



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3836 Name Charles Hamm Corps S. A.

Questions to be put to the Recruit before Enlistment.

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

I, Charles Hamm 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.

7-6-17

Charles Hamm
R. M. Laughlan

SIGNATURE OF RECRUIT.

Signature of Witness, WAR

Charles Hamm

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I, Charles Hamm 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 on this 7 day of June 1917.

Signature of Attesting Officer John

†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).....

3836



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3836 Name Charles Hamm Corps S. A.

Questions to be put to the Recruit before Enlistment.

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

I, Charles Hamm 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.

Charles Hamm SIGNATURE OF RECRUIT.
7-1-6-17
W. H. Laughlan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Hamm 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 1 day of June 1917
Signature of Attesting Officer Chft. Lieut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date.....191..... } Approving Officer.
Place..... }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Charles Hamm
 Apparent age 18 years 10 months. Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 34½ inches
 Range of expansion 3½ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Hamm
Trout River St Barbe | 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.	
(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>1-6-17</u>									
Joined at <u>St. Barbe</u> on <u>June 1st 17</u>									
<u>Discharged July 19 1891</u>									
<u>Embarked St. Barbe St. Nazaire 4-8-17</u>									
<u>Embarked for St. Barbe 4-2-18</u>									
<u>Joined in the field 15-2-18</u>									
<u>Admitted 13-4-18</u>									
<u>Admitted 14th Coy 11th Buffs 13-4-18</u>									
<u>Embarked for St. Barbe 15-10-18</u>									
<u>Joined 16-4-19</u>									
<u>Admitted 19-7-19</u>									
<u>Admitted 19-7-19</u>									

Total Service forfeited as above Remobilized St. Barbe 19-7-19

Total Service towards Engagement to 19-7-19 (date of discharge) 2 years 49 days
 " " Pensions " [" "] " " "

C.R. 3836

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

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

3836 Pte. C. Hann.

C.R. 3836

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, July 24th, 1919.

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

3836 Pte. Chas. Hann.

C.R. 3836

Extract from Nominal Roll of Draft for Repatriation, 1st,
Bn. Royal Newfoundland Regiment, which arrived at Hasleby
Down Camp, 19/4/19 from B.E.F.

3836 Pte. C.Hann.

C.R. 3836

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

Date June 18th 1919.

3836, Pte. C. Hann.

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

C.R. 3836

Extract of Nominal Roll Embarked Hazeley Down Camp,
Winchester, for B.E.F. ~~12-10-18.~~ 15.10.18

3836 Pte. Hann, C.

MM.

C.R. 3836

Extract from Daily Orders Part 11 By Lt. Col. B.J.
Barton, Commanding 2nd. Battalion The Royal Wfld. Regt.
dated 26-7-18.

The following having reported back from the 1st Battn.
is posted to "E" Company.

3836 Pte. Hann C. from 25-7-18.

C.R. 3836

Extract of Casualties from P.&R.O., London dated 17th. July 1918.

3836 PTE. C. HANN

ex 3rd London General Hospital. Granted furlough from 16/7/18
to 25/7/18. Fit for 1 Duty.

Authority: A.F.W.3016.

C.R. 3836

Extract from Daily Orders part 11, from Unit The Royal
Field Art. in the field, dated May 18, 1918.

#3836 Pte. C. Hann.

Invalided to England (N) May 3, 1918.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

C.R. 3036

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated May 7th, 1918

To James Hann, Trout River St. Barbe
 Regret to inform you that Record Office, London,

officially reports

No. 3836, Private Charles Hann

is at Wandsworth.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bonnett

Actg. Minister of Militia.

FOR TYPEWRITER

C.R. 3886

Extract from Telegram received from London, dated
May 6th, 1918.

At Wandsworth Gunshot wound Back #3838 Pte. YHann.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated **April 18th, 1918.**

To **James Hann, Trout River, St. Barbe.**

Regret to inform you that Record Office, London,
officially reports **No. 3836, Private Charles Hann**
14th Stationary Hospital, Boulogne April 13th E.S.W
buttock

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Actg. Minister of Militia.

