



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *2116* Name *Albert Leslie Hann* Corps

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

- |                                                                                                                                    |                                    |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <i>Albert Leslie Hann</i>       |
| 2. What is your full Address? .....                                                                                                | 2. <i>Grand Falls</i>              |
| 3. Are you a British Subject? .....                                                                                                | 3. <i>Yes</i>                      |
| 4. What is your age? .....                                                                                                         | 4. <i>23</i> Years <i>8</i> Months |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <i>Cox maker, Paper mill</i>    |
| 6. Are you Married? .....                                                                                                          | 6. <i>No</i>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? .....                              | 7. <i>No</i>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....                                                                        | 8. <i>Yes</i>                      |
| 9. Are you willing to be enlisted for General Service? .....                                                                       | 9. <i>Yes</i>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. { Name .....<br>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. II. <i>Yes</i>                 |

I, *Albert Leslie Hann* do solemnly declare that the above answers made by me to the above questions are true and that I am willing to fulfil the engagements made.

*Albert L. B. Hann* SIGNATURE OF RECRUIT.

*E Feb. 23.*

*R. P. Holloway* Signature of Witness.

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

I, *Albert Leslie Hann* do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished, as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at *St. John's* on this *24* day of *February*, 1916

Signature of Attesting Officer *R. P. Holloway*

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.

Date ..... 191

Place .....

} Approving Officer.

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

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





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2116 Name Albert Leslie Hamr Corps

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

- |                                                                                                                                    |                                    |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Albert Leslie Hamr</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>8</u> Months |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <u>Care maker Paper mill</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 .....<br>Corps .....    |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Albert Leslie Hamr do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Albert L. Hamr SIGNATURE OF RECRUIT.

P. L. Holloway Signature of Witness.

6 Feb. 23.

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

I, Albert Leslie Hamr do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's

on this 24 day of February, 1916

Signature of Attesting Officer P. L. Holloway

### †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.....1916

Place.....

} Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

21

Name Albert Leslie Ham  
 Apparent age 22 years 8 months. Height 5 feet 10 1/2 inches  
 Chest Measurement { Girth when fully expanded 39 inches  
 { Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac Ham, Grand Falls  
 | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-2-16</u>									
Joined at <u>St John's</u> on <u>February 23<sup>rd</sup> 1916</u>									
<u>Discharged July 19 1919</u>									
<u>Employed St John's S. S. Division for 1 1/2 yrs</u>									
<u>Re-employment for demobilization 12<sup>th</sup> 1919</u>									
<u>Arrived Newfoundland 1-6-19</u>									
<u>Demobilization St John's 19<sup>th</sup> 1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>19-7-19</u> [date of discharge]					<u>3</u> years	<u>147</u> days			
" " " Pension " " " " " " " " " " " "									

C.R. 2116

Extract from Daily Orders Part 11 Unit The Royal WFLD.

Regt. St. John's, July 24th, 1919.

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

2116 Pte. Albert Hann.

C.RJ 2116

**Extract from Medical Board held on Monday June 30th, 1919.**

2116 Pte. A.Hann.

**Recommended discharge from the Army.**

C.R. 2116

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. July 7th, 1919.

The discharge of the underhoted has been APPROVED by O.C.  
Discharge Depot with effect from 5-7-19.

2116 Pte. Albert Hann.

C.R. 2116

Extracts of DAILY ORDERS BY LT. COL. B.J. BARTON, D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,  
21/12/19.

Ref. Batt. No. 628 of 28/11/18.

The undermentioned was married to Miss Agnes M. McLachlan  
2 Old Bridge Street, Ayr, with effect from the 27th day  
of December 1918.

2116 Pte. A.L.C. Hann.



J C.R. 2116

Extract of Orders by Lt.Col.Barton D.S.O. Commanding 2nd  
Battalion Royal Newfoundland Regiment. NOV 28 1918

The undermentioned is hereby granted permission to be  
married

2116 Pte.A.E.C. Hann.

C.R. 2116

Extract from Nominal Roll Embarked St. John's fro Overseas,  
Mar. 23, 1916.

2116 Pte. A. Hann.

C.R.

2114

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

Date June 18th 1919.

~~2116~~, Pte. A. Hann.

2116

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

C.R. 2116

Albert L.C. Hann was attested for General Service with  
the NEWFOUNDLAND CONTINGENT on Feb. 23rd 1916.  
Regimental No. 2116 was allotted to Pte A.L.C. HANN.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

A. L. C. Hann.

C.R.

2116

P.R.O.

50431

NEWFOUNDLAND CONTINGENT

H.F.F./11.

Amtd  
J.P.A.  
15/1

ALLOTMENT

I, (No.) 2116 (Rank) Pvt (Name) Albert L. Hamm

hereby agree, until further notification by me, and in required form, to make an Allotment of \_\_\_\_\_ dollars and 50 cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz..

Whether Wife, Child, other Relatives or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person) £
Wife	Wife of Albert L. Hamm	2. Old Bridge Street Ayr N.B.	50
			50

This Allotment to take effect from and including Jan 15th 1919

NOTE:- This Form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P. & R.O. C.L.10, 9/12/16.

