

4004



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4004 Name Henry J. Hancock Corps C of E.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Henry Joseph Hancock</u>     |
| 2. What is your full Address? .....  | 2. <u>King George St. Bay</u>      |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Clerk</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, Henry J. Hancock 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.

Henry J. Hancock SIGNATURE OF RECRUIT.

Robert Cull Signature of Witness.

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

I, ....., 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 22 day of Oct 1917

Signature of Attesting Officer [Signature]

### † 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 Oct 22nd 1917

Place St. John's } Approving Officer.

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

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





Department of Militia, Newfoundland  
Medical Department

*Medical Report on an Invalid*

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station... *St Johns* .....

Date... *June 2<sup>nd</sup> 1919* .....

1. Unit *Royal Newfoundland*

5. Age last birthday *19*

2. Regimental No. *4004*

6. Enlisted on *Oct 1917*

3. Rank *pte*

at *St Johns*

4. Name *Hancock H*

7. Former trade or occupation *Clerk.*

8. Disability *DAH.*

9. History

*In Hoop. with mumps. June 1918. after discharge  
use to get out of breath on least exertion.  
& could feel heart palpitation*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

Thin Poorly nourished.  
Complains of cough & expectoration  
No distinct adventitious  
sounds heard in chest. Slight  
jerky breathing left apex.  
No murmur in heart.  
Pulse much accelerated  
with exertion.

11. Was <sup>sanatorium</sup> advised and refused?  
operation

No

12. Do you recommend discharge as  
permanently unfit?

Yes

Signature

*S. J. Keen*

Rank or Qualification

*Capt.*

Remarks if any by Officer in charge Hospital.

Place

Signature

Date

Rank





# Department of Militia, Newfoundland

## Medical Department

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- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

#### STATEMENT OF CASE

Station.....*St. John's*.....

Date.....*June 9/19*.....

- |                   |                           |                               |                    |
|-------------------|---------------------------|-------------------------------|--------------------|
| 1. Unit           | <i>Royal Newfoundland</i> | 5. Age last birthday          | <i>19.</i>         |
| 2. Regimental No. | <i>4004.</i>              | 6. Enlisted on                | <i>Oct. 1917.</i>  |
| 3. Rank           | <i>Pte.</i>               | at                            | <i>St. John's.</i> |
| 4. Name           | <i>Hancock. H.</i>        | 7. Former trade or occupation | <i>Clerk.</i>      |

#### 8. Disability

*D.A.H.*

#### 9. History

*In Hp. with Mumps June/18. after discharge used to get out of breath on least exertion, & could feel heart palpitating.*

10. What is his present condition ?

**This poorly nourished. complains of cough with expectoration. No distinct adventitious sounds heard in chest. Slight jerky breathing L. Apex. No murmur in heart. Pulse much accelerated, with exertion.**

Department of Military Medicine  
Medical Department

11. Was sanatorium advised and refused ? **No.**  
operation

12. Do you recommend discharge as permanently unfit ? **Yes.**

Signature S.G. MEAN. CAPT.

Rank or Qualification .....

Remarks if any by Officer in Charge Hospital.

Place ..... Signature .....

Date ..... Rank .....

Faint mirrored text at the bottom of the page, likely bleed-through from the reverse side.

## Opinion of the Medical Board

In para. 13. the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x **May** be considered as ~~aggravated by :-~~  
~~due to~~
- (a) Service during this war.      (b) Climate.      (c) Ordinary Military Service  
Remarks if any :-

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**Short of breath on exertion. Pulse 100. Roughening of 1st. sound at  
Apex of Heart. Has some cough & expectoration. No accompaniments in Lungs.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

- (b) PENSIONABLE DISABILITY—To what extent is his <sup>20%</sup> capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

**20% 3 Months.**

Remarks if any :-

16. Is the disability permanent?

17. Has the disability been aggravated by      (a) Intemperance      (b) Misconduct

18. The refusal of  $\frac{\text{operation}}{\text{sanatorium}}$  is :-  $\frac{\text{(a) Reasonable}}{\text{(b) Unreasonable}}$

Remarks if any :-

19. If fit subject for Hospital do you recommend admittance to  $\left\{ \begin{array}{l} \text{General Hospital} \\ \text{Naval and Military Con-} \\ \text{valescent Hospital,} \\ \text{Jensen Tuberculosis Camp.} \end{array} \right.$

20. We recommend  $\frac{\text{discharge from}}{\text{retention in}}$  the Army

Remarks if any :-

**N. S. FRASER**.....  
President

Signature **J. S. FAIT**.....

**J. B. O'RIELLY, CAPT.**.....

Place **ST. JOHN'S**.....

Date **JUNE 9/19**.....

APPROVED

Station .....

Date .....



**(SGD) L. PATTERSON, MAJOR**.....  
Administrative Medical Officer.





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

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

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

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

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

Name in full *Henry Hancock*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *4004*  
 Intended address *Kings Cove*  
 Height on discharge *5* Feet *8*  
 Color of hair on discharge *Dark Brown*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks —  
 Figure on discharge *Medium*  
 Christian name of Father *Henry*  
 Christian name of Mother *Mary*  
 Wife's maiden name in full —  
 Date and place of marriage —  
 Christian names of children —  
 Place and date of soldier's birth *Kings Cove, ~~the~~ Sept. 23<sup>rd</sup> 1900*  
 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)

*H Hancock*

*Pte.*  
(Rank)

Station **S. T. JOHN'S.**

Date

*5-6-19*

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





Reg. No. 4004 Rank Plt Name Hancock H. J.