FOR TYPEWRITER

C.R. 3836

Extract of Casualties from 3rd. London General Hospital Wandsworth
S.W., dated 6th. May 1918.

Admitted 3/5/18.

3836 Pte. C. Hann.

Royal Newfoundland Regiment..... G.S.W. Back.

C.R. 3836

Extract from Nominal Roll Draft No. 36. 200 Other Ranks
from 2nd., (Reserve) Battn. Royal Newfoundland Regiment,
and proceeded to join the 1st., Battalion Royal Newfoundland
Regt., B. E. F., Embarked Setuthampton 4/2/18.

#3836 Pte. C. Hann.

BC.

C.R. 3836

Extract from Nominal Roll Embarked St. Johns for Overseas,
per S.S. "Florizel" Aug.4,1917.

3836 Pte. C. Hann.

C.R. 3836

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, June, 1st, 1917.

3836 C. Hann.

Attested this day, posted to F. Company, and assigned to
Number as shown.

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

MEDICAL HISTORY

Surname Stann

OF Stann
Christian Name



Table I.—GENERAL TABLE.

Birthplace:—Parish Foot River County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>1</u> day of <u>June</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
	at <u>Headquarters</u>		at _____	
Declared Age ...	<u>18</u> years <u>10</u> days		_____ years _____ days	
Trade or Occupation ...	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>10</u> inches		_____ feet _____ inches	
Weight	<u>132</u> lbs.		_____ lbs.	
Chest Measurement {	Girth when fully expanded... <u>34 1/2</u> inches		_____ inches	
	Range of Expansion... <u>3 1/2</u> inches		_____ inches	
Physical Development ...				
Vaccination Marks {	Arm ...	_____	_____	_____
	Number ...	_____	_____	_____
When Vaccinated ...	_____		_____	
Vision	R. E.—V= <u>4/6</u>	_____	R. E.—V= _____	_____
	L. E.—V= <u>4/6</u>	_____	L. E.—V= _____	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>Samuel Peterson</u>		_____	
(Rank)	<u>major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>		at _____	
	on _____ day of <u>June</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment....	Corps. <u>1st</u>	Regtl. No. <u>3836</u>	Corps. _____	Regtl. No. _____
	<u>H.Q. 1st N.F.D. 3836</u>		_____	
Transferred to ..	ROYAL NEWFOUNDLAND REGIMENT		_____	
Became non-effective by	on _____ day of _____ -191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)	_____		_____	
[Rank]	_____		_____	

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	3	5	18	16	7	18	G.S.W. L. bullet penetrating wound	74	

list in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of
discharges and re-admissions to hospital will be shown. The subsequent progress, including particulars
of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Warded in place 124.11

gckall
capt [unclear]

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* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *3836* 3. Rank... *pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Hann* } *Charles* }
 (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday... *20*
6. Posted for duty on *June 1/17* at... *St John's* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *G.S. No. Left Hip*
12. Place of origin of disability. *Apr 12/18*
Armontiers
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. *He states that he was hit by machine gun bullet. Treated Entered L.C.H discharged cured*

14. 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 | no | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition?

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

broad Scar 4 inches long on left Back hip. wound healed. no disability

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

Repatriation

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

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

W. E. Proctor Capl R.M.C.
 Medical Officer in charge of case.

Station .. Hazeley Brown

Date .. 29/4/19

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

Casualty Form—Active Service.

Regiment or Corps **ROYAL NEWFOUNDLAND REGT**
 Rank **O/C** Surname **Hann** Christian Name **Chas**
 Religion **Salvation Army** Age on Enlistment **18** years **10** months
 Enlisted (a) **St Johns** Terms of Service (a) **REGULAR** Service reckons from (a) **1/6/17**
 Date of promotion to present rank **—** Date of appointment to lance rank **—**
 Extended Re-engaged Qualification (b) **—**
 or Corps Trade and rate **—**
 Occupation **Fisherman** Signature of Officer **[Signature]**

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
7.1.19	O/O Unit	Awarded 7 days' P.P. to 3 for when on active service, failing to answer defendants Roll call comply with an order.	Bald.	8.12.18	Part 2 1/5
		Fans to England for D.O. B.			184 7/5
					Water 810
					MSB 47



Toobin
Captain for
Officer i/c Infantry Section No. 4
G.H.Q. 3rd Echelon,

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signals, Shipping, Search, &c. W. 1935-112733 2000m 9/17 Bull) P. & S., Ltd., Form B/103 E/1807. P.T.O.