(Sig.) F. J. Sheppard Lieut  
Officer Commanding.  
"F" Company.

Dated at

Regency Barracks  
Jan 20th 1919

(Sig.) Albert L. Hamm  
Allotter.



50450

ENTERED  
EXAMINED  
E.F. [Signature]  
Rsk

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 2116 (Rank) Plt (Name) Albert L. C. Hamm

hereby agree, until further notification by me, and in required form, to make an Allotment of \_\_\_\_\_ dollars and 50 cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person) \$ c
Wife	Alm L. C. Hamm	2. Old Bridge Street.	50
			50

This Allotment to take effect from and including Jan 18th 1919

NOTE:- This Form must be completed and signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P. & R.O. C.L. 10, 9/12/16.

(Sig.) B. J. Sheppard Lieut  
Officer Commanding,  
"F" Company.

Dated at Hazley Barracks  
Jan 20 1919

Recd.  
B. J. Stephenson, C. P. M.  
20/1/19

(Sig.) Albert L. C. Hamm  
Allotter.

NEWFOUNDLAND CONTINGENT

RECEIVED  
 N.F.P. 1916  
 J.E.A.  
 W.M.

SEPARATION ALLOWANCE

1. Regimental No. and Rank	✓ 2116 Private
Name (in full)	✓ <u>Alfred Leslie Caldwell Hamer</u>
Date of Enlistment	✓ <u>Feb 20<sup>th</sup> 1916</u>
Unit	✓ <u>2nd Inf Newfoundland Regt</u>
2. Name(s) of Dependent(s) (in full)	✓ <u>Mrs Alfred L.C. Hamer</u>
Relationship	✓ <u>Wife</u>
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	✓ <u>2. Old Bridge Street</u> <u>St. John's N.B.</u>
3. Ages of Children: Girls under 17 years	<u>Nil</u>
Boys " 16 "	
4. Children's Guardian Address	<u>Nil</u>
5. Particulars of Allotment	✓ \$ <u>50</u> cents per day in favour
Allottee	✓ of <u>Mrs Alfred L.C. Hamer</u>
Address	✓ <u>2 Old Bridge Street St. John's</u>
Date effective from	✓ <u>Jan 18<sup>th</sup> 1919</u>
6. Date of Marriage	✓ <u>November 29<sup>th</sup> 1918</u>
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	<u>Nil</u>
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	<u>Nil</u>

M/  
 1/12



9. Name and address of your last Employer.	<i>Anglo Newfoundland Lumber Co. Grand Falls Newfoundland</i>
10. The amount of your salary or wages immediately prior to Enlistment.	<i>22 1/2 \$ per hour</i>
11. Are your wages or any portion being paid by your employer during your absence?	<i>yes</i>
12. If paid, what is the amount per month?	<i>\$ 30.00</i>
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	<i>21L</i>

I CERTIFY that the above is a true statement

*Albert L. Boston*

Signature of Officer forwarding this Application.

Unit

*S. I. Boston* **LIEUT. COLONEL.**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**

Date

*Jan. 21st 1919*

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date marriage Certificate examined \_\_\_\_\_

Date Birth Certificates (in case of children) examined \_\_\_\_\_

If Soldier is sole support, does Statutory Declaration accompany this Application? \_\_\_\_\_

D. D. G.  
Martin

Records

for information  
and return.

~~Leapers  
Horn Roll. 1888~~

Finished with  
W.M.

## NEWFOUNDLAND CONTINGENT

ENTERED
BY <u>2116</u>
IN ROLL <u>820</u>
LIST UNDER <u>1111</u>
NUMBER

## SEPARATION ALLOWANCE

To be used in the case of Men requesting permission to marry.

To the Officer Commanding, 2nd Bn Royal Newfoundland Regt

Sir,

I have the honour to request permission to marry and your recommendation for the issue of Separation Allowance to my intended wife:-

My intended wife's name is Agnes Marshall McLaughlan

Address 2 Old Bridge Street, St. John's, N.S.

Occupation Insurance Agent Name and address of parents or guardian James McLaughlan

2 Old Bridge Street, St. John's, N.S.

I attach herewith certificate as to my intended wife's character and general worthiness from Robert Stewart

I am not in receipt of a salary from the Newfoundland Government in addition to my military pay.

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

Robert L. C. Hann  
(Regtl No.) 2116 (Rank) Pte

I hereby approve of the marriage of the above-named Soldier and recommend that Separation Allowance be granted to his wife.

I have personally investigated the above application and am satisfied as to the intended wife's good character and consider her worthy to receive the benefits of Separation Allowance.

The Soldier has assigned at least 50% of his pay in favour of the above-mentioned lady

\*CERTIFIED COPY EXTRACT FROM PART II ORDERS No. 628 Dated 28/11/18.

PERMISSION TO MARRY.

X 2116 Pte. A. L. C. Hann

The marginally named is granted permission

to marry with effect 27th Dec. 1918

\* (Authority \_\_\_\_\_)

The written evidence upon which my decision is based is enclosed for your disposal together with the marriage certificate.

