



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2849 Name Matthew Hamilton Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Matthew Hamilton</u> |
| 2. What is your full Address? | 2. <u>Grand Falls</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Paper Maker</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, Matthew Hamilton 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.

A
11.5.15
Matthew Hamilton SIGNATURE OF RECRUIT.
James Stewart Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Matthew Hamilton 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 Grand Falls on this 11th day of May 1915.
Signature of Attesting Officer James Stewart

†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 1st Regiment if enlisted by special authority, such will be attached to the original attestation.
Date 11.5.15
Place Grand Falls } 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).....

Hamilton, L

4849

May Sept.

July 7, 1919

#4849 Pte. Matthew Hamilton,

Grand Falls.

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 Gratitude.

Yours truly

Captain
Paymaster & C. i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name... *Matthew* 2. Surname... *Hamelton*
3. Rank... *Pte* 4. Regtl. No. ... *4849*
5. Address in full to which future payments of gratuity are to be forwarded... *Grand Falls*
6. Date of enlistment in the Regiment... *May 1/18*
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... *no*
9. Address in full of such dependents... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier... *no*
11. Were you on active service only in field, if so, give dates and particulars of such service... *Overseas*
12. Give total length of time which you served on active service, whether in field or Overseas... *fourteen months*
- 1. $\frac{1}{2}$

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments and under what regimental numbers.
no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.
no

15. Have you been issued with a War Service Badge?
no

16. Have you, during the present war, served in the Imperial Forces?
no

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.
no

18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England?
no

(b) If so, was such reversion in consequence of Misconduct or inefficiency?
no

19. Are you now serving in the Rgt.? *no* If not give:- (a) date of discharge *Feb. 4/19* (b) Reason for discharge *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.
France Belgium and Germany

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: *H. Hamilton*

Place of Residence: *Graves Road*

Declared before me at: *Or John used*

This *21st* day of *June* 19*19* *John H. G. G. G. G.*

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

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

July 5, 1919

#4849 Pte. Matthew Hamilton,
Grand Falls.

Dear Sir:- Please find enclosed Discharge Certificate
No. 2699.

Yours truly

Captain
Paymaster & O.I.C. Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4849 Rank Pvt Name Hamilton JH
Intended place of residence Grand Falls

2. Occupation Papermaker
Classification of soldier P 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

Date ST. JOHN'S JUN 20 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 JUN 20 1919

ST. JOHN'S

M. Hamilton
Signature of soldier
W. C. [unclear]
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date JUN 20 1919

ST. JOHN'S

JH Hamilton
Signature of soldier
James Cheeman
Signature of witness JH

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
Discharged from service 22-6-19 PLUS 14 DAYS Service 432

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

JUN 22 1919

Date

R. H. [unclear] Major
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 5 1919

Mr Bowley Capt
Officer in Charge Records
The Royal Newfoundland Regiment

AFB 2079/2699

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 20.6.19

Regimental No. 454

Name Hamilton M Rank _____

Address London

Present Medical Category A1

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

Members of Board {

R. J. Lait Major
O.C. Discharge Depot.

L. Paterson
Senior Medical Officer

W. D. Surden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4849 Rank Cpl Name Hamilton M
 Date of Enlistment 1-5-18 Address Grand Falls District
 Occupation Papermaker Classification for Discharge E7 Medical Category 1A
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
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 83			

Date 20-6-19 H. M. W. List
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.
H. Hamilton

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable \$16.50
 (b) Clothing Supplied Nil
W. Colonsky

Date 20-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1877 to his home at Grand Falls and Release Certificate No. 943 issued.

Date 20-6-19 *J.A. Snow*
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

Date 20-6-19 *J.A. Snow*
Depot Paymaster.

Discharged approved for 22-6-19
Forwarded with following documents to O. C. Discharge Depot.

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

2 Form B

Date 20-6-19 *J.A. Snow*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R.H. Sait Capt.

Date JUN 22 1919
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

M. Hamilton

Signature of Man.

Reg. No. *4849*

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date *206-18* 191.....

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

MEDICAL HISTORY

Surname Hamilton OF Christian Name Matthew

Table I.—GENERAL TABLE.

Birthplace:—Parish Grand Falls County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on	<u>1st</u> day of <u>May</u> 191 <u>8</u>	on	day of 191
	at	<u>St John's Nfld</u>	at	
Declared Age.....		<u>33</u> years - days	years	days
Trade or Occupation		<u>Papermaker</u>		
Height		<u>5</u> feet <u>4$\frac{1}{2}$</u> inches	feet	inches
Weight		<u>118</u> lbs.		lbs
Chest Measurement {	Girth when fully expanded....	<u>35$\frac{1}{2}$</u> inches		inches
	Range of Expansion..	<u>4$\frac{1}{2}$</u> inches		inches

Physical Development... ..	Right		Left	
	Vaccination Marks {	Arm		Arm
	Number		Number	

When Vaccinated				
Vision	R. E.—V=	<u>4/6</u>	R. E.—V=	
	L. E.—V=	<u>6/6</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) Lambert Paterson
 (Rank) Major Medical Officer. Medical Officer.