Attested 22.10.17 Address Fothering Barin Dist.

Allotment 504 Allotee Mrs M. J. Hancock Mother

Date of Allotment 1-11-17 Returned from Overseas \_\_\_\_\_

Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

Leave 1<sup>st</sup> 29.10.17 2<sup>nd</sup> 8-11-17 3<sup>rd</sup> 10-11-17 Vac 26-11-17  
N.S. 1-12-17 to 5-12-17

W. 1. 18 absent from Church Parade. 13.1.18. Forfeit 10 sep pay

C.R. 4 004

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from 10-7-19.

4004 Pte. Henry Hancock.

C.R. 4004

Extract from ~~Ex~~ Preliminary Report of a Medical Board held  
on Monday Afternoon June 9th the following was the finding.

Recommended Discharge from the Army.

4004, Pte. H. Hancock.

C.R. 4004

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, June 14th, 1919.

4004 Pte. H.J.Hancock.

Reported at Headquarters 1-6-19 Ex "Corsican" which sailed  
Liverpool 22-5-19.

C.R. 4004

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 23/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#404 Pte. H. Hancock.

C.R. 4004

Extract from Nominal Roll Draft (All Ranks) to 1st Br.  
B&F. Embarked Southampton.

4004 Pte. H.J.Hancock.

1-10-18.



C.R. 4004

Extract from Nominal Roll. of Draft No. 53 of 21 Other  
ranks from 2nd., Battalion R. N. F. to 1st., Battalion  
Newfoundland Regt. B.E.F  
embarked Southampton. 1/10/18.  
Conducting Officer W. G. MUNN, (2/Lt.).

#4004 Pte. H. J. Hancock.

BC.

C.R. 4004

Extract from Orders by Lt. Col. B. J. BARTON.  
COMMANDING 2nd. Bn. of the Royal Newfoundland  
Regiment.

A draft of 31 Other ranks will be held in readiness  
to join the 1st. Battalion of the Regiment. Those  
who have not already had leave will proceed on  
Draft leave from 8. p. m. 25th. inst to Midnight  
27th. inst.,

4004 Pte. J. Hancock.

C.R. 4004

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Oct. 22nd, 1917.

4004 Pte. H. Hancock.

Attested for General Service with the Nfld. Regt., with  
effect from Oct. 22nd, 1917.



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 76 Sent by ms Rec'd by \_\_\_\_\_ Check 9pd No. \_\_\_\_\_

Place from Kings Cove

To J. R. Bennett

Min. of Militia



please try locate signaller  
Joseph Hancock no 4004  
anxious

Mrs Henry Hancock

C.R. 4604

Extract from Telegram from Military to Synoptical, dated Jan. 21st., 1919.

Inform Whereabouts 4004 Hancock.

C.R. 4004

Extract from Nominal Roll of Draft No.53 from 2nd Bn. Depot,  
to 1st Bn. B.E.F. Embarked Southampton -1-10-18.

4004 Pte. H.J. Hancock.

C.R. 4004

Extract from telegram from Syn. to Mil. dated Jan. 23/1919.

In answer to your telegram Jan. 21st., 4004 Hancock with 1st.,  
Battalion.

C.R. 4004

Extract from Nominal Roll Draft "H" Company Embarked  
S.S. "Florissel" Jan. 29th, 1918.

4004 Pte. Hancock H.H.



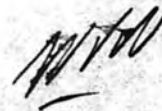
CR 4004

January 21st., 1919

Dear Madam:-

I am directed by the Minister of Militia, to acknowledge receipt of your letter of January 20th., in which you enquire the whereabouts of your son, #4004 Pte. Jas. Hancock, and in reply I beg to state that we have forwarded your enquiry to our Pay and Record Office, and upon receipt of a reply we shall immediately communicate with you.

Yours faithfully,



Lieut.

CASUALTY OFFICER

WVW/BC.

Mrs. Henry Hancock,

King's Cove, B.B.

C.R. 4004

January 24th 1919.

Mrs. Henry Hancock,  
Kings Cove B.B.

Dear Madam:-

I beg to inform you that we have received an answer to the cable enquiry that we forwarded to our Pay and Record Office, London, enquiring the whereabouts of your son ~~4004~~ Pte. Henry J. Hancock, which states that he is now with the First Battalion, on active service and in good health.

Any further information that we get regarding him will be at once communicated to you.

Yours faithfully,



Lieut.

CASUALTY OFFICER.

WW/MP.

C.R. 4004

Extract from Daily Orders Part II Unit The Royal Welch  
Regt. St. John's, June 16th, 1919.

The discharge of the undernoted on Amputation has been  
APPROVED by C.O. Discharge paper with effect from 26-6-19.

4004 Pte. H.J. Hancock.

Hancock, N.J.