Signature M. J. Barron Rank LIEUT. COLONEL

Date \_\_\_\_\_ Commanding 2nd Bn. ROYAL NEWFOUNDLAND REGT.

This document must be signed personally by the Officer Commanding the Unit.

Form 1  
APPLICATION MUST ACCOMPANY THE ABOVE.

OK  
7/2

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered to be made on Oath and the form is to be signed before a magistrate of your District, and returned to

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

1. Name in full of Soldier <i>Albert Leslie Caldwell Hann.</i>	Rank <i>Private</i>	Regiment or Unit <i>2nd Div. 4th Regt.</i>	Regtl No. <i>2116.</i>
2. Age of Soldier: <i>25</i>	Married or Single: <i>Married.</i>		
3. Name in full of Dependent <i>Agnes Marshall W. Lachlan Hann.</i>	Relationship: <i>Wife.</i>		
4. Address in full	<i>2 Old Bridge St. Dyf. Scotland, N.B.</i>		
5. Date of Marriage	<i>27<sup>th</sup> December 1918.</i>		
6. Place of Marriage	<i>Holy Trinity Church, Dyf. Scotland, N.B.</i>		
7. Did marriage take place since Soldier's enlistment?	<i>Yes.</i>		
8. Was Commanding Officer's permission obtained? If not, why?	<i>Yes.</i>		
9. If not married, how long have you been dependent on the Soldier for your maintenance, and supported regularly by him on a bona fide domestic basis?	} <i>Not applicable</i>		
10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated?			
11. Is Separation a legal one?			
12. If legal are you in receipt of Alimony? If so, state amount.			
13. If not legal, how long since your husband contributed to your support? Explain fully.			
14. State amount of Allotment received by you from Soldier.	<i>36/- per day</i>		
15. From what date have you received Allotment?	<i>18/1/19.</i>		
16. Names of Children (Male)	Age last Birthday	Names of Children (Female)	Age last Birthday

*OK*  
*1/2*

17. Are you already in receipt of Separation Allowance from any source? If so, state amount.	No.
18. Are you in receipt of payment from any Patriotic Fund? If so, how much?	No.
19. Have you made a previous claim for Separation Allowance? If not, why? Give particulars.	} Not Applicable.
20. Was your husband at the time of his enlistment an employee of the Newfoundland Government?	
21. In what capacity and in what place?	
22. Is he in receipt of a salary as such while serving in The Royal Newfoundland Regiment? If so, how much?	

I herewith make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Acts 5 & 6, Will. IV., c, 62.

Signature Agnes Marshall W<sup>ife</sup> Lachlan Hann.  
 Place of Residence 2 Old Bridge St. Ayr, Scotland.

Declared and subscribed before me at 132 George Street - Ayr  
 this 25<sup>th</sup> day of January, 1919

Signature of the ~~magistrate~~ John L. Stewart J.P.  
 Place or County for which he acts Ayr

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Soldiers & Sailors Families Association or other recognized society, certifying that to the best of their knowledge, after careful enquiry, the above statements are correct.

Signature of Clergyman J. V. Hammond (Rector of Holy Trinity Church, Ayr)  
 Signature of representative

State name of Society Edward Kelman  
Scottish Legion

N.B. - Marriage Certificate must accompany this application, and will be returned after perusal. If marriage is after enlistment, Commanding Officer's permission in writing must be forwarded.

JOHN S. STEWART,  
Joiner and Builder.

Estimates Given.  
TEL. 4X.

Orders promptly attended to.

122 George Street, AYR, 7th Feb'y 1919

I have known Agnes Marshall  
McLauchlan since her girlhood I have  
much pleasure in testifying that she is  
a thoroughly respectable young woman  
and is eligible for the allowance she is  
claiming for.

Yours truly  
John S. Stewart  
J. P. for Ayrshire

ROBERT STEWART.

Grocery Department:

10 BURNS STATUE SQUARE.

Wine and Spirit Branch:

2 and 4 ALLIBON STREET.

Ayr, 21st Nov. 1913

I have known the Bearer, Miss <sup>9</sup>M'cLachlan,  
all her life and she is a very respectable girl.

I have had her in my employment for over a  
year and find her honest, obliging. and  
trustworthy,

Yours truly,

Robert Stewart



ENCLOSURE

7/2/36 W.L. WOODS-PUBL. 120 M Pads. (H.L. B. & S. L. H. (K. Y. O. K.))

Army Form O34B  
(Pads.)

2000/1/PAA

MEMORANDUM.

From:

CHIEF PAYMASTER & RECORDS  
NEWFOUNDLAND CONTINGENT,  
52, VICTORIA STREET,  
LONDON, S.W. 1,  
ENGLAND.

To:

Mrs. Albert L. C. Hann,  
Old Bridge Street,  
A Y R,  
Scotland.