Next of Kin: Father, Hann James Trout River St Barbe Nfld

C. Hann

C.R. 3836

~~P.R.U.~~

8

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 292 (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. Regtl. No. *35*
3. Rank. *P. 16*
4. Name *Hann* (Surname) *Blas* (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on *June 17* at *St. Paul* in category (or grade) *St. Paul*
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge; (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Where (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

11. Date of origin of disability. *12 April 1918* *g.s.w. left leg*
12. Place of origin of disability. *armenians*
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. *He states that he was hit by a machine gun bullet which made in foot of right leg. Discharged*

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 | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } ✓

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

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

Scap. H. inc. long on left back flap wound healed. no disability

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Refutations

W. L. Proctor
 Medical Officer in charge of case.

Station *Haystack*

Date *29-11-19*

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

10933/262

3rd. London General Hosp.,
Wandsworth, S. W.

8th, July 1918

3836, Pte. G. Hann,
Royal Newfoundland Regt.

6093 /

*Pay to 3836 Hann £3. 2. 0

no receipt

Pay'd

No. Form 11.

825

WESTERN UNION



ANGLO-AMERICAN DIRECT UNITED STATES
CABLEGRAM

Prefix	Code
WORDS <i>20</i>	CHARGE <i>2 1/2</i>

SENT

At _____

To _____ By _____

VIA WESTERN UNION

FOR STAMPS

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

26/6/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS JAMES HANN,

TROUTRIVER BONNE-BAY (Newfoundland)

PLEASE WIRE FIVE POUNDS TO MINISTER MILITIA STJOHNS

FOR TRANSFER TO LONDON

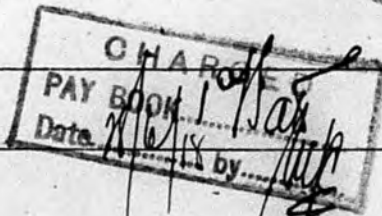
CHARLES HANN

Charge a/c 3836



*40
20
60*

15/2



Authorised.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature

Address **58 Victoria St. S.W. 1.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

June 11th 18

3536

Pte C Hann

Has permission to draw
27 (two Pounds) from
his Ac. Subject to your
approval

Hann

Hil Talbot

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE,
Ref. No. 5292
 Acct. No.
 Adm. No.
 P & R
 R & C

O.S.

L-2-0-0

9450/56/13/6/18

J.P.B.

12/6/18

[Large signature]

9450/56

9450/56

Esher Red Cross
Esher.

12th June 8

3836 Pte,

C. Hann,

2:0:0

8220

th

RB 14/6/18

Sir

Will you kindly advance me the sum
of £1 from my account & oblige

3886 Pte. C. Hann.

R N F L D Regt

C Hann. ~~W~~ W's Mark.