C.R. 4004

P. & R. O.



**1st. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, W. H. Hancock, Regl. No. 4004

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins November 1<sup>st</sup> 1911

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3043	Wife	Mrs W. H. Hancock	Langlois P.O.	50
Total Allotment, \$				50

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.) W. H. Hancock  
Officer Commanding  
Company  
1st Newfoundland Regiment  
1911

(Sig.) W. H. Hancock  
(Rank) P.O.



### 1ST. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, H. J. Hancock, Regl. No. 4004

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons concerned, viz.:

Allotment begins November 1<sup>st</sup> 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3043	Mother	H. J. Hancock.	Newfound 1575	50
			Total Allotment, \$	50

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. J. Hancock  
Officer Commanding Company  
H. J. Hancock  
1917

(Sig.) H. J. Hancock  
(Rank) Sgt

# SIGNALLER'S RECORD SHEET.

Rgtl. No. 4004 Rank Ote Name & Initial Hancock H.J.  
 Unit Royal Newfoundland

## 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						

*Qualified in all  
 Standard Tests,  
 H.J. Hancock Capt*

## CLASSIFICATION TESTS.

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

\* R.A. Signallers only.

Classified as 1st Class Signaller at Hazley  
 Date \_\_\_\_\_ Signature of Classifying Officer \_\_\_\_\_  
 Reclassified as \_\_\_\_\_ Class Signaller at \_\_\_\_\_  
 Date \_\_\_\_\_ Signature of Classifying Officer \_\_\_\_\_

Courses

Other qualifications

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

## MAP READING. STANDARD TESTS.

No. of  
Test.

### DESCRIPTION OF TEST.

1. Point out on a map the conventional signs of objects enumerated.
2. From a map to point out on the ground points and objects selected on the map, and *vice versa*.
3. Measure shortest distance from point A to B on a map according to scale.
4. Set a map without a compass (a) by the ground,  
(b) by the sun and stars.
5. Describe a point on a squared map by means of a map reference, and *vice versa*.
6. Measure on a map the distance from one point to another by road.
7. Set a map by compass.
8. Determine if a point A is visible from point B by studying contours, but without drawing a section.
9. Take a bearing with a protractor off a map.
10. Convert a magnetic bearing into true bearing, and *vice versa*.
11. Take a bearing with a compass and measure it on a map with protractor.

## SIGNAL TRAINING. STANDARD TESTS.

1. Accept a message including counting and filling in preamble.
2. Fill in Sent Column on message form.
3. Fill in Signal Register.
4. Fill in Received Column on message form.
5. Send and receive a verbal message on the telephone.
6. Call up with (a) flag, known and unknown station.  
(b) buzzer.  
(c) ringing 'phone.
7. Put through a call on a 4 plus 3 switch unit.
8. VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9. " " " " caller. " " "
10. " " " " writer. " " "
11. " " " " answerer. " " "
12. " " " " answer-reader. " " "
13. " " " " sender. " " "
14. LUCAS LAMP. Set up and align.
15. " Replace cells.
16. " Connect up cells.
17. " Trace the electric circuit with a view to locating a fault.
18. " Change a bulb.
19. " Change nightshades.
20. " Set flexible cord.
21. TELESCOPE. Set up on stand and align.
22. " Focus on a blue flag unreadable to the unaided eye and read a message.
23. HELIOGRAPH. Set up and align with vane.
24. " Change to duplex and align.
25. " Regulate the beat.

## ELECTRICAL INSTRUMENTS TESTS.

- |  |  |
|--|--|
| <p style="text-align: center;">CELLS.</p> <ol style="list-style-type: none"> <li>1. Render active.</li> <li>2. Connect in series and parallel.</li> </ol> <p style="text-align: center;">TELEPHONE D. III.</p> <ol style="list-style-type: none"> <li>3. Connect and insert cells and cell connections.</li> <li>4. Test instrument.</li> <li>5. Localise and remedy the following faults:—<br/>(a) Adjustment of buzzer.<br/>(b) Dirty key contact.<br/>(c) Dirty Pressel switch contact.<br/>(d) Receiver discs and washers.<br/>(e) Microphone capsule.</li> <li>6. Connect up earth return, metallic return, and use of condenser terminal.</li> </ol> <p style="text-align: center;">FULLERPHONE.</p> <ol style="list-style-type: none"> <li>7. Connect and insert cells and cell connections.</li> <li>8. Test instrument.</li> <li>9. Localise and remedy the following faults:—<br/>(a) Adjust No. 1 or (A) contact of armature.<br/>(b) Adjust No. 2 or (B) contact of armature.<br/>(c) Dirty contacts.</li> </ol> <p style="text-align: center;">VIBRATOR, R.A.</p> <ol style="list-style-type: none"> <li>*10. Connect up hand set and cell connections.</li> <li>*11. Test instrument.</li> <li>*12. Localise and remedy the following faults:—<br/>(a) Adjustment of buzzer.<br/>(b) Dirty key contact.<br/>(c) Dirty Pressel switch contact.<br/>(d) Receiver disc and washers.<br/>(e) Microphone capsule.</li> <li>13. Connect up earth and metallic return.</li> </ol> | <p style="text-align: center;">MISCELLANEOUS.</p> <ol style="list-style-type: none"> <li>14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.</li> <li>15. 4 plus 3 Buzzer Unit. Connect up.</li> </ol> <p style="text-align: center;">LINEMAN'S DUTIES.</p> <ol style="list-style-type: none"> <li>16. Identify lines by labels.</li> <li>17. Draw and explain a simple circuit diagram.</li> <li>18. Draw and explain a simple route diagram.</li> <li>19. Make a reef knot, barrel hitch and clove hitch.</li> <li>20. Joint and insulate (a) D. II. } Single or<br/>(b) D. III. } Twisted.<br/>(c) P. V. }<br/>(d) D. twin Mk. III.</li> <li>21. Make simple joint in enamelled wire or single airline.</li> <li>22. Lay cable (a) in open country.<br/>(b) in trenches.</li> <li>23. Tap in on (a) metallic circuit,<br/>(b) earth circuit,<br/>and determine on which side the fault is.</li> <li>24. Test with Q, and I. detector—<br/>(a) cells;<br/>(b) a circuit, for disconnection earth and contact;<br/>(c) In order to pick up wires in a rope.</li> </ol> |
|--|--|