Date 3rd February 1919

2116 PTE: A.L.C. HANN.  
R. NEWFOUNDLAND REGT.

With reference to claim for Separation Allowance made in your favour by the above named soldier: In place of the enclosed certificate from Robert Stewart, Esq., would you kindly obtain one signed by a Clergyman or a Justice of the Peace as required by the Separation Allowance Regulations please.

*J. H. Marshall* Capt.  
Asst. Paymaster.  
For Chief Paymaster & O 1/c Recds.

FM/FK.

NEWFOUNDLAND CONTINGENT	
PAY & RECORD OFFICE	
Ref. No. IN	1256
Rec'd	
Ack'd	
Ref. Nos. OUT	
ACI	
Director	
Comd	
P.A.	
R.S.O	
EE	

*JH*



SUSPENSE | CLEARED

2099/1/P&A

Mrs. Albert L. C. Hann,  
2, Old Bridge Street,  
A Y R,  
Scotland.

3rd February 9

2116 PTE: A.L.C. HANN.  
R. NEWFOUNDLAND REGT.

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With reference to claim for Separation Allowance made in your favour by the above named soldier: In place of the ~~expired~~ certificate from Robert Stewart, Esq., would you kindly obtain one signed by a Clergyman or a Justice of the Peace as required by the Separation Allowance Regulations please.

Capt.  
Asst. Paymaster.  
For Chief Paymaster & O 1/c Recds.

FM/FK.

No. 1368/1/P&A

ENCLOSURE

N.F.P./101.

NEWFOUNDLAND CONTINGENT

Pay & Record Office,  
59, Victoria Street,  
London, S.W. 1,

To: Mrs. A.M. Hann,

23rd. January, 1919

2, Old Bridge Street,

Ayr, N.B.

No. 2116.Pte.A.L.C.Hann.

A claim for Separation Allowance in your favour has been received from the above-named Soldier. In order to support the claim, you are required to complete the enclosed Statutory Declaration, N.F.P./87A, before a Magistrate of your District, and return it to this Office as soon as possible.

Marriage and Character Certificates, and Permission of Officer Commanding have been received. Marriage Certificate will be returned to you when the claim has been dealt with, please.

*J.H. Marshall*  
Major,  
Chief Paymaster & Officer i/o Records.

No. 3472

NEWFOUNDLAND CONTINGENT

N.F.P/55.

Pay & Record Office,  
58, Victoria Street,  
London, S.W.,

To: Mrs. A. M. Hann,  
2 Old Bridger St,  
Ayr. N.B.

March. 3<sup>rd</sup>. 1919

Reference: Separation Allowance 2116 Hann

Herewith Marriage Certificate.

Please acknowledge receipt hereon:

(Sig.) M<sup>rs</sup>. A. M. Hann.

(Date) 5<sup>th</sup> March 1919.

*A. J. [Signature]*

Chief Paymaster & O. i/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*
2. Regt. No. *2116* 3. Rank. *Pte.*
4. Name *Hann. Alford*  
(Surname) (Christian Names)
5. Age last birthday. *26*
6. Posted for duty on ..... at .....  
in category (or grade) .....
7. Former Trade }  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regt. Nos.
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  
(b) Where (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (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.
12. Place of origin of disability.
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.

*D. A. H.*

*Boarded at Hoxley  
Hann 5-7-18 B. H. G.*

14. State whether the disabilities are
- |                                                          | (a) attributable to | (b) aggravated by |
|----------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war                      | Yes                 |                   |
| (ii.) Previous active service                            | na                  |                   |
| (iii.) Climate in pre-war service                        | na                  |                   |
| (iv.) Ordinary military service before the war           | na                  |                   |
| (v.) Serious negligence or misconduct on the man's part. | na                  |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

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

*Slight D. A. H.  
 Persisting*

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

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

*Perpetuation*

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

*W. E. Procuier - Call Home*

Station *Hampby Naval*

Date *28 3-19*

Medical Officer in charge of case.

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

## NEWFOUNDLAND CONTINGENT

## APPLICATION FOR OVERSEAS TRANSPORT

449  
117  
15/7/19

1. Name in full: Surname HANN  
Christian Names Agnes Marshall.

2. Address: Postal 2 Old Bridge St  
Arg. Scotland.

Address: Telegraphic \_\_\_\_\_

3. Names and ages of all dependants travelling with you (except yourself): 5585

4. Your last address in Newfoundland: \_\_\_\_\_

5. When did you leave Newfoundland, and for what reason did you come to St. Britain? \_\_\_\_\_

6. If relation or dependant of a member of the Newfoundland Contingent state relationship, also Reg. No. and Rank: Husband  
2116. Private.

7. Your destination in Newfoundland: Grand Falls

8. What arrangements have you made for Passport? \_\_\_\_\_

9. Can you leave for Newfoundland on 24 hours notice by telegram? Yes.

10. No responsibility for safety of passengers or baggage is accepted by the Newfoundland Government or its representatives.  
It is understood that the usual ocean passengers baggage may be carried.

Date 9.5.19. Signature Agnes Marshall Hann.



THIS FORM TO BE COMPLETED AND RETURNED TO:

Chief Staff Officer (London),  
Newfoundland Contingent,  
58, Victoria Street, London, S.W. 1.