Enlisted

Corps.	Regtl. No.	Corps.	Regtl. No.
<u>The Royal Nfld Regt.</u>	<u>4849</u>		

Joined on Enlistment... ..
 Transferred to.. ..

Became non-effective by

(Signature) on day of 191 on day of 191

(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 *Matthew Hamilton*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4849*

Intended address *Grand Falls*

Height on discharge *5 Feet 6"*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Philip*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Fortune H. 1895 July 22nd*

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) *Matthew Hamilton*

(Rank) *Plt*

Station *Selkirk*

Date *20. 6. 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

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

MEDICAL OFFICERS

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 for 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* 7. Former Trade or Occupation } *Paper-maker*
2. Regtl. No. *4849* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Hamilton* *Matthew* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surnames) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on *Apr 28/18* at *St-Johns* 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
- | | | | |
|---|-------|---------------------|-------------------|
| (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? } *a. a*

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 cause of his disability

16. Was an operation performed? If so, when and what was its nature? *a. a*
17. If not, was an operation advised and declined? *a. a*
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? *a. a*
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? *a. a*

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
Surgeon & Procurement
A. J. Oms Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazeley, D. Camp*

Date *30. 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

No. 4849 Name Hamilton, W. Sqn., Batty., or Company 1 B Corps ROYAL NEWFOUNDLAND REG. Date of Enlistment 1/1/1918 G.C. Badges 1 Service of Proficiency Exam (16)

Date of last entry in Company Conduct Sheet 1 No. and date of last drink 1 Period not reckoning towards freedom from extra fine 1 Sister No. 1 Signature O.C. Company, etc. 10-10-1919 Character

Army Form B. 122.

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
Field	2/1/19	PLC		Deficient of Rifle Grenade Corp	Sgt Warner	Admonished	3/1/19	Rich Mathis	Pay for
			1 36	Rifle Grenade Corp	Sgt Warner				Refusing
			1 36	Grenade Corp	Sgt Warner				Refusing
Area	1/3/19			Deficient of Rifle through	Sgt Warner	Admonished	2/1/19	Sgt Warner	Pay for

Hamilton

4849

P. H. Q.

To: - The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir: -

Please charge the amount 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.

Regt. No.	Rank	Name	Amount	Signature
4849	Plt	Hamilton W.	\$250	W. Hamilton

I have the honour to be, Sir,
Your obedient Servant.

W. Hamilton

ato July 1/18

3054/128/P&A Forms C. 248

MEMORANDUM FOR THE PAYMASTER & OFFICER I/C RECORDS.
NEWFOUNDLAND CONTINGENT.

From C. P. & O. 1/c Records,
Newfoundland Contg.
58, Victoria St, SW.1.

From 58 VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

To Officer Commanding,
1st. Bn. R. Newfoundland Regt.
B.E.F.

To *versa*

WF/MN

NEWFOUNDLAND ANSWER

Pay & Record Office

21st. February, 1919

4849. PTE. M. HAMILTON.
ROYAL NEWFOUNDLAND REGIMENT

With reference to the following letter from The Anglo Newfoundland Development Co. Ltd 18/2/19 (1584),-

"We enclose herewith our Cheque for £7:0:0 on account of No. 4849 Pte. M. Hamilton, Royal Newfoundland Regt, & shall be glad if you will forward this amount to him."

Kindly advise whether this amount should be remitted to you for payment to Pte. Hamilton or retained to his credit in this Office, please.

F. H. Harsell Captain.
Asst. Paymaster
Chief Paymaster & O 1/c Records

RECEIVED IN 1919

7 MAR 1919

4-3-1919

4849 Pte M. Hamilton

This man wishes this amount retained to the credit of his acc't please.

S. G. Matthews **LIEUT. COL.**
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

Deposited 21/2/19 J.W.

3054/172/paa

CR
SUSPENSE / ~~CLASSIFIED~~
W/W

C.P.&O.1/c Records,
Newfoundland Contg.
58, Victoria St, S.W.1.

P/v Tomnick

Officer Commanding,
1st.Lb.R.Newfoundland Rgt
B.E.F.

WF/MN

Pay & Record Office

21st. February, 9

4849. PTE. M. HAMILTON.
ROYAL NEWFOUNDLAND REGIMENT

With reference to the
following letter from The
Anglo Newfoundland Development
Co.Ltd 18/2/19 (1584),-

"We enclose herewith our
Cheque for £7:0:0 on account
of No.4849 Pte.M.Hamilton,
Royal Newfoundland Regt, &
shall be glad if you will
forward this amount to him."

Kindly advise whether this
amount should be remitted to
you for payment to Pte.
Hamilton or retained to his
credit in this Office, please.

Captain.
Asst. Paymaster
Chief Paymaster & O 1/c Records

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 Artillery (London)*.....
2. Regtl. No. *4849* 3. Rank..... *Private*.....
4. Name *Hamilton* *Matthew*
(Surname) (Christian Names)
5. Age last birthday. *23*.....
6. Posted for duty on *April 25/18* at.... *219th*.....
in category (or grade).....
7. Former Trade or Occupation } *paper maker*
- 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) Where
(c) Opinion of Court
(d) Date of Discharge ;
(e) Cause of Discharge.
(f) 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? }

na.

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

15. What is his present condition?

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

The complainant of no disability

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

na.

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

na.

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?

na.

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?

na.

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

O. Procunier

Capt R. R. R.

Medical Officer in charge of case.

Station Hazlewood

Date 30/1/49

* 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.

4849

Extract from Daily Orders part II, Unit the Royal Nfld.
Regiment dated July 9th. 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i-c Records on 5-7-19.

3 #4849 Pte. Matthew Hamilton.

C.R. 4849

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt. St. John's, June 22nd, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 22-6-19.

4849 Pte. M. Hamilton.

C.R. 4849

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4849, Pte. M. Hamilton.

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

C.R.

4849

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4849 Pte. M. Hamilton.

C.R. 4849

Extract from daily Orders Part 11 Unit The Royal Wfld. Regt.,
By Lt. Col. T.G. Mathias, D.S.O. Commending 1st Batta 5/11-18.

The following joined the Batta. 3-11-18.

4849 Pte. M. Hamilton.

B Coy.

C.R. 4849

Extract from Serial 2011 Re-assignment Draft No. 55, Suburban Police
25/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, S.E.F.

4849 Pte. Hamilton, M.

MP.

C.R. 4849

Extract from Daily Orders Part 11, from Unit The Royal WFLA.
Regiment, St. John's, dated June 14th 1918.

4849 Pte M. Hamilton

Embarked for Overseas with draft 11-6-18.

C.R. 4849

Extract from Daily Orders p rt 11, from Unit The Royal
Ffld. Regt. St. John's, dated May 2nd, 1918.

#4849 Pte. Matthew Hamilton.

Attested for General Service with the Royal Ffld. Regt. from
1/5/18.

Receipt for Army Book 64

No. *4849* Name *Sanuttan*

To Certify that I have received the AB 64 of the above
named Soldier.

Name *Matt. Hamilton*.....

Date *Aug. 14 / 70*.....

Place *Grand Falls*.....

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

59

C.R. 4849

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name

Matthew J. Walters

Date

November 21/19

Place

Grand Falls

C.R. 4849

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 4849. NAME. *Mr. Hamilton*

DATE.

Feb. 27/20

PLACE.

Grand Falls.....

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
30.

Number of Sheets 1

Regiment of Royal Newfoundland

Signature of O. C. Company G. Jamieson

Regimental Number and Name	
No.	Hammell M
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	23 years months
Place and Date of Enlistment	St Johns 1.5.18
Period of	with Colours 166 years.
	with Reserve 565 years.

Trade	Papermaker
Religion	R.C.
Place of Birth	Grand Falls

Good Conduct Badges, Service pay or proficiency pay

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
S. D. C.	23.10.18	P6		Overstaying draft leave absent from 2359 to boat 23.10.18 to 0850. 24.10.18	Lt Hester	deprived of stripes 25.10.18		Capt Emerson	To file [Signature] Reg. Coy. R.N.C.
				Demobilized St John's		5 1/4			

To be carried over

The Royal Newfoundland Regiment

24849

DEMOBILIZATION OF

Reg. No. 4849 Rank Pte Name Hamilton M
 Date of Enlistment 1-5-18 Address Grand Falls District St. John's
 Occupation Papermaker Classification for Discharge F Medical Category A
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	/	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	3
B 178b	D 400B	Form L		do 3rd	" 4	
B 178c	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 33				

Date 20-6-19

J. H. Mins
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

M. Hamilton

Particulars passed to Vocational Officer for information and action.

Date _____

2121 S MUL

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied _____

M. Hamilton

Date 20-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *3111*
 at *Spring Falls* Release Certificate No. *3111* issued.

Date *20-6-19* *J.A. Brown Capt.*
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *5-7-19*

Date *20-1-19*
 Depot Paymaster

Discharge approved for *29-6-19*
 Forwarded with following documents to O. C. Discharge Depot.

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

Date *20-6-19* *J.A. Brown Capt.*
 O. C. Discharge Depot

APPROVED.

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

with following additional documents:

Eligible for War Service Gratuity
Ret. Suit Capt.

Date *JUN 22 1919*
 O. C. Discharge Depot

Received the above noted documents from O. C. Discharge Depot
 Date *July 4/19* *J.A. Brown Capt.*

Reg. No. *4849* Rank *He* Name *Hamilko, J. W.*

Attested Address *Grand Falls.*

Allotment Allottee

Date of Allotment Returned from Overseas *29. 5. 19.*

Returned on S.S. *Lozican* Cause *Discharge*

20 6 19

PASSED TO DEMOBILIZATION OFFICER

22-6-19

DISCHARGE APPROVED ON DEMOBILISATION.