\* R.A. only.

This space to be pasted in A.B. 64.



No. 13974/1417/P&A.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. Royal Newfoundland Rgt.  
~~Hazards~~ Hazeley Down Camp,  
Winchester.

August 31st, 1918

Sept 2<sup>nd</sup> 1918

Subject: 4004 Pte. H. J. Handcock.

Receipt hereunder.

With reference to the following telegram (7710 ) from the Hon. Minister of Militia, received

"Pay to 4004 Pte. H. J. Handcock £2:1:0.

*Cham Cpt*  
LIEUT. COLONEL,  
~~COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.~~  
Royal Newfoundland Regiment

Received the sum of Two

Draft £ 2:1:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Pounds One Shilling on account of cable remittance from Newfoundland.

*W. J. Hancock*  
Chief Paymaster & O. i/c Records.

W. J. Hancock  
No. 4004 Rank Private

Witness: J. Murphy Pte

*W. J.*

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

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

1. Unit and Corps: *Royal Newfoundland*
2. Regtl. No. *4004* 3. Rank: *Pte*
4. Name *Bancroft* *H. G.*  
(Surname) (Christian Names)
5. Age last birthday: *20*
6. Posted for duty on *22.10.17* at *St John's*  
 in category (or grade).....
7. Former Trade or Occupation } *Bookkeeper*
- 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 a (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? } *no.*

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.)*

*He complains of disabilities*

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

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*  
*WPK*  
*my DADR.*

Station *Hazely Down*

Date *30/4/19*

*Capt Pame*  
 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

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.F.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.
4004	Pte	Hancock J	\$2 <sup>50</sup> / <sub>100</sub>	

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

Date 16-8-18

*J Hancock*

Dawcock. H

4004

Ray Sept.

**The Royal Wld. Regiment**

**DEMOBILIZATION**

No. 4004 Rank \_\_\_\_\_

Name Wancock N

Warned for demobilization on

JUN 12 1919

July 10, 1919

#4004 Pte. Henry J. Hancock,

#Kings Cove, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2889.

Yours truly

*Badley*  
*Dis. issued 11/1/19*

Captain  
Paymaster & O.i/c Records

July 12, 1919

#4004 Pte. Henry J. Hancock,

Kings Cove, B.B.

Dear Sir:-

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

Yours truly

Captain,  
Master & U.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 *Henry J.* 2. Surname *Hancock*

3. Rank *Pte* 4. Regtl. No. *4004*

5. Address in full to which future payments of gratuity are to be forwarded *Kimp's Cove B.B.*

6. Date of enlistment in the Regiment *Oct 22/17*

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 Mfld. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *From Oct. 22/17 to*

*June 12/19* 13.....

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.

.....

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 Regt.?..... *No* If not give:- (a) date of discharge..... *June 12/19* (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....

*France, Belgium & Germany - From Sept 1918 to Apr. 1919 - Ypres*

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..... *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.

Signature of Applicant: *J. Hancock*  
 Place of Residence: *Kings' Cove B.B.*  
 Declared before me at: *St. John's, Nfld.*  
 This *12th* day of *June* 19*19*

*John McCaghy*

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	

## 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*

*H Hancock*

Signature of Man.

*J. A. Snowbolt*

Reg. No. *4004*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*12-6-19*

191

7017

Kings Cove  
Oct. 17/9


To

Paymaster & Officer i/c Records  
M. Jeter Building  
St Johns

Dear Sir:

My Gratuity money  
payable October 10<sup>th</sup> havent yet been  
received would you kindly see  
into the matter & forward same  
at your Earliest Convenience  
and Obligs

Yours Etc  
H. J. Hancock (4004)

  
Kings Cove

Bonavista Bay

OK to King Cove Oct 24/9

7017

October 27, 1919

M. J. Hancock,  
King's Cove,  
B. B.

Dear Sir:

With reference to your  
letter of 17/10/'19, cheque was mailed  
on 24/10/'19.

Yours truly,

Lieut.  
For paymaster.



King Cove  
Aug 4/19

H M Maddick Capt.  
Militia Bldg.  
St. Johns.

Dear Sir:-

Being discharged  
July 12-1919 medically unfit  
would you kindly send  
me a discharge badge  
and oblige

Yours truly  
H H

H A Hancock 4044  
King Cove  
Bonaparte Bay.



King's Cove  
Oct 2/9

Capt Maddock  
Militia Bldg  
St Johns

Dear Sir:-

Having seen you at  
the militia Dept. St. Johns on Sept.  
15<sup>th</sup> in reference my discharge badge  
which you promised within one  
week I havent. has yet received  
same. Hoping to be Obliged in  
the near future I remain

yours Truly  
A J Hancock (2000)

King's Cove  
Bonavista Bay  
NFLP

Sept 21

Toronto March 16/1919

Dear Sir just a few lines asking  
you ~~to~~ if you kindly would send  
me a discharge badge. i've been  
discharged since november and i  
have not recieved ~~any~~ either one yet.  
my address is 203 vanhorn S. T Toronto ont  
mister H hancock.  
4004. Henry J.

~~Medically unfit.~~

~~4004 H. Hancock~~

Wesley 1/18/19

Jan 24/19

No record of  
this man's name  
A.P.

4004 H. Handcock tree in  
N<sup>o</sup> Ballalwa

---

8073 H. Handcock bred Sept 5/18

---

8065 Handcock bred Feb/19

---

185181  
26 L  
0L' 52 81

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

# MEDICAL HISTORY

OF

Surname Hauerch Christian Name Henry J.

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns Co. B. Bay. County N. Y.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22</u> day of <u>Oct.</u> 191 <u>7</u>	on	day of	191
	at <u>St. Johns</u>	at		
Declared Age	<u>18</u> years	<u>1</u> <del>year</del>	years	days
Trade or Occupation	<u>Clerk</u>			
Height	<u>5</u> feet	<u>8</u> inches	feet	inches
Weight		<u>139</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded... <u>34</u> inches		inches	
	Range of Expansion... <u>1</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V= <u>6/6</u>	R. E.—V=		
	L. E.—V= <u>6/30</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>L. J. Peters</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. Johns, N. Y.</u>	at		
	on <u>02</u> day of <u>Oct.</u> 191 <u>7</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st N.Y. Regt.</u>	<u>4004</u>		
Became non-effective by	on	day of	191	on
			day of	191
(Signature)				
(Rank)				



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

Date	Brief Details, and Signature
29-10-17	T.A.B. <i>LD</i>
8-11-17	" <i>LD</i>
10-11-17	3. <i>LD</i>
26-11-17	Vac. <i>LD</i>

*It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category*

9.6.19  
Date of S.M.B.

*[Signature]*  
Discharge Inspector

**Table IV.—SERVICE TABLE.**

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

Dec. 5, 1919.

H. J. Hancock, Esq.,  
Kings Cove,  
B.B.

Dear Sir:-

I beg to advise you that on being re-boarded in July, you were granted a Pension of \$10 per month for three months, expiring on Oct. 10/19.

Upon being examined at a later date, you were granted \$7.50 per month for six months, ending April 10/20.

I herewith enclose cheque for \$50.00, being balance due you to Dec. 31. Further cheques for \$7.50 will be sent you on the first of each month.

Yours faithfully,

Asst. Secy.

TMH/BT

1788.

Hancock Pt

Per @ \$250 Imm. 1-1-21 to 10-4-21

F 33





REG'T No. 4004

RANK Private

H. Q. No.

SOLDIER'S NAME Hancock H.

BLOCK No.

DATE PENSION COMMENCES 11-7-19

PENSIONER'S NAME Hancock H.

WIFE'S NAME

CHILDREN'S NAMES

ANNUAL RATE	PERIOD	MONTHLY RATE	EXPIRES	AMT. PAYABLE	AUTHORIZED AMOUNT	BY
\$120.00	3	\$10.00	10-10-19	\$30.00	\$30.00	
\$90.00	6	\$7.50	10-1-20	\$45.00	45.00	
\$30.00	12	\$2.50	10-4-21	\$30.00	\$30.00	

*Disch'd July 1919*

DEBITS

CREDIT

TOTAL PAYMENTS	DATE	PERIOD	Ded.	ABSTRACT	CHEQUE		TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE	
					SERIES	No. MONTHLY PAYMENT				
	DEC	1 DEC				89.84	50.00	50.00 s	75.00 -	25.00 Cr
50.00	JAN	1 JAN				97.75	7.50	57.50 s	75.00 -	17.50 Cr
57.50	FEB	1 FEB				113.27	7.50	65.00 s	75.00 -	10.00 Cr
65.00	MAR	1 MAR				128.57	7.50	72.50 s	75.00 -	2.50 Cr
72.50	APR	1 APR				144.11	2.50	75.00 s	<del>75.00</del> -	.00 Cr
	MAY	1 MAY				169.00	4.17	4.17 s	30.00 -	25.83 Cr
4.17	JUN	1 JUN					2.50	6.67 s	30.00 -	23.33 Cr
6.67	JUL	1 JUL					2.50	9.17 s	30.00 -	20.83 Cr
9.17	AUG	1 AUG					2.50	11.67 s	30.00 -	18.33 Cr
11.67	SEP	1 SEP					2.50	14.17 s	30.00 -	15.83 Cr
14.17	OCT	1 OCT					2.50	16.67 s	30.00 -	13.33 Cr
16.67	NOV	1 NOV					2.50	19.17 s	30.00 -	10.83 Cr
19.17	DEC	1 DEC					2.50	21.67 s	30.00 -	8.33 Cr
21.67	1-9,2	1 JAN					2.50	24.17 s	30.00 -	5.83 Cr
24.17		FEB					2.50	26.67 s	30.00 -	3.33 Cr
26.67		MAR					2.50	29.17 s	30.00 -	.83 Cr
29.17	BAL 10	APR					.83	30.00 s	30.00 -	.00 Cr
		DEC					.58	.58*		



1788

Dec. 3/19.