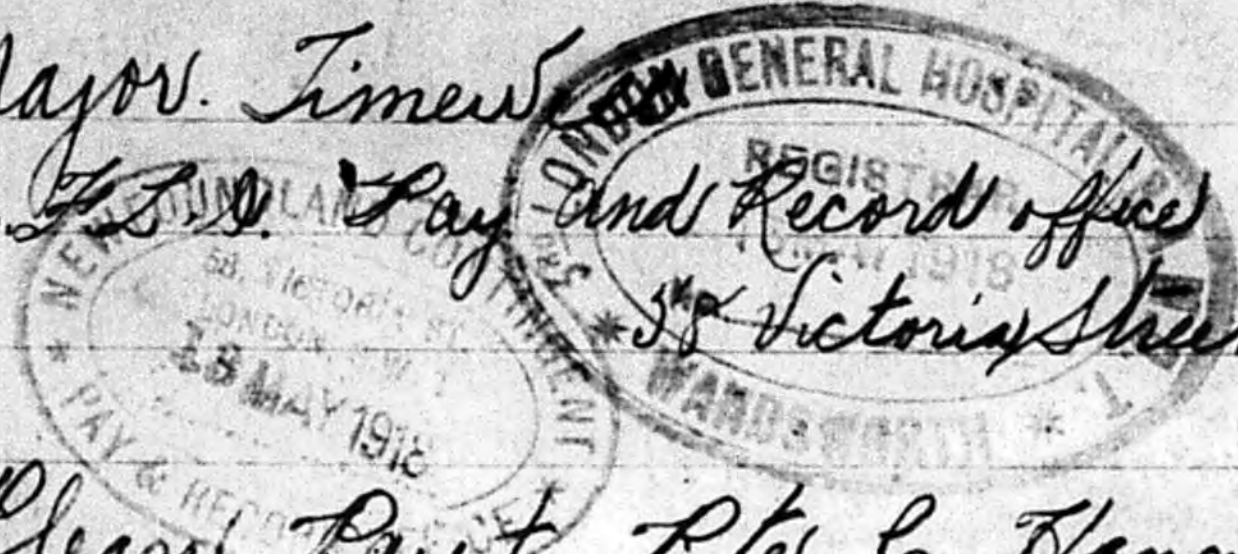
Approved
S. H. M. G. H.
Capt. Hann.

OK
R. 1.0.0
J. P. B.
Rec. No. 739



Mayor. Timew

N. L. S. Pay and Record office
58 Victoria Street



Please Pay to Pte. C. Hann 3836
to sum of one Pound £ 1 0 0



Ok. £1.0.0 to Pte. C. Hann
Receipt No 7116
13. 5. 18 8. 11
Approved
[Signature]

Pte. C. Hann.

No. 2936 Rank Pvt Name Stann

Pvt Stann

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			50
Net Rate			60

N.E.P/33
6h

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate: \$ / £ s d						
						From	To								
Balance					Balance		15 ² / ₁₈				2	0	11	✓	
Acquittance Rolls	2	15	0		Pay @ Net Rate	16 ² / ₁₈	16 ⁷ / ₁₈	151	60	90	60	18	12	4	✓
Hospital Advances	2	4	6									1	0	10	✓
A.B. 64.															
P.&R.O. Payments		8	0												
					<i>P.A. 10 days @ 1/1</i>										
<i>Loaf'd Pay</i>		2	5	2											
<i>Other Stoppages</i>			4	2											
<i>Cash. 8130</i>	15 ⁷ / ₁₈	5	15	0	5.15.5	17 ⁷ / ₁₈	25 ⁷ / ₁₈	9	60	5	40	1	2	2	✓
					103										
<i>" 8276</i>	25 ⁷ / ₁₈	1	12	0	1.12.5										

~~21.14.7~~ ✓

22.16.3

~~15.18.10~~
21.3.10
[Signature]
15/7/18

FILE BRAND
INITIAL

[Handwritten initials]

See

NEW ZEALAND GOVERNMENT
30 MAY 1918
PAY & RECORD OFFICE

Will you kindly advance me the sum of
one Pound from my account & oblige
3836. Pte. E. Hoann.

R. N. F. L. D. Regd.

E. Hoann (His Mark)

LONDON GENERAL HOSPITAL R.A.F.
27 MAY 1918

O.K. £1.0.0 M/c.
27/5 Recept No 7415

approved
R. H. S. M. G. W. L.
Capt. H. C. M. G. W. L.



KB. 7K #1
BRANCH 18
INITIAL
18
18

to Major Linnell R. Old Pay, Record
Office Sir Please Pay to 3836 Pt to Harris
Rec'd Pay the sum of £^{me} 1. 0. 0
on account of what may be due
him agree Pt to Record

Approved
J. C. Hall
Capt.



