



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5960 Name Albert Hale Corps Inf

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Albert Hale</u> .....                        |
| 2. What is your full Address? .....  | 2. <u>Compton Court</u><br><u>St. John's</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                                |
| 4. What is your age? .....   | 4. <u>19</u> Years .....                           |
| 5. What is your Trade or Calling? .....  | 5. <u>Gasfitter</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, Albert Hale 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.

Albert Hale SIGNATURE OF RECRUIT.  
W/S 1/18 Corps Raymond Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert Hale 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 10 day of Aug 1918  
 Signature of Attesting Officer C. B. Dickson, Lieut.

### † CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 12th 8 1918  
 Date 12-8-1918  
 Place St. John's St. John's Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5960

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

Name Albert Hale  
 Apparent age 19 years    months. Height 5 feet 2 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 5 1/2 inches  
 Distinctive marks   

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Hale  
Comfort Cove Jewell. | 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>10-8-18</u>									
Joined at <u>St. Louis</u> on <u>August 10-1918</u>									
<u>Recharged</u> <u>August 7-1919</u>									
<u>Overlooked St. Louis train to Halifax N.S. 22-9-18</u>									
<u>To Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-19</u>									
<u>Demobilization 15-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-8-1919</u> (date of discharge) <u>  </u> years <u>363</u> days									
" " Pensions " " " " " " " " " " " "									

Reg. No. 5960 Rank. *Pl* Name. *Hale Albert 7*  
Attested *10-5-18* Address. *Composit Lane*  
Allotment. *60* Allottee *John Hale (Father)*  
Date of Allotment. *1-9-15* Returned from Overseas.....  
Embarked for Overseas **SEP 22 1918** Cause.....

*Leave 15-8-18 1st leave 26-8-18*  
*2d leave 1-9-18. To 9-9-18. Rew 15-9-18.*



C.R. 5960

Extract from Daily Orders Part III. Unit: The Royal Nfld.  
Regt. St. John's; July 3rd, 1919.

5960 Pte. A. Hale.

Reported at Headquarters 1-7-19 on "Cassandra" which  
sailed Glasgow June 24th, 1919.

C.R. 5960

Extract from Telegram from Syn., London to Military.

Dated April 13th 1919.

Referance my Telegram May 9th should read 5960, Hall.

.....

C.R. 5960

**Extract from Daily Orders by Major M.S. Sullivan, Com-  
manding Bfld. Her Majesty's Companies 26-11-18.**

**The undernoted having arrived from the 2nd Bn. Royal Bfld.  
Regt. is attached to the strength from this date and posted to  
"A" Co. for rations.**

5960 Pte. A. J. HALE  
HALE



C.R. 5960

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.

St. John's, July 15th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by G.C. Discharge Depot with effect from ~~following~~  
date 24-7-19.

5960 Pte. Albert Hall.

C.R. 5960

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

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c Records from 7-8-19.

5960 Pte. Albert Hale.



C.R. 5960

Extract from Daily Orders part 11, from Unit The Royal  
Nfld, Regt. St. John's, dated August 12, 1918.

#5960 Pte. Albert F. Hale.

Attested for General Service with The Royal Nfld. Regt.  
from 9-8-18

A. S. Habu

C.R. 5960

11/10





N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~full text~~/extract from MINISTER OF MILITIA,

No. G79/13 Dated 13/ 5 /19 ( 186 ), received 14/ 5 /19

Decoded by J.S. Checked by R.A.P.

Branch Pay Acted upon (Initial) \_\_\_\_\_

Acknowledged per No. \_\_\_\_\_ Dated / /

Reference my telegram May 9th-should be read-

5960-Hall-

*Noted*  
*14-5-19*  
*SLB*

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~full text~~/extract from MINISTER OF MILITIA,

No. 679/13 Dated 13/ 5/ 19( 188), received 14/ 5/ 19

Decoded by J.S. Checked by R.A.P.

Branch Pay Acted upon (Initial) \_\_\_\_\_

Acknowledged per No. \_\_\_\_\_ Dated / /

Reference my telegram May 9th-should be read-

5960-Hall-

No 7672/1499

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Batt. Ryl. Nfld. Regiment  
Winchester.

19th May 1919

5960 Pte. A. Hale

With reference to the following telegram from the Minister of Militia / / 19 ( ):

"Pay to- 5960 A Hale  
£5. 3. 0.

Cheque £5. 3. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Minshall*  
Chief Paymaster & O. i/c Records.

May 28<sup>th</sup> 1919.

Receipt hereunder.