Hann, A.

2116

Ag Sept

July 22, 1919

#2116 Mts. Albert L. Hann,  
Grand Falls.

Dear Sir:-

Please find enclosed Discharge Certificate #3156.

Yours truly,

Captain & Paymaster



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 2116 Rank Pfc Name Hamm A  
 Intended place of residence Grand Falls  
 2. Occupation Paper Maker  
 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, ST. JOHN'S  
 Date JUL 3 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date JUL 3 - 1919  
 Signature of soldier  
 Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date JUL 3 - 1919  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 18-2-16 No. of days on Military  
 Discharged from service 5-7-19 Plus 14 days Service 1248

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S  
 Date JUL 5 1919  
 Officer in Charge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S  
 Date July 19/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

7  
 9102  
 1406  
 15

04B 2079/3156

# The Royal Newfoundland Regiment

Class for Demobilization: —

*B*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30.6.19

Regimental No. 2116

Name Harr Albert Rank \_\_\_\_\_

Address Grand Falls

Present Medical Category E

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

Members of Board {

*R. H. Laist Major*  
O.C. Discharge Depot.

*H. Paterson*  
Senior Medical Officer

*D. W. Gordon*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2116 Rank pte Name Harvey A  
 Date of Enlistment 18-2-16 Address Grand Falls District St John's  
 Occupation Carry Maker Classification for Discharge B Medical Category FI  
 Recommendation S. M. B. physically unfit Disability Rating +0% 6 Mos  
 Passed to Demobilization Officer with following documents:—

N. F. 136	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 102	ME 2	" 6	
B 179c	B 120	M 93		

Date 3-7-19 O. C. Discharge Depot. Must H

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

A Ham

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..... All bought

Date 3-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 12242 to his home at Grand Falls and Release Certificate No. 3177 issued.

Date 3-7-19

*J.A. Snow 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

Date 3-7-19

4-7-19  
*H.M. [unclear]*  
Depot Paymaster.

Discharged approved for 5-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. 1/36	B 208	B 121	/	N. F. Med	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	1/2 Form B
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	
B179c	B 120	M 93				

Date 3-7-19

*J.A. Snow 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

Date JUL 5 1919

*R.H. Sait* MAJOR  
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,

*Albert Hansen*

Signature of Man.

*J. H. Shaw Capt.*

Signature of the Vocational Officer or his Representative.

Reg. No. 2116.

Place

ST. JOHN'S.

Date 3-7-18

191

To be used only for Special Reserve Recruits, and for Special Reserve Regular Army.

# MEDICAL HISTORY

Surname Hamm OF Christian Name Albert

Table I.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Birthplace:—Parish .....	County .....			
Examined .....	on <u>10</u> day of <u>February</u> 191 <u>6</u> at <u>St. John's, nfld.</u>		on _____ day of _____ 191____ at _____	
Declared Age.....	<u>18</u> years		_____ years	
Trade or Occupation .....				
Height .....	<u>5</u> feet <u>10 1/2</u> inches		_____ feet _____ inches	
Weight .....	<u>153</u> lbs.		_____ lbs.	
Chest Measurement {	Girth when fully expanded... <u>39</u> inches		_____ inches	
	Range of expansion... <u>5</u> inches		_____ inches	
Physical Development.....				
Vaccination Marks {	Right		Right	
	Left		Left	
When Vaccinated .....				
Vision .....	R.E.—V= <u>6/6</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)		(b)	
(b) Slight defects but not sufficient to Cause Rejection				
Approved by (Signature) .....	<u>Dr. W. Burgess</u>			
(Rank) .....	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted .....	at _____		at _____	
	on _____ day of _____ 191____		on _____ day of _____ 191____	
Joined on Enlistment .....	Corps.		Corps.	
	Regtl. No. <u>2116</u>		Regtl. No. _____	
Transferred to .....	<u>1st nfld.</u>			
Became non-effective by .....				
	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature) .....				
(Rank) .....				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination 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
March 7.	1 <sup>st</sup> Inoculation S.C.B.
5.5.16.	2 <sup>nd</sup> " " S.C.B.
14.6.16	Successful vaccination completed <i>W.H. [Signature]</i>
6.7.16	Fit for foreign service <i>W.D. [Signature]</i>
5.7.18	Ordered to Angely, Devon Co. <i>W.D. [Signature]</i> <i>W. [Signature]</i> <i>W. [Signature]</i> <i>W. [Signature]</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 B

30.6.19  
Date of S.M.B.

*[Signature]*  
An Assistant Surgeon  
Discharge and Re-engagement Board

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
<i>St. John's [Signature]</i>	<i>2/2/16</i>	<i>9/4/16</i>			



## 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 *Hamm, Albert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2116*

Intended address *Grand Falls.*

Height on discharge *5* Feet *10 1/2*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes ~~*Blue*~~ *Gray.*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall*

Christian name of Father *Isaac*

Christian name of Mother *Helina*

Wife's maiden name in full *Agnes Marshall, Massachusetts.*

Date and place of marriage *Argy. Scotland, Dec. 27/1915*

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *H. Buffett, P. B. June 4, 1892.*

Nature and locality of civil employment required \_\_\_\_\_

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Albert Hamm*

(Rank) *Pvt*

Station

Date

*30-6-19*

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.