June 25th

1918

H. R. Newfoundland Regt



"Pay to" No. 3836. Pte C Mann

The sum of £. 2-
- two Pounds - -


 £2-0-0
 26/6/18
 H. R. V.

approved
H. R. V.
Col. Red X Hosp

Rec. No.
7906

STATION Red Cross Hospital "Eber"

Hann, E

3836

Sept

July 22, 1919

#3836 Pte. Charles Hamm,
Trout River,
St. Barbe Dist.

Dear Sir:-

Please find enclosed Discharge Certificate #3161.

Yours truly,

Captain & Raybaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3836 Rank Plt Name James C
 Intended place of residence Trout-River

2. Occupation Fisherman
 Classification of soldier E Medical Category A-1

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 3 1919

W. A. Grant
 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

Chas X Barry
 Signature of soldier
W. A. Grant
 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

James C Newman
 Signature of soldier
W. A. Grant
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-6-17 No. of days on Military
 Discharged from service 5-7-19 Plus 14 days Service 779

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 5 1919

R. H. Lat Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 19/1919

W. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

art B 2079 / 3161 -

The Royal Newfoundland Regiment

Class for Demobilization: 96

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 2.7.19

Regimental No 3836

Name Hamm Chas

Rank 96

Address Trout River

Present Medical Category A+

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

Ret Lt Col Major
O.C. Discharge Depot.

J. P. ...
Senior Medical Officer

D. W. ...
M. O. Depot

The Royal Wld. Regiment

DEMOBILIZATION

No. 3836 Rank _____

Name *Hamm C* _____

Warned for demobilization on

JUL 3 1940

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3436 Rank Plt Name Hannif
 Date of Enlistment 1.6.17 Address Leinster Road District St. George's
 Occupation Seaman Classification for Discharge E Medical Category AT
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
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 2.7.19 O. C. Discharge Depot. H. Hannif

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am Plt Hannif in a position to resume civilian occupation as a Seaman
 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.
 (b) Clothing Supplied _____

Date 3-7-14 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 2216 to his home at Franklin and Release Certificate No. 3160 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

H. J. Mins
Depot Paymaster.

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

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd.	" 3
B 179	D 400B	Form L.	do 3rd.	" 4
B 179a	D 400C	Form K.	do 4th.	" 5
B 179b	B 103	ME 2.		" 6
B179c	B 120	M 93.		

2 Form B

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.

Ham. L.

Signature of Man.

Reg. No. 3836

J. H. Brewster

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date **JUL 3 - 1919** 191

July 24, 1919

#3860 Pte. Charles Mann,
Trout River,
St. Harbe Dist.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

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..... *Charles* Surname..... *Hann*
3. Rank..... *Pte* 4. Regtl. No..... *3836*
5. Address in full to which future payments of gratuity are to be forwarded..... *Trent River Bourne Bay*
St Barbe District
6. Date of enlistment in the Regiment..... *June 11 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *No*
8. Relationship of such dependents..... *No*
9. Address in full of such dependents..... *No*
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Two years and*
Six weeks 1. $\frac{1}{2}$

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

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

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

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

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

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

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

19. Are you now serving in the Regt.? *no* If not give:- (a) Date of discharge *Mar 16/19* (b) Reason for discharge *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.
France Belgium Germany

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

Charles H. Hauer (return) *Boyle*

Place of Residence:

Troat Ave. Bonn Bay. St. Barth. District

Declared before me at:

St. Johns

This

3

day of

July 19*.1.5*.....

John McCarty

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

POST DISCHARGE PAY.

Date paid Paid Soldier. Paid Depend.

War Service Gratuity.

Net amount due

.....
.....
.....
.....

Certified correct.

Paymaster

ST. JOHN'S, JUL 3 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr C. Hamm

Billeting Soldtars as undermentioned

from June 1st /19 to July 5th /19

J. C. A.

3856 - Mr C. Hamm 36 00

ACCOUNT	<u>B 7 m</u>
GH NO	<u>2108</u>
INITIALS	<u>[Signature]</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$ 36.

[Signature]
Billeting Officer.

Casualty Form—Active Service.

Regiment or Corps *Royal Newfoundland*
 Rank *Pte* Surname *Hamm* Christian Name *Charles*
 Religion *Crest.* Age on Enlistment *18* years *10* month
 Enlