



FIRST NEWFOUNDLAND REGIMENT 4157

ATTESTATION OF

No. 4157 Name Chester Hall Corps Col. E.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Chester Hall
2. What is your full Address? } 2. 261 Theatre Hill St. White
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 1 Months
5. What is your Trade or Calling? 5. Clerk
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

FOR THE DURATION OF THE WAR

I, Chester Hall 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.

Chester Hall SIGNATURE OF RECRUIT.

Robert [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Chester Hall 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.....

on this 26th day of Nov 1917

Wesley [unclear] 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 Nov 26th 1917

Place St. Johns } 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

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

Name George Hall

Apparent age 18 years 1 months. Height 5 10 feet 6 inches

Chest Measurement { Girth when fully expanded 31 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Na of kin George Hall | Relationship Son

Particulars as to Marriage

<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>

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>26-11-17</u>					
		Joined at		<u>St John's</u> on <u>November 26-17</u>					<u>Lance Capt. 24-9-18.</u>
									<u>Reverts to Lt. 25-11-18.</u>
									<u>Lt. Capt. 9-5-19</u>
					<u>Embarked St. John's St. Hospital to Halifax N.S. 29-1-18.</u>				
					<u>To Newfoundland for demobilization 24-6-19.</u>				
					<u>Arrived Newfoundland 1-7-1919.</u>				
					<u>No Active Service</u>				
					<u>Demobilization</u>				
									<u>St John's 29-7-19</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 29-7-19 [date of discharge] 1 years 246 days

" " Pensions "

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 N.F.C. 4* 7. Former Trade } *clean*
or Occupation }
2. Regtl. No. *4157* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Hall* *Cepesky*
(Surname) (Christian Names)
5. Age last birthday *19*.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

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

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

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 complaint of no disability

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

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

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

Repatriation

W.E. Procunier

Staff Room

Medical Officer in charge of case.

Station *Hazley Green*

Date *2-11-19*

* 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

C.R. 4157

Extract from Daily Orders Part II Royal Newfoundland Regt.

Dated Aug. 1st 1919. Depot St. John's.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date.

29-7-19.

4157, L/C. C. Hall.

C.R. 4157

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 19th 1919.

The discharge of the undernoted on demobilization has
been APPROVED by U.C. Discharge Depot with effect
from following date
15-7-19.

4157, L/C. C. Hall.

C.R. 4157

Extract from Daily Orders Detachment, 1st Bn. Royal Wld.

Regt. St. John's, July 3rd, 1919.

4157 L/Cpl. C.G. Hall.

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

C.R. 4157

Extract from Orders by Lt. Col. B. J. BARTON
COMMANDING 2nd. BN. OF THE ROYAL NEWFOUNDLAND
REGIMENT.

#4157 Pte. O. Ball.

A draft of 31 Other ranks will be held in readiness
to join the 1st. Bn. Those who have not already been
granted leave will proceed on Draft Leave from 3 p.m.
25rd. to mid-night 27th., inst.,.

C.R. 4157

Extract from General Hall's "I" Company Extracted
S.C. "Florence" Jan. 21st, 1925.

4157 Pte. Hall G.

4157

C.R.

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, Nov.27th, 1917.

4157 Pte. C.G. Hall.

Attested for General Service with the Nfld. Regt. with effect
from Nov.26th, 1917.

C.R.

~~4479~~
4157 1

Extract from Orders by Lt. Col., B. J. Barton, Commanding 2nd.,
Battalino of the Royal Newfoundland Regiment dated 24-9-18.

THE FOLLOWING TO BALANCE CORPORALS AND POSTED TO THE SIGNALLING
SECTION.

#4147 Pte. G. Hall.

5

B. Hall

C.R. 4157

F.R.C.

20188/2294/P&A

2nd. Bn. R. Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

9th. December, 8.

~~4157~~ Pte. C. Hall.

4157

✓10643

Pay to 4157 Hall - £6:15:8

6:15:8

P.L.A.