From:- B.P.C.  
To :- Secy. S.M.B.

Kindly note the changes in periods for which  
pensions have been granted in the following:-

#4004 H. Dandcock 15% for 6 months instead of 12.

*Amb*

CEC.



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 80 Sent by u Rec'd by \_\_\_\_\_ Chec 9d No. 127

Place from Kingslove

To Dr. Parsons.

Secretary B.S. of pensions  
Halifax

NOV 1 1919

1788

Wire result of medical  
examination immediately

H. J. Hancock  
4004



1788

# The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

All communications should be addressed to the  
DIRECTOR OF MEDICAL SERVICES,  
DEPARTMENT OF MILITIA, NFLD.

No. ....

St. John's, Newfoundland.

September 24th., 1919.

To:— G. G. Leviscents, Esq., M. D.,  
King's Cove.

From:—The Board of Pension Commissioners for Newfoundland,  
St. John's, Newfoundland.

Sir:—  
The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

Name

4004, Pte. E. Hancock.

You will find a form on which to record your examinations on pages 2 and 3.

Pensioner will be notified to appear before you on whatever date you will find convenient.

Address

King's Cove.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar (\$1.00)~~ for each Doctor for each examination.  
(\$3.00)

I have the honour to be,  
Sir,

Your obedient servant,

THE SECRETARY

BOARD OF PENSION COMMISSIONERS FOR NFLD.

DIRECTOR OF MEDICAL SERVICES

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age... **20** ..... Height..... **5'8"** ..... Colour of Eyes..... **BLUE**  
Complexion... **FAIR** ..... COLOUR OF HAIR:..... **DARK BROWN** ..... Marks of Identification  
.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on.. **JUNE 22<sup>ND</sup>, 1919** and other necessary information, follows:—

Condition of Pensioner:—

**SHORT OF BREATH ON EXERTION. PULSE 100. ROUGHENING OF FIRST SOUND AT APEX OF HEART. HAS SOME COUGH AND EXPECTORATION. NO ACCOMPANIMENTS IN LUNGS.**

**DISABILITY: DISORDERED ACTION HEART.**

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

**PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED**



MEDICAL REPORT

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? *Yes*
- (2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

*Short of breath on exertion. Pulse 90. Roughening of first sound at apex of heart. Has some cough expectoration. No adventitious sounds in lungs. Respiration not normal.  
Disability: Disordered Action Heart.*

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?  
..... *Decreased to a slight extent* .....
- (4) Will it materially increase or diminish? .. *ought to diminish* .....
- (5) Is the disability permanent? .. *Not necessarily* .....
- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated in percentages)

*70%*

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability due to or incurred during service?

(State in percentage.)

*70%*

- (8) Would treatment reduce the pensioner's disability or increase his comfort?  
..... *Apparently improving without treatment* .....
- (9) If so, is pensioner willing to accept such treatment, and when? .. *—* ..  
If not, why? .. *—* ..

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place *Kingston, B.B.* .....

Date *Oct 19<sup>th</sup>, 1919* .....

*Charles Bennett* .....

Members

- 51

Pensioner's Signature \* *H. J. Hancock*  
Signature of Witness *Charles Kelusom*

CONTINUATION

*Approved for 15%*  
*Cluny Macpherson Lt Col*



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? *No*
- 8 (b) If so, is he receiving the additional allowance? *—*
- 9 (a) Has a child been born to pensioner since last medical re-examination? *No*
- 9 (b) If so, is he receiving the additional allowance? *—*
- 10 If pensioner was married, has his wife died since last medical re-examination?  
*Unmarried*
- 11 Have any of pensioner's children died since last medical re-examination?  
*—*

Place *Windsor, Pa*  
Date *Oct 19<sup>th</sup> 1919*

*Charles Kelusom M.D.*  
Medical Examiner.

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1788

Regtl. No. 1004 Rank Pte. Name S. Hancock

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 9-6-19

Pensionable disability 20% for 3 months

Pension granted: \$10<sup>00</sup> per month for 3 months

or Gratuity granted:  
payable in equal monthly insts.

Granted to:

Name S. Hancock

Address \_\_\_\_\_

NOTED  
DATE 2/7/19  
INITIALS hbb

Date case disposed of JUN 19 1919

Approved by:

Members of Board

[Signature] Chairman  
[Signature]

NOTED  
DATE 12/14/19  
INITIALS [initials]

Remarks:

[Handwritten]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receipt for Army Book 64

No. .... 4004 Name ..... *Andros A.B.*

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

Date ..... *Aug 14<sup>th</sup> / 20*

Place ..... *Kings Cove*

Name ..... *A. Hancock*

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

*JA*

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

Sept. 3 1921.