Medical Officer in Hospital,  
Unit, or Command Depot.

Station

Date



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 302 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 302 (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 consider 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. 2116 3. Rank PRIVATE
4. HANN ALBERT  
(Surname) (Christian Names)
5. Age last birthday 25
6. Posted for duty on ..... at .....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge:  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (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 to 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."

**D. A. H.**

11. Date of origin of disability.
12. Place of origin of disability.
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.

**BOARDED AT HAZELEY DOWN CAMP  
5/7/18 B11 CATEGORY**

- |                                                              |                     |                   |
|--------------------------------------------------------------|---------------------|-------------------|
| 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<br>man's part } | .....               | .....             |
14. (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

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

**SLIGHT D. A. H. PERSISTING**

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

20. Do you recommend—

- (a) Discharge as permanently unfit?  
(b) Change to United Kingdom?

**REPATRIATION**

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

**(SGD) W. E. PROCUNIER, CAPT. R.A.M.C.**

Station.....

Medical Officer in charge of case.

Date.....

\* 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.

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

**D. A. H.**

(b) The present condition thereof.

**ANEMIA. EASILY TIRED. MITRAL SYSTOLIC MURMUR. GENERAL CONDITION POOR.**

22. State whether the disabilities are:—

[a] Attributable to

[b] Aggravated by

[i.] Service during the present war ... ..	<b>YES</b> .....	.....
[ii.] Previous active service ... ..	.....	.....
[iii.] Climate in pre-war service ... ..	.....	.....
[iv.] Ordinary military service before the war..	.....	.....
[v.] Serious negligence or misconduct on the part of the soldier... ..	.....	.....

Give details:

22 [a]. If not due to any of these causes, to what specific condition do the Board attribute it? ... ..

**MIL. SERVICE**.....

23. Is the disability in a final stationary condition? If not

[a] How long is the present degree of disability likely to last?

[b] If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. [a] What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital, or other treatment. [Degree of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil] [Vide Royal Warrant of 17/4/18 issued as A.O. 102 of 1918, and Instructions to Pension Boards] [assessment to be stated in words as well as figures]
- [b] In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

40% 6 MONTHS

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. [a] Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

YES

Opinion of Military Member in case of disagreement

OR

- [b] In what other grade do the Board place him?  
 [c] Do the Board recommend change to the United Kingdom [in the case of a soldier invalidated at a foreign station]?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

YES

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- [a] An attendant for his journey home?  
 [b] Transport from railway station to his home?  
 [c] The constant attendance of another person in his own home?

Signatures:—

(SGD) W. S. F. REER

President or Chairman.

Station..... ST. JOHN'S.....

J. S. TAIT

Members.

Date..... JUNE 30th., 1919.....

L. PATERSON, MAJOR

Discharge approved under Para. 392 [xvi] King's Regulations

Station.....

(SGD) CLUNY. M. CHERSON, MAJOR  
 Officer in charge, Central Hospital,

Only applicable in cases of Patients in Hospitals.

Date.....

OR

Discharge Approved under Para. 392 [ ] King's Regulations,  
 or Transfer Approved to Class of the Reserve.

(Insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T).)

Station.....

O.C. Discharge Centre.

Date.....

7372

November 19, 1919

Dear Sir:

With reference to  
your letter of 7/11/'19, I beg to inform you  
that your cheque was mailed to you on this  
date, please.

Yours truly,

Kieut.  
For Paymaster

5045 NEWFOUNDLAND CONTINGENT

## ALLOTMENT

I, (No.) 2116 (Rank) PLC (Name) A. L. C. Hann

hereby agree, until further notification by me, and in required form, to make an Allotment of — dollars and 50 cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person) \$ c.	
wife	A. M. Hann	2 Old Bridge St. Avr N. B.	—	50
			—	50

This Allotment to take effect from and including Jan 18<sup>th</sup> 1919

NOTE:- This Form must be completed and signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. C.L.10, 9/12/18.

(Sig.) \_\_\_\_\_  
Officer Commanding,  
" " Company.

Dated at

Worcester

(Sig.) Sgt. A. L. C. Hann  
Allotter. PLC

July 24, 1919

#2116 Pte. Albert Ham,  
#26 Station Road,  
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 Gratuity.

Yours truly,

Captain & Quonaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 20th. 1919.

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

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

1. Christian name... *Albert*..... 2. Service... *Hamilton*.....  
3. Rank... *Private*..... 4. Regt. No. *2116*.....  
5. Address in full to which future payments of gratuity are to be forwarded... *26 Station Road*.....  
*Grand Falls*.....  
6. Date of enlistment in the Regiment... *22-2-16*.....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Agnes Marshall Hammi?*.....  
8. Relationship of such dependents... *Wife*.....  
9. Address in full of such dependents... *26 Station Road*.....  
*Grand Falls*.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*  
11. Were you on active service only in M.R.D. If so, give dates and particulars of such service... *See last*.....  
12. Give total length of time which you served on active service, whether in M.R.D. or Overseas... *24 years 4 months 7 1/2 days*.....  
..... 13.....