No. 5268/768

N.F.P./79.

FROM NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

3rd April 191

April 4 1919

4157 Pte. Hall G.

With reference to the following
telegram from the Minister of
Militia / / (115)

"Pay to - 4157 Hall
£5. 0. 0.

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

Chief Paymaster & O. i/c Records.

Receipt hereunder

Cham
OFFICER COMMANDING
2ND BN. ROYAL NEWFOUNDLAND REGT.
LIEUT. COLONEL
B. H. H.

Received the sum of *Five pounds*
in respect of

telegraphic remittance from the
Minister of Militia.

C. G. Hall

No. *4157* Rank *Private*

Witness *M. Hockett*

B

SIGNALLER'S RECORD SHEET,

Rgtl. No. 4157 Rank Pte Name & Initial Hall P.
 Unit Royal Newfoundland Regt.

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Handwritten notes: "Quality test" written vertically on the left side of the table. "all" written in the middle. "Hades" written on the right side. A date stamp "SEP 16 1918" is visible on the left.

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending	98 %	100 %	99 %	98 1/2 %	%	
Reading	98 %	100 %	98 %	99 %	%	

* R.A. Signallers only.

Classified as 1st Class Signaller at Hazeley Down Camp
 Date _____ Signature of Classifying Officer _____
 Reclassified as _____ Class Signaller at _____
 Date _____ Signature of Classifying Officer _____

Courses _____

Other qualifications Telegraph operator

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

No. 9779/939

NEWFOUNDLAND CONTINGENT

N.F.P./70.

From

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

To

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



~~Subject:~~ 19th June 1918

Subject: 4157, Pte. C. Hall,

With reference to the following telegram (5493) from the Hon. Minister of Militia, received

Pay to 4157 Hall £5:0:0

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

Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

Receipt hereon

[Signature]

LIEUT. COLONEL.

COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
1st Newfoundland Regiment

received the sum of Five

Cameo on account of
cable remittance from Newfoundland.

C. Hall

Witness No. 40157 Rank Private

[Signature]

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4137	Pte	Hall. C	82 50	

I have the honour to be, Sir,
~~Respectfully~~
Your obedient servant.

Date

12-5-18

C. J. Hall

No. 20188/2294/P&A

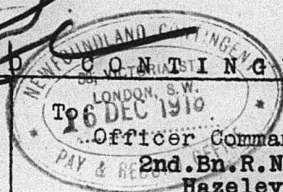
065867

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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



Officer Commanding,
2nd. Bn. R. Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

9th. December, 1918.

Dec 11 1918

Subject: 4157. Pte. C. Hall.

Receipt hereunder.

With reference to the following telegram (10643) from the Hon. Minister of Militia, received

Okum
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2 Batt'n,
Royal Newfoundland Regiment.

Pay to 4157 Hall - £6:15:8

Received the sum of Six

pounds 8⁰⁰ on account of
cable remittance from Newfoundland.

Draft £6:15:8 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

C. Hall

No. 4157 Rank Private

Witness P. W. Solverson

A. B.

Hall, C

4157

Ray sept.

July 29th 1919.

#4157, L) C. C. Hall,
Theatre Mill,
City.

Dear Sir:

Enclosed please find Discharged Certificate # 3254.

Yours truly,

Capt. & Paymaster

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4157 Rank Plt Name William E. Shear
 Intended place of residence Shear's Hill St. John's
 2. Occupation Blank
 Classification of soldier E Medical Category AI

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 15 1919
 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 15 1919
 Signature of soldier
 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 15 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 26-11-19 No. of days on Military
 Discharged from service... JUL 15 1919 Plus 14 days Service... 6"

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-eight days from date.
 Place, ST. JOHN'S
 Date JUL 15 1919
 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 July 29/1919
 Officer in Charge
 The Royal Newfoundland Regiment

5
31
31
28
31
30
21
30
29
6

as to 2079/3254

The Royal Newfoundland Regiment

Class for Demobilization: —

96

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 14/19

Regimental No. *4157*

Name

Hall Chesley

Address

Theatre Hill

Present Medical Category

A-7

Recommended for: —

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

Paterson
Senior Medical Officer

Geo Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4157 Rank LC Name Hall L
 Date of Enlistment 26 11 17 Address Sharon Hill District St. John's
 Occupation Bank Classification for Discharge R Medical Category A.I
 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 July 14/49 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

E. J. Hall

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 46.00
 (b) Clothing Supplied

Date 14-7-49 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at Theatre Hill and Release Certificate No. 3608 issued.