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

Pte. Henry J. Hancock

in respect of his service as No. 4004 Rank Pte.

Name Henry J. Hancock Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Sept. 16<sup>th</sup> 1921

Signature

Henry J. Hancock

Date

Sept. 3<sup>rd</sup> 1921

Address

Knigs Cove Nfld.

[P.T.O.]

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here

ST. JOHN'S  
NEWFUNDLAND

ST. JOHN'S  
NEWFUNDLAND

ST. JOHN'S N.F.L.D.  
JUL 18  
5 23 PM  
1921



July 9th, 1921, 1917.

The accompanying King's Certificate, on his discharge,  
(No. 1319), is forwarded herewith to

Henry J. Hancock,

in respect of his service as No. 4004 Rank Pvte,

Name H. J. Hancock Corps Royal Nfld Regt.,

Receipt of the same should be acknowledged hereon.

Received

King's Certificate

Signature

H. J. Hancock

Date

July 15th/21

H. J.

Address

Keego Cove





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39

Regiment of

The Newfoundland

Number of Sheet

515.

Signature of O. C. Company

W. J. G.

Regimental No. and Name		Enlistment		Trade
No.	#003 Hancock HJ	Age on	18 years 1 months	Clerk.
Joined	Date	Place and Date of Enlistment		Religion
Joined	Date			C of E.
Joined	Date	Period of	with Colours 262 years.	Place of Birth
Joined	Date		with Reserve 365 years.	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of drunk-ness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
St Johns N.F.	13-1-18	Pte		Absent from Colours Parade	M. Miller	2 days l.p.	13-1-18	Pvt. Garty Major.	for 10 days pay

Demobilized St. John's, 10 <sup>2</sup>/<sub>19</sub>

To be carried over

Army Form B. 121

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4004 Rank Private Name Hancock H J  
 Date of Enlistment 22-10-17 Address Kingslove District Bonaysta  
 Occupation Clerk Classification for Discharge F B Medical Category 4  
 Recommendation S.M.B. promptly Disability Rating 20% 3  
 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	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 93			

Date 12-6-19 O. C. Discharge Depot Hancock H

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 None

Date 12-6-19

O i/c. Re-clothing.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. R.1756 to his home at Kings Lane and Release Certificate No. 2684 issued.

Date 12-6-19 *J.A. Snowball*  
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 10-7-19

Date 12-6-19 *H.M. [unclear]*  
Depot Paymaster.

Discharge approved for 26-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-6-19 *J.A. Snowball*  
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 26 1919**

Date ..... *R.H. [unclear]*  
O. C. Discharge Depot.

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

Date .....

14004

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 14004 Rank Platoon Name Hancock H J

Date of Enlistment 22-10-17 Address Kingslove District Bonnyville

Occupation Clerk Classification for Discharge B Medical Category 4

Recommendation S.M.B. permitted Disability Rating 20% 3 mths

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 12-6-19 O. C. Discharge Depot Mess H.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 Am O Smith

Date 12-6-19

O i/c. Re-clothing.

DEPT AS MIL

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R1756* to his home at *Kingsbone* and Release Certificate No. *2684* issued.

Date *12-6-19* *J.A. Snowball*  
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 *11-1-19*

Date *12-1-19* *H. H. H.*  
Depot Paymaster.

Discharge approved for *26-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *12-6-19* *J.A. Snowball*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity

*R.H. Sait Capt.*

Date *JUN 26 1919* *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date *June 20/19* *Amelath*  
*for R.C.W.*

Reg. No. *4004* Rank *1st* Name *Hancock. H*

Attested ..... Address *Kings Cove.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29.1.19.*

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

*9.6.19.*  
*12-6-19*  
*26-6-19*

*Rec. Dis. from the Army*

**PASSED TO DEMOBILIZATION**

**DISCHARGE APPROVED ON DEMOBILIZATION**

# 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. ... *4004* ...

Name ..... *Hancock Henry* .....

Address ..... *Kings Cove* .....

Present Medical Category... *E* .....

Recommended for:— { (a) ~~Immediate discharge~~ .....  
(b) Standing Medical Board.....

Members of Board { .....  
O.C. Discharge Depot.  
.....  
Senior Medical Officer  
.....  
*S. G. Keen*  
.....  
M. O. Depot



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4004 Rank Plt Name Hancock H. J.  
 Intended place of residence Keeps core Bonaville  
 2. Occupation clerk  
 Classification of soldier B Medical Category E

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 JUN 12 1919  
 Date ST JOHN'S  
 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  
 Signature of soldier H. Hancock  
 Signature of witness W. Blawie

### 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 12-6-19  
ST JOHN'S  
 Signature of soldier H. Hancock  
 Signature of witness James O. Penman SPT

### STATEMENT OF SERVICE

7. Enlisted for service 22-10-17 No of days on Military  
 Discharged from service 96 - 6-19 plus 14 days Service 637

### APPROVAL OF DISCHARGE

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

Place ST JOHN'S  
 Date JUN 26 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 10/1919  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

A. G. B. 79 / 2889

**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 Reg. ations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *4004* 3. Rank. *Pte.*
4. Name *Hancock H. J.*  
(Surname) (Christian Names)
5. Age last birthday. *20.:*
6. Posted for duty on *22. 10. 17* at *St. John's*  
 in category (or grade).....
7. Former Trade or Occupation } *Book keeper*
- 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? } *na*

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.)* *he complains 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?
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*

*Maj DADMS*

Station *Hazeley D Camp* *By a* *J. H. King* *Capl Rennie*  
 Date *30* *4* *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

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**

TO MEDICAL EXAMINER:  
 Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date MARCH 1ST., 1920.AS SOON AS POSSIBLE.The Secretary, Board of Pension  
Commissioners for Newfoundland.

