



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5574 Name Joseph Halls Corps Medic.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|----------------------------------|
| 1. What is your name? | 1. <u>Joseph Halls</u> |
| 2. What is your full Address? | 2. <u>Levis Cove, Burn</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Year <u>1</u> Month |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Joseph Halls, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagement made.

Joseph Halls SIGNATURE OF RECRUIT.

Mark Justice SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Halls, 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 Levis Cove on this 15 day of June 1915.

CB Dicks SIGNATURE OF ATTESTING OFFICER. 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

If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....

Place.....

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5574

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



Name Joseph Haase
 Apparent age 19 years months. Height 5 feet 5 3/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 { Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Orreum Haase
Rewis Love Burn | 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 Re-serve 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>1-6-18</u>										
Joined at <u>Altoona</u> on <u>June 1-1918</u>										
<u>Discharged July 31 1919</u>										
<u>Crews</u>	<u>Altoona</u>	<u>St. Columella Co</u>	<u>Private</u>	<u>22-7-18</u>					<u>Will proceed to join the Infantry loop on one month probation 12-9-18</u>	
				<u>22-5-19</u>					<u>to be discharged for demobilization</u>	
				<u>6-1919</u>					<u>Arrives Newfoundland</u>	
Total Service forfeited as above.....					<u>Demobilization</u>					<u>St. Altoona 3-7-1919</u>
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge)					<u>1</u> years <u>33</u> days					
Pensions					[" "] " "					

C.R. 5574

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated June 5, 1918.

#5574 Pte. J. Halls.

Attested For General Service with the Royal Nfld. Regt.
from 1.6.18

C.R. 5574

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated July 25, 1918.

The followin man embarked for overseas on H.M.S.
"Columbella" July 28, 1918.

#5574 Pte. Joseph Hall.

C.R. 5574

Extract from Orders by Lt. Col., E.J. Barton, D.S.O., Commanding
2nd Bn. Royal Newfoundland Regiment, dated 12/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND FORESTRY
CORPS on one month's probation as from 12/9/18:-

5574 Pte. J. Hall.

C.R. 5574

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. Depot St. John's, June 9th, 1919.

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

5574 Pte. Jos. Hall.

C.R! 5574

Extract from Daily Orders Part A1 Depot, Sjt. Johns,

Date June 7th, 1919

5574 Pte. Jos. Hall.

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 5574

Extract from Daily Orders part II, Unit the A.Hfd.A.
dated 5-7-19.

The discharges of the undernoted on demobilization
has been COMPLETED by Officer i/c records on 5-7-19.

#5574 Pte. Jos Hall.

J Halls

C.R.

5574

~~P. H. C.~~

LEASE PAY CERTIFICATE

G.P.P./94.

to be rendered for all moneys on discharge, transfer to other Unit, or on return to Newfoundland in accordance with C.L./19, 23/5/19.

Unit No. 5574 Rank Pte Name Haines J Unit Nfld. Forestry Cps. who was repatriated
Newfoundland on 22 5 19 Authority Jades

STATEMENT OF ACCOUNT

PARTICULARS	P	L	S	U	PARTICULARS	CR.							
						S	A	E	S	D			
Balance Dr. from H.Coy 9/5/19			2	2	1	Balance Cr. from							
Allowance 11 days @ .60¢	6	60	1	7	2	Pay 11 days @ \$1.00	11	00					
Cash Payments:						Field Allow 11 days @ \$.10	1	10					
17/5/19				10	D	Other Allowes days @ \$	12	10	2	9	8		
Other Debits						Obs. H.Coy 9/5/19 Ration Allowes.				2	9		
Total Debits			3	19	3	Other Credits:							
Balance due by Paymaster						Total Credits			2	12	5		
			3	19	3	Balance due to Paymaster			2	6	10		
			3	19	3				3	19	3		

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

191

and is checked in accordance with information received in the Pay & Record Office London on 20/5/19
 and is therefore correct to amendment if and as may be found necessary.
 Pay & Record Office, London.

Chief Paymaster & O. i/c Records.

To be rendered for all debts on discharge transferred to other Unit, or on return to Newfoundland in accordance with C.L./19, 23/5/17.

Govt No. **5574** Rank **Pte** Name **Haines J** Unit **Nfld. Forestry Cps.** who was **repatriated**
Newfoundland on **22 5 19** Authority _____ Date _____

STATEMENT OF ACCOUNT

CR.

NEWFOUNDLAND				PARTICULARS					CR.			
				\$	¢	¢	¢	¢	¢	¢	¢	
PERIOD FROM 10/5/19 TO 20/5/19	Balance Br. from H.Coy 9/5/19			2	2	1	Balance Br. from					
	Allowance 11 days @ .60¢	6	60	1	7	2	Pay 11 days @ \$1.80	11	00			
	Cash Payments:						Shield Alice 11 days @ \$.10	1	10			
	17/5/19				10	0		12	10	2	9	8
	Other Debits						Other Allices days @ \$					
							Obs. H.Coy 9/5/19 Ration Allow.			2	9	
							Other Credits:					
	Total Debits			3	19	3	Total Credits			2	12	5
	Balance due by Paymaster						Balance due to Paymaster			2	6	10
				3	19	3				3	19	3

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

the undersigned in accordance with information received in the Pay & Record Office London to 20/5/19
 and therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London.

Chief Paymaster & O. i/c Records.

to be rendered for all ranks on discharge transferred to other Units or on return to Newfoundland in accordance with C.L./19, 33/3/37.

Sold No **5574** Rank **Pte** Name **Haines J.** Unit **Nfld. Forestry Cps.** who was **repatriated**

Newfoundland on **22 5 19** Authority **_____** Date **_____**

STATEMENT OF ACCOUNT

CR.

PARTICULARS		£	s	d	PARTICULARS		£	s	d			
PERIOD: FROM 10/5/19 TO 20/5/19	Balance br. from H.Coy 9/5/19		2	2	1	Balance cr. from						
	Allowment 11 days @ .60s	6	60	1	7	2	Pay 11 days @ \$1.00	11	00			
	Cash Payments:						Nfld Allow 11 days @ \$.10	1	10			
	17/5/19			10	0	Other Allowes days @ \$	12	10	2	9	8	
	Other Debits					Obs. H.Coy 9/5/19 Ration Allowes.			2	9		
	Total Debits			5	19	3	Other Credits:					
	Balance due by Paymaster			5	19	3	Total Credits			2	12	5
				5	19	3	Balance due to Paymaster			2	6	10
				5	19	3				3	19	3

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

and is therefore subject to amendment if and as may be found necessary.
 Chief Paymaster & O. i/c Records.

London 20 5 19

5574 Hells.



Returns for Fresh, Br
e. Loujendia.

P106. - decitejona

Bⁱⁱ, and impure
lines said. ~~m. & 1~~
C. Appo.

4 Dec 1918.



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

MEDICAL HISTORY

Surname Aales OF John Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish Lewis Cove, Buri County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1 st	June	1918	191
at	Seydhis		at	
Declared Age	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet	5 3/4	inches
Weight	138	lbs.		lbs.
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—5	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	Lambert Peterson			
(Rank)	Major		Medical Officer.	
Enlisted	at	Seydhis	at	
	on	1 st day of June	on	day of 191
Joined on Enlistment	Corps.	Royal Nfld.	Corps	
	Regtl. No.	Regiment	Regtl. No.	5574
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				



al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals 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

Redmitted with gonorrhoea took Iodine
 course with leudati - Recovered

E. H. ...
 Capt. ...



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

Joseph Halls

Regiment from which discharged

Royal Newfoundland

Regimental number

5574

Intended address

Buxin

Height on discharge

5 Feet *6*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Medium

Figure on discharge

William

Christian name of Father

Jean

Christian name of Mother

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Buxin, 26th Sept, 1898

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)

Joseph X Halls

Station

ST. JOHN

Date

4-6-19

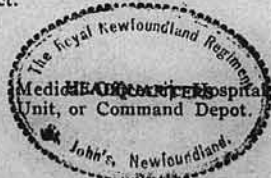
(Rank)

Pvt

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



FORM-K

Nº 6353



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Halls, Regl. No. 557A
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Sixty Dollars and Sixty 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 August - 1st / 18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4740	Mother	Jane Halls,	Burin, Lewis' Cove	60
			Total Allotment, \$	60c

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.) K. P. James
 Officer Commanding
F Company
St John's
Jul 8th 1918.

(Sig.) Joseph Halls
Pte.
 (Rank)

Witness:-
4283. Pte W. L. Randall.

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 5574 Rank Pte Name Halls Jos
 Date of Enlistment 1-6-19 Address Lewis Cove District Burin
 Occupation Yushman Classification for Discharge E Medical Category H 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	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 4-8-19

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

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

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

Jos Halls
Mrs. M. Halls

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

W. B. Constan

Date 5-6-19

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1474 to his home at Lewis Grove, Wis. and Release Certificate No. 2334 issued.

Date 5-6-19

Appel
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 5-7-19 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Date 5-6-19

H. M. ...
Depot Paymaster.

Discharge approved for 19-6-19

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
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
179c	B 120	M 93		

Form B

Date 5-6-19

J. A. Snow Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 19 1919

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

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

Date June 10/19

James H. ...
for Records



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

5574

I, *Joseph Halls*, Regl. No. _____
 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.:

Obliged 1/11
 Allotment begins _____

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>2700</i>	<i>mother</i>	<i>Jane Halls, Kurin.</i>	<i>St. John's</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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.) *H. G. James 2/11*
 Officer Commanding
 #
 Company
St. John's
July 2nd
 191

(Sig.) *Joseph Halls*
 (Rank) *Pte*
William
4283 Pte B L. Rendell



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Halls, Regl. No. 5574

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty 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 August 1st / 18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4740	Mother	Jane Halls	Burin, Leaves Cove	60
Total Allotment, \$				60

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

(Sig.) H. A. James
 Officer Commanding F Company
St Johns
July 8th 1918

(Sig.) Joseph Halls
 (Rank) Pte
 Witness -
4283 Pte V L. Randall.



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

Joseph Halls

in respect of his service as No. 5574 Rank Pte.

Name J. Halls Royal Field. Regt.
11th Bn. Canadian Corps.

Receipt of the same should be acknowledged hereon.

Received Oct-21st/1921

Signature St. Jos. Halls Loons Love

Date Joseph Halls Oct-21/1921

Address Loons Love Gurin B Arm
Newfoundland
[P.T.O.]

Hall, J

5574

Hay & Sept.

July 3, 1919

#5574 Pte. Joseph Hall,

Burin.

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 & O.i/c Records.

July 3, 1919

#5574 Pte. Joseph Hall,
Lewis Cove,
Burin.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2264."

Yours truly

Captain,
Paymaster & O.i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. *5574* Rank _____

Name *Shelley J* _____

Warned for demobilization on

JUN 5 1919

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *S.S. 74*.....

Name *S. J. Allen* *J. Smith*

Address *10 main*

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

H. Robinson
Senior Medical Officer

L. O. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5574 Rank Pte Name Halls Jos
 Date of Enlistment 1-6-19 Address Lewis Court District Bassin
 Occupation fisherman Classification for Discharge E Medical Category HI
 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	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 4-6-19

Jos Halls
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Jos Halls
Wm Newman

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

Wm Newman

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1474 to his home at Lewis Cove Burnin and Release Certificate No. 2334 issued.

Date 5-6-19 Agnes [unclear]
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 3-7-19

Date 5-6-19 H. News [unclear]
Depot Paymaster.

Discharge approved for 19-6-19

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 5-6-19 J.A. [unclear] Capt.
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

JUN 19 1919

Date R.H. [unclear] 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

Signature of Man.

W. M. Webster

Reg. No. *Hall 9*

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

5 - 6

191 **1919**

Reg. No. 5574 Rank Pvt Name Halls J Foy
 Attested 1-6-18 Address Lewis Code Burin, F
 Allotment 60 Allottee Jane Halls (Mother)
 Date of Allotment 1-8-18 Returned from Overseas.....
 Embarked for Overseas JUL 22 1918 Cause.....



36.8 Vacc	2 nd Inc 11-7-18	3 rd Inc 11-7-18
44	23-6-18 to 3-7-18	R.L. 3-7-18 3 rd Inc 20-7-18

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

B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5574 Joseph H. Hays</i>	Age on	<i>19</i> years <i>0</i> months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's 1.6.18</i>	Religion	
Joined	Date	Period of	with Colours <i>1³⁵/₃₆</i> years	<i>Method</i>	
Joined	Date		with Reserve <i>36²/₃₆</i> years	Date of Birth	
Joined	Date			<i>Lewis Lane St. John's</i>	



Place	Date of Offence	Rank	Chief of Detachment	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>3 1/19</i>			

To be carried over.

Army Form B. 121.

TO

RECEIVED
7 APR. 1919
COUNTY LAB.

Outfit Number... 1256.



Result of the examination of the specimen of *Shroat Swab* taken from

Reg. No. *5574* Rank *Pte.* Name *Waves*

Corps *Newfoundland Regt.*

Result *Diphtheria Bacilli not found*

8 - APR 1919

.....191.....

A. A. Byrnes

Specialist Sanitary Officer.



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 Ct. F. L.R.*
- 2. Regtl. No. *5374* 3. Rank. *Pvt.*
- 4. Name *Halls, Joseph*
(Surname) (Christian Names)
- 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 (a) attributable to (b) aggravated by
- (i.) Service during the present war ✓
 - (ii.) Previous active service.. .. . ✓
 - (iii.) Climate in pre-war service ✓
 - (iv.) Ordinary military service before the war ✓
 - (v.) Serious negligence or misconduct on the } man's part. } ✓
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } ✓

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

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

No complaint of no sensibility

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.

Refatruator

W. B. Premier - Capt Rame
 Medical Officer in charge of case.

Station *Huyshill*
 Date *27-3-19*

* 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

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. Lk*
2. Regtl. No. *5574* 3. Rank. *Pte*
4. Name *Halls* *Joseph*
(Surname) (Christian Names)
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.
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) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil.*

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

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

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

No disability claimed.

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 invaded at Foreign Stations.

Repatriation.

W. S. Procmier, Cap. R.A.M.C.

Station *Hazebrydeburn*
27-3-19

Medical Officer in charge of case.

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

The Royal Newfoundland Regiment



PROCEEDINGS ON DISCHARGE

1. No. 5374 Rank Pvt Name Hall Jos
 Intended place of residence Leam Cove Bunc
2. Occupation Fisherman
 Classification of soldier F Medical Category A 1
3. The above named man is discharged in consequence of..... **DEMobilIZATION**.....
 Eligible for War Service Gratuity
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place ST. JOHN'S
 Date JUN 5 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 and date ST. JOHN'S
JUN 5 1919
 Signature of soldier Jos x Hall
 Signature of witness W. Blouster

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
3-6-19
 Signature of soldier Jos Hall
 Signature of witness James Sumner

STATEMENT OF SERVICE

7. Enlisted for service 1-6-18 No of days on Military
 Discharged from service 19-6-19 14 days Service 398

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S
 Date JUN 19 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, Nfld
 Date July 3/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

2079/2264

554

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.

1. Christian name *Joseph* Surname *Hall*

3. Rank *Pte* 4. Regt. No. *5574*

5. Address in full to which future payments of gratuity are to be forwarded. *Bay d'Espoir, A.A. Buisin proper*

6. Date of enlistment in the Regiment. *Apr 15/18*

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 No*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Apr 15/18 to June 5/19* 1 ³

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

No.

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

Nothing allowance back pay

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

No

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

No

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

No

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

No

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

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

June 5/19 (b) Reason for discharge
Temporary 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.

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

No

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

his

Signature of Applicant: *Joseph + Ade*
Buring for per
 Place of Residence: *Bay View, A.B.*
 Declared before me at: *St. John's, Nfld.*
 This *5th* day of *June* 19*19*....

John McCarthy

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, 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
.....	:
.....	:
.....	:
Certified correct.			:	Paymaster	

Reg. No. *5574* Rank *Pfc* Name *Hall, Jos*

Attested Address *Grase Cove*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-79*

Returned on S.S. *Corsican* Cause *Discharge*

4-6-79 PASSED TO DEMOBILIZATION OFFICE
19-6-79 DISCHARGE APPROVED ON DEMOBILIZATION