 121	1	N.F. Med.	D.F. 1	
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915		do 2nd	" 3	3
B 179	2 D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 16.1.19 M. Newland
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.
M. X. Haladay
not payed return

Date

2. Clothing.
 Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Joseph A. Choufief

Date 17-1-19 O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 574 to his home at Franktown and Release Certificate No. 920 issued.

Date 17-1-19

C. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 2-2-19

Date 17-1-19

W. H. Capel
Depot Paymaster.

Discharge approved for 19. 1. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 100-9	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	1
R 178a	D 400A	B 1915	do 2nd	" 3	2
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 18. 1. 19

C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 19 1919

Date

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

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

Date Jan 23 19

W. H. Capel
Depot Paymaster

Reg. No. *3624* Rank *Al* Name *Hallady, H.*
Attested Address *Little Lane Cove*
Allotment Allottee
Date of Allotment Returned from Overseas *21-12-18*
Embarked for Overseas Cause *Discharge*

9. leave from 21-12-18 to 6-1-19.
13-1-19. Rec. Dis. Permanently unfit.
16-1-19 TO DEMOBILIZATION OFFICER
19-1-19 DISCHARGE APPROVED ON DEMOBILISATION.