Per .....

Regimental No. **4004** Rank **PRIVATE**  
 Name **HENRY HANDCOCK** ADDRESS: **KING'S COVE.**  
 Unit **ROYAL NEWFOUNDLAND**

## DESCRIPTION OF PENSIONER:

Apparent Age **20 YEARS** Height **5'8"** Colour of Eyes **BLUE**  
 Complexion **FAIR** Colour of Hair **DARK BROWN** Weight

## Marks of Identification:

JUNE 9TH., 1919:

SHORT OF BREATH ON EXERTION. PULSE 100.  
 ROUGHENING ON FIRST SOUND AT APEX OF HEART.  
 HAS SOME COUGH AND EXPECTORATION. NO  
 ACCOMPANIMENTS IN LUNGS.

OCTOBER 19TH., 1919:

SHORTNESS OF BREATH ON EXERTION. PULSE  
 90. ROUGHENING OF FIRST SOUNDS AT APEX  
 OF HEART. HAS SOME COUGH AND EXPECTORATION.  
 NO ADVENTITIOUS SOUNDS IN LUNGS. PERCUSSION  
 NOW NORMAL.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DISORDERED ACTION OF HEART.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *Yes.*
- (2) Give a definite detailed description of the present condition.

*Shortness of breath on exertion. Pulse 84  
Roughness of first sound at apex of heart.  
No cough or expectorations. No adventitious  
sounds in lungs. Percussions not normal*

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—  
(If there are no complaints, it will be so stated.)

*No complaints*

Disability for which pension has been awarded:—

Signature  
of Witness..... *Charles H. Bennett*

Pensioner's signature..... *H. J. Hancock*

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

*Diminished action of heart*

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

*None*

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination? *None*  
*diminished to a considerable extent*

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?           

5 Will disabilities materially increase or diminish? *ought to diminish*

6 Are the disabilities permanent? *Not necessarily so*

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? *No*

(b) Should he continue to do so?           

(c) If so, is any alteration in the form of the present appliance recommended?           

(d) If any appliance is necessary? *No*

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? *Improving as far as can be expected*

(b) Nature of treatment advised.           

(c) Is pensioner willing to accept treatment advised?           

(d) If not, is his refusal reasonable?           

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons: (To be completed when treatment advised has been refused.)

The foregoing report submitted by Pensioner's signature           

Signature            Medical Examiner.

Place           

Date            } Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination? *No (unmarried)*

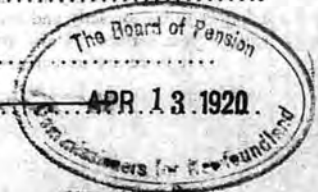
9 (b) If so, is he receiving the additional allowance for a wife?           

10 (a) Has a child been born to pensioner since last medical re-examination?           

10 (b) If, so, is he receiving the additional allowance for a child?           

11 If pensioner was married, has his wife died since last medical re-examination?             
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?             
(State date of death and names of children who have died.)



Place *Kingsport, B.B.*, *Charles Leucantto M.D.*  
Head of District Office.  
(or Medical Practitioner.)

Date *Mar. 27<sup>th</sup> 1920.* *I suggest 10%*  
*Clay Thompson*

BOND

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1788

Regt. No. 4004 Rank Pte. Name Henry Hancock  
Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board March 27, 1920

Pensionable Disability 5% full for 12 months

Pension Granted:  
\$ 5.00 per month for 12 months  
Total Authorized amount \$ 60.00

or Gratuity Granted:  
\$ \_\_\_\_\_ Payable in \_\_\_\_\_ equal monthly instalments

Granted to:  
Name Henry Hancock,  
Address King's Cove.

Date case disposed of \_\_\_\_\_  
Approved by:

Members of Board  
[Signature] Chairman  
[Signature]

*Noted  
M. J. [Signature]*  
*[Signature]*  
*[Signature]*

Remarks:  
Rec 5% 6 months  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BOND

DEPARTMENT OF VETERANS AFFAIRS

R. Nfld. Regt.

Regt. No. 4004

Pension No.

NIL

V.A. No.

NIL

NAME AND NEW ADDRESS (Typewritten)

HANCOCK, Henry,  
Kings Cove, Bonavista Bay,  
NEWFOUNDLAND.

PLATE IMPRESSION (H.O. use)

FILE IN REGISTRY "NF" DISTRICT.

FOR A DEPENDENT PENSIONER DECEASED SOLDIER'S NAME  
MUST ALSO BE INSERTED

Old District Office "NF"

New District Office "NF"

Issued at "NF" District Office

By Baxter Peckham.  
Signature in Full

Date 26th. Jan. 1950.

789-11