Date 15-7-19
AMB Lovston
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 19-7-19

Date 15-7-19
W. H. H. H.
Depot Paymaster.

Discharge approved for. 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....	1	Board 1st.....	" 2.....	2
B 178a.....	D 400A.....	B 1915.....	1	do 2nd.....	" 3.....	2 Form B
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 15-7-19
AMB Lovston
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 15 1919
K. R. Cooper 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.

C. J. Hall

Signature of Man.

M. Blowski

Reg. No. 14157.

Signature of the Vocational Officer or his Representative.

Place

St. Louis

Date

15-7-18

191

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

MEDICAL HISTORY

OF

Surname Hall

Christian Name C. Hooper

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. Johns

County

Rfid.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>26</u> day of <u>Nov</u> 191 <u>7</u>	on	day of	191
	at <u>St. Johns</u>	at		
Declared Age	<u>18</u> years	<u>1</u> month	years	days
Trade or Occupation	<u>Cult.</u>			
Height	<u>5</u> feet	<u>6</u> inches	feet	inches
Weight		<u>137</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded...	<u>35</u> inches		inches
	Range of Expansion..	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V= <u>6</u> / <u>9</u>		R. E.—V=	
	L. E.—V= <u>6</u> / <u>7</u>		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammont Peterson</u>			
(Rank)	<u>major</u>			
	— Medical Officer.			Medical Officer.
Enlisted	at <u>St. Johns</u>	at		
	on <u>26</u> day of <u>Nov</u> 191 <u>7</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Rfd</u>			
Transferred to	<u>Regt</u>	<u>4157</u>		
Became non-effective by				
	on	day of	191	on
			day of	191
[Signature]				
[Rank]				

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 Wilted*.....
2. Regtl. No. *4th S.F.* 3. Rank. *plc*.....
4. Name *Hall*..... *Charley*.....
 (Surname) (Christian Name)
5. Age last birthday. *19*.....
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
- | | | | | | |
|--|-------|---------------------|-------|-------------------|-------|
| (i.) Service during the present war | | (a) attributable to | | (b) aggravated by | |
| (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?

The complaint of a disability

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

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

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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

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

Repatration

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

Medical Officer in charge of case.

Station *Hazeley Town*

Date *2/4/19*

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



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 *Chesley Hall*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4157*

Intended address *Theatre Hill*

Height on discharge *5 Feet 7"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *George*

Christian name of Mother *Martha*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St John's 1900 Oct 1st*

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)

Chesley Hall

(Rank)

LC

Station **ST. JOHN'S.**

Date

July 11/19

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.

1 ✓

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..... *Chester* 2. Surname..... *Hall*

3. Rank..... *P. Pl.* 4. Regtl. No..... *4157*

5. Address in full to which future payments of gratuity are to be forwarded..... *261 Theatre St., N. Lohan's,*

.....

6. Date of enlistment in the Regiment..... *Nov. 6/17*

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

.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

.....

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

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

.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Nov. 6/17 to July 12/19*

..... 12

ST. JOHN'S, JUL 15 1919

Royal Newfoundland Regiment.

Billeting Account,

To Lt Col. C Hall

Billeting Soldiers as undermentioned

from July 1/19 to July 13/19

4157 Lt Col C Hall 15.50

ACCOUNT	<u>3033</u>
CH NO	<u>3033</u>
IND LEDGER	
PAY LEDGER	
GEN LEDGER	

Certified correct for \$ 15.50

[Signature]

Billeting Officer.