*J. Seymour* for LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commanding 2nd Batt. Ryl.

Received the sum of £5. 3. 0

Five Pounds three Shillings in respect of telegraphic remittance from the Minister of Militia.

a Hale

No. 5960 Rank Pte.

Witness: H. White

*P.D. 099953*  
*G.W.*

N.F.P./70.  
2 - JUN 1919



Sal, A

5960

Ray Dept

August 7th 1919.

#5960, Pte. Albert Hale,  
Newstead, Twillingate.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3566.

Yours truly,

Capt. &  
Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5960 Rank. Plt Name Hale Albert  
 Intended place of residence Newstead Tulligale

2. Occupation Fisherman  
 Classification of soldier F Medical Category A 2

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 JUL 10 1919

H. News H.  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 10 1919

A Hale  
 Signature of soldier

J. A. O'Sullivan  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 10 1919

A Hale  
 Signature of soldier

James O'Sullivan  
 Signature of witness  
 SPT.

### STATEMENT OF SERVICE

7. Enlisted for service. 10-8-18 No. of days on Military  
 Discharged from service. 24-7-19 Plus 14 days Service. 363

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty <sup>14</sup>eight days from date.

Place, ST. JOHN'S

Date JUL 24 1919

L. R. Cooper Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 7/1919

M. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

Aug 20 1919 356C



# The Royal Newfoundland Regiment

Class for Demobilization:

*8*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

*8.7.19*

Regimental No. .... *5960*

Name .....

*Hale Albert*

Address .....

*Newstead*

Present Medical Category.....

*A 1*

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. Last Major*

O.C. Discharge Depot.

*Peterman*

Senior Medical Officer

*S.W. Burdett*

M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5960 Rank PIG Name Male R  
 Date of Enlistment 10 8 18 Address Newfoundland District Twilight  
 Occupation Fisherman Classification for Discharge 6 Medical Category RI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 9 7 19 .....

H. M. H.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$65.00

(b) Clothing Supplied .....

Date 10-7-19 .....

Alfred Johnston  
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2361 to his home at New Head and Release Certificate No. 3404 issued.

Date

10-7-19

J.A. Snowcroft  
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 7-8-19

Date

10-7-19

J.A. Snowcroft  
Depot Paymaster.

Discharge approved for

24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.
E 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

10-7-19

J.A. Snowcroft  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUL 24 1919

K.R. Coope Capt.  
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 Hale*  
Signature of Man.

Reg. No. 5960

*J. H. Knowlton*  
Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *10-7-79* 191

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

# MEDICAL HISTORY

Surname

*Hale*

Christian Name

*Albert*

Table I.—GENERAL TABLE

Birthplace :—Parish

County

*Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>18</i> day of <i>August</i> . 191 <i>8</i>		on _____ day of _____ 191	
	at <i>St Johns</i>		at _____	
Declared Age	<i>19</i> years _____ days		_____ years _____ days	
Trade or Occupation	<i>Yatesman</i>			
Height	<i>5</i> feet <i>2 1/2</i> inches		_____ feet _____ inches	
Weight	<i>142</i> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded ..... <i>37 1/2</i> inches		_____ inches	
	Range of Expansion ..... <i>5 1/2</i> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm		Arm	
	Number		Number	
When Vaccinated				
Vision	R.E.—V=	<i>6/10</i>	R.E.—V=	
	L.E.—V=	<i>6/9</i>	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)	<i>Lamm Paterson</i>			
(Rank)	<i>Major</i>		Medical Officer	
Enlisted	at <i>St Johns</i>		at _____	
	on <i>10</i> day of <i>August</i> . 191 <i>8</i>		on _____ day of _____ 191	
Joined on Enlistment	Corps	<i>Royal Nfld Regt</i>	Corps	
	Regtl. No.	<i>5960</i>	Regtl. No.	
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				







## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full

*Hale*  
~~Albert~~ *Albert*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*5960*

Intended address

*Newstead N. D. B.*

Height on discharge

*5* Feet *3*

Color of hair on discharge

*Light*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

Figure on discharge

*Short*

Christian name of Father

*John*

Christian name of Mother

*Selina*

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

*Newstead, March, 12th - 1899*

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)

*Albert Hale*

(Rank) *Pte*

Station

**ST. JOHN'S.**

Date

*5-7-19*

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



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

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

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

1. Unit and Corps *Royal Newfoundland* }  
2. Regtl. No. *5960* }  
3. Rank *PTE* } *Fisherman*  
4. Name *Kale* }  
(Surname) } *Albert*  
(Christian Names)  
5. Age last birthday *20*  
6. Posted for duty on ..... at .....  
in category (or grade) .....
7. Former Trade or Occupation }  
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. *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, &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.)*

*The Complaints 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?