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 26th, 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..... *Albert* ..... 2. Surname..... *Hamm* .....
3. Rank..... *Private* ..... 4. Regt. No. .... *2116* .....
5. Address in full to which future payments of gratuity are to be forwarded,..... *26 Station Road* .....
- ..... *Grand Falls* .....
6. Date of enlistment in the Regiment..... *20-2-16* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
..... *Agnes Marshall Hamm* .....
8. Relationship of such dependents..... *Wife* .....
9. Address in full of such dependents..... *26 Station Road* .....
- ..... *Grand Falls* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No Applicant*
11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *yes none* .....
- .....
- .....
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *3 yrs 4 months & 13 days* .....
- ..... *13* .....

Signature of Applicant:

*Albert Hannon*

Place of Residence:

*Grand Falls*

Declared before me at:

*St. Marys*

This

*4*

day of

*July*

1919.....

Signature of Barrister of the  
Supreme Court, Stipendiary Magis-  
trate, Notary Public, Justice of the  
Peace, or Commissioner of Affidavits.

*William D. Kelly*  
*Barrie, Ont.*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Registrar

Grand Falls  
March 10<sup>th</sup> 1920

To Major J. M. Howley.

Sir I haven't received  
my Gratuity for December 1919. Will you give  
the matter your kind attention & forward  
same as soon as possible.

Your oblige  
servant

2116 (Ex. Pk) District Hann

The following Cheques have been

~~sent for~~ ~~to~~ ~~be~~ ~~Received~~

July 19	7000	
Aug 19	7000	
Sept 19	7000	
Oct 19	7000	
Nov 19	7000	(over)
Dec 19	7000	

Forwarding bal today 70<sup>00</sup>

12/3/20

Grand Falls  
26/3/20  
C. H.

To the

Officer i/c. Department of Pensions,  
St. Johns

Sir

Some time ago  
I wrote Major Howley with regard to my  
Gratuity for December 1919. & as yet have not  
received any reply.

Would you inform me about the matter  
as I have only received five months Gratuity.

Will you give this matter your kindest attention  
& let me know as early as possible

I oblige

Yours very truly

2116 (B. H.)

Albert Hamm

AM  
Is anything done?  
R



This Form is to be used in connection with Pamph. M. E. (1)  
N.F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Albert Hamm*

aged *23* conducted at *Grand Falls*  
Date: *Feb 18/14* Recruiting officer:

NO. OF TEST

FINDING

*Recommended.*

1	<i>no defect.</i>	✓
2	"	✓
3	"	✓
4	"	✓
5	"	✓
6	"	✓
7	"	✓
8	"	✓
9	"	✓
10	"	✓
11	<i>23 yrs age</i>	✓
12	<i>no defect</i>	✓
13	<i>top teeth false, two teeth to be extracted -</i>	✓
14	"	✓
15	"	✓
16	"	✓
17	"	✓
18	"	✓
19	<i>injury to right wrist. (Both eyes <sup>6/6</sup> not important)</i>	✓
20	<i>no defect</i>	✓
21	"	✓
22	"	✓
23	"	✓
24	"	✓
25	"	✓
26	"	✓
27	"	✓
28	"	✓
29	"	✓
30	"	✓
31	"	✓
32	"	✓
33	<i>no</i>	✓
34	<i>5' 11"      10 1/2</i>	✓
35	<i>153 lbs</i>	✓
36	<i>37 1/2"      34-39</i>	✓
37	<i>2.25 per day</i>	✓
38	<i>mother</i>	✓
39	<i>nobody</i>	✓

*2116*

*no*

Signature of Medical Examiner: *W. Gordon*

*A. B. Chamberlain*

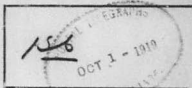


# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 16 Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Charge \_\_\_\_\_ No. \_\_\_\_\_

Place from Grand falls  
To Capt Hawley  
Dept of Militia



Septembers gratuity not  
received advise when  
wire collect

~~#2116~~ Albert Hann  
2116

*A.C.S.*

Oct. 3, 1919

No. 2116, Ex Pte. A. Mann,  
GRAND FALLS.

Dear Sir:

With reference to your  
telegram of Oct. 1, I enclose cheque  
for \$70.00, on account of War Service  
Gratuity.

Yours truly,



Major  
Paymaster.

IM-  
Enc. 1



March 31, 1920

Pte. A. Hann,  
GRAND FALLS.

Dear Sir:

Herewith enclosed, please  
find cheque for \$70.00, representing balance of War  
Service Gratuity due you.

Yours truly,

Major  
Paymaster

LM/Enc.

7508

Grand Falls

2/11/6

18/10/69

To the Paymaster  
Department of Militia  
St. John's.  
Sir

I have written Major  
Howley & have not had any reply from him  
as yet regarding my Gratuity for October.  
I should like to know why it has been  
delayed so long.

My first two amounts for July & August  
reached me before the end of each month  
but it was in the second week of October before  
I received September amount. & did not  
have wind about it.

On the 23 of November there will be two  
amounts due me & I should like to have  
them as soon as possible.

As I have been sick for nearly two months  
I should like you to give the matter your  
earliest attention.

I am Sir

Yours very truly

20/6 Arthur Mann

Number please

5116

Grand Falls

7/10/19

7372

J. W. Howley

Major & Paymaster

Sir

Up to the  
present I have not received  
my gratuity for October.

Would you kindly give  
this matter your attention.

yours truly

Albert Stone

JUL 3 - 1916

ST. JOHN'S,

# Royal Newfoundland Regiment.

Billeting Account,

To Pt. A Hamm

Billeting Soldiers as undermentioned

from June 1/19 to June 28/19

216 Pt. A 28.80

*Pay*

ACCOUNT	<u>2158</u>	INITIALS	<u>ASIN</u>
CH. NO.		INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Certified correct for \$ 28.80

*Billings Officer*

Billeting Officer.

*2005*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

Oct 1 1919

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. W.L.G.  
balance

Ch. No.	11971	Initials	Cell
Pay Ledger	477	Initials	ur
Gen. Ledger		Initials	

Regtl. No.

Rank



No. 2116

Rank

Pt

Name

A. Hand

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

May 30 19 20

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.

~~on account~~  
balance of Pay. 20 00

CA. No.	33317	Initials	W. C.
Pay Ledger	477	Initials	W. C.
Gen. Ledger		Initials	W. C.

Regtl. No.

Rank

No. 2116

Rank

Pt

Name

A. Harr.

Grand Falls



Reg. No. *2116* Rank *Pvt* Name *Keane, Albert*

Attested \_\_\_\_\_ Address *Grand Falls*

Allotment \_\_\_\_\_ Allottee \_\_\_\_\_

Date of Allotment \_\_\_\_\_ Returned from Overseas *29.5.19*

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

*2.7.19* *Rec Discharge - from the Army*

*3.7.19* **PASSED TO DEMOBILIZATION OFFICER**

*5.7.19* **DISCHARGE APPROVED ON DEMOBILISATION.**

C.R. 2116

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.

Date. 13/11/19.....

Place. Grand Falls.....

Name. *Wm. Hann*.....



D 2116  
Demobilization Form 3

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 2116 Rank Private Name James A. [unclear]  
 Date of Enlistment 18-3-16 Address Grand Falls District St. John's  
 Occupation Car Mechanic Classification for Discharge B Medical Category E1  
 Recommendation S.M.B. Physically fit Disability Rating +0% to 6 Mos.  
 Passed to Demobilization Officer with following documents:—

N.F. F36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 3-7-19 [Signature]  
 P.O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

APPROVED  
[Signature]

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 [Signature]

Date 3-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 112343 to his home at Graves Falls and Release Certificate No. 3177 issued.

Date 3-7-19

*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

Date 5-7-19

Depot Paymaster.

Discharge approved for 5-7-19  
Forwarded with following documents to O. C. Discharge Depot.

N.F. P38	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
B179c	B 120	M 93		

Date 3-7-19

*J.A. Snow*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date JUL 5 1919

*R.H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date July 21 1919

*J. H. Sait*

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 consider 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 T.F.S.L.* 7. Former Trade }  
or Occupation }
2. Regt. No. *2116* 3. Rank *Private* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regt. Nos.
4. Name *Hann* *Albert*  
(Surname) (Christian Name)
5. Age last birthday *25*
6. Posted for duty on ..... at .....  
in category (or grade) .....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (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. *D. A. H.*
12. Place of origin of disability.
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.  
*Boarded at Hazely Down Camp  
5-7-18, B7 Category.*

14. State whether the disabilities are
- |                                                                                               | (a) attributable to | (b) aggravated by |
|-----------------------------------------------------------------------------------------------|---------------------|-------------------|
| (i) Service during the present war .. .. .                                                    | yes                 |                   |
| (ii) Previous active service .. .. .                                                          | na                  |                   |
| (iii) Climate in pre-war service .. .. .                                                      | na                  |                   |
| (iv) Ordinary military service before the war .. .. .                                         | na                  | 1                 |
| (v) Serious negligence or misconduct on the man's part. }                                     | na                  |                   |
| 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.)*

Slight D.A.M. persisting.

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

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

Repatriation

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

W. E. Proemier. Capt. Rame

Station Huyckel/Louis

Date 28-3-19

Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

*D.A.K.*

(b) The present condition thereof.

*Wascemia, early tried. Marked Systolic Murmur  
General Condition poor*

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

(i) Service during the present war .. .. .

*Yes*

(ii) Previous active service .. .. .

(iii) Climate in pre-war service .. .. .

(iv) Ordinary military service before the war .. .. .

(v) Serious negligence or misconduct on the part of the soldier .. .. .

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

*Wulderoni*

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.