C. G. Hall

JOHN'S EAST
002

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

Chesley Hall

in respect of his service as No. 4157 Rank Pte.

Name C. Hall Royal Nfld. Regt.
~~New Brunswick Camps.~~

Receipt of the same should be acknowledged hereon.

Received _____

Signature C. Hall

Date Oct 15th 1921

Address Red House Chesley Hall

[P.T.O.]

Casualty Form - Active Service.

C.P.

Regiment or Corps *21st Royal Newfoundland*
 Rank *Pte* Surname *Hills* Christian Name *R. Sheel*
 Religion *C of E* Age on Enlistment *22* years *11* months
 Enlisted (a) *13. 11. 17* Terms of Service (a) *Duration* Service reckons from (a) *13. 11. 17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation *Fisherman* *J. A. Cullen* Signature of Officer



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked	<i>25-5-18</i>		
		Disembarked	<i>27-5-18</i>		
		Joined Battalion	<i>31-5-18</i>		
		Entered in Action	<i>Faced</i>	<i>29/9/18</i>	<i>B 213</i>
		<i>Wounded</i>	<i>by shell</i>		
			Lt. Col., R.A.		
			C. 1/c No 1 Infantry		
			C. O., 1st Bn		

6/10/18 of files



SMY

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing Smith, &c. W 8645 212739 20-04-17 (3861) C. P. & S. Ltd., Form B. 103 E/1897. P.T.O.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
31.

Regiment of

1st Newfoundland.

Number of Sheet

One.

Signature of O. C. Company

[Signature]

Regimental Number and Name	
No.	<i>4157 Hall Cavalry.</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>18</i> years <i>1</i> months
Place and Date of Enlistment	<i>St. John's 26-11-17</i>
Period of	with Colours <i>24</i> years.
	with Reserve <i>365</i> years.

Trade	<i>Clerk</i>
Religion	<i>C. of E.</i>
Place of Birth	<i>St. John's</i>

Good Conduct Badges, Service pay or proficiency pay.

Promoted to Lance Corporal 24-9-18. M.H.

Reverts to private at his own request 23-11-10

Promoted to Lance Corporal 9-3-19 J.P. for Capt. 1910

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
<i>Vazelin D Camp</i>	<i>20-10-19</i>	<i>P/c</i>		<i>Absent from Church Parade</i>					
<i>"</i>	<i>24/11-19</i>	<i>P/c</i>		<i>Overstaying Pass form 23.59 24/11-19. To 13.00 26/11-19 (13 hours)</i>	<i>Cpl Casan</i>	<i>Reprimanded</i>	<i>21/18</i>	<i>Lt Col B J Barton</i>	<i>M.H.</i>
					<i>P/c Lawrence</i>	<i>Admonished</i>	<i>26/11-19</i>	<i>Lt Col B J Barton</i>	<i>1 day Pass M.H.</i>
<i>Demobilized St. John's, 29/19</i>									

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

8417

DEMOBILIZATION OF

Reg. No. 4157 Rank LC Name Hall L
 Date of Enlistment 26.11.17 Address Theatre Hill District Sydney's
 Occupation clerk Classification for Discharge X Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. F36.	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 July 14/19 O. C. Discharge Depot Mess H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

L. G. Hall

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied Aluminium

Date 14-7-19 O i/c. Re-clothing.

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. _____ to his home
at Heath Hill and Release Certificate No. 3608 issued.

Date 15-7-19

AMBROSE
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 15-7-19

Date _____

AMBROSE
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 15-7-19

AMBROSE
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 15 1919

A.P. Cooper Capt
O. C. Discharge Depot.

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

Date July 28/19

W.H.T.

Reg. No. *4117* Rank *Plt.* Name *Half G.*

Attested Address *211. Theaker Hill*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S. *Cassandra* : Cause *breach of*

~~157 19~~
~~16~~

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.