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

*Repatriation*

*W.O. Proemier, Capt Rame*

Station .. *Mazley Down*

Medical Officer in charge of case.

Date *9/14/19* .. .. .

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



August 15, 1919

Mr. Albert Hall,  
Newstead, N.D.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *A* ..... 2. Surname..... *Hale* .....
3. Rank..... *Pvt* ..... 4. Regtl. No..... *5960* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Newstead N.S.B.* .....
- .....
6. Date of enlistment in the Regiment..... *August 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
..... *no* .....
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 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..... *Eleven months* .....
- ..... 1.  $\frac{3}{4}$  .....

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

.....  
.....  
.....

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.

.....  
.....

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

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

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

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

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

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

*Aug 7/19 Demobilization*

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

*Euphrates*

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

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



Signature of Applicant: - *A Hol*

Place of Residence: *Newstead, N.W.B.*

Declared before me at: *St Johns wfd*

This *10* day of *July* 19.*19*...

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

*John McCarty*

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Not amount due	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.				Register	

To The Minister  
of Militia Department #5960

Sept 11th.  
1920

Dear Sir

I am sending to you  
to find out about my gratuity money.  
Last year when my money was coming  
I only received three months pay  
when other soldiers received four and  
only served they same time overseas  
and their last cheque final payment  
was marked on it but it wasn't

marked on mine I wasn't at home  
myself. I would have written you before  
but my father wrote you but didn't get  
any answer from his letter.

I would like for you to write and  
let me know about it anyway if there  
is another cheque belong to me. I can't  
see why you don't send me the pay

master seeing that they soldiers  
that went overseas when I did get  
four months pay why not I get  
they same please let me know  
has soon his possible yours truly  
address Mr Albert Hale

Newstead

Comfort Cove. Water Home Bay.

My regimental number was 5960

and my Discorg. Certificate  
number was 3566.



C.R. 5960

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.

5960

Name. *Albert S. Hale*

*Nov 22 1919*  
Date.....

Place *Weststead, Lymington*

Dear Sir please let me  
know if you have sent me  
any money for this month if  
you have I havent received  
it  
please reply

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here



OCT 15 1921

1921.

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

Albert S. Hale

in respect of his service as No. 5960 Rank Pte.

Name A.S. Hale Royal Nfld. Regt.  
~~1st Bn. Canadian Corps.~~

Receipt of the same should be acknowledged hereon.

Received 1921 - Oct 31.

Signature Albert S. Hale.

Date 1922 - Jan 26.

Address New Stead. Comfort Cove

[P.T.O.]

# 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

*[Signature]*

Regimental Number and Name		Enlistment		Trade	
No.	<i>5960</i>	Age on	<i>19</i> years	<i>Fisherman</i>	Good Conduct Badges, Service pay or proficiency pay
<i>Albert Hale</i>		months		Religion	
Joined	Date	Place and Date of Enlistment	<i>St Johns</i>	<i>Metb</i>	
Joined	Date	<i>10/8-18</i>			
Joined	Date	Period of	with Colours <i>363</i> years.	Place of Birth	
Joined	Date		with Reserve <i>365</i> years.	<i>Compt Coe Hill</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 Johns</i>	<i>7/8/19</i>			

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5960 Rank PM Name Male  
 Date of Enlistment 10.8.18 Address Newstead District Twelfth  
 Occupation Fisherman Classification for Discharge 16 Medical Category AI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	✓	N.F. Med.....	D.F. 1.....	✓
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	✓ D 400A.....	✓ B 1915.....		do 2nd.....	" 3.....	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 9.7.19O. C. Discharge Depot. 1 James H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

a Hole

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £6.00

(b) Clothing Supplied .....

Johnston

Date 10-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. PR2361 to his home at New Head and Release Certificate No. 3404 issued.

Date 10-7-19

*J.A. Snowcroft*  
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 7-5-19

Date 10-7-19

*J.A. Snowcroft*  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 10-7-19

*J.A. Snowcroft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

*A.R. Cooper Capt.*  
O. C. Discharge Depot.

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

Date July 31 1919

*[Signature]*



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

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, &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.)

*No Complaints 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?

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

*Repatriation*

Station *Hazely Down*

Date *9/4/19*

*W.E. Procmier. Capt. R.M.C.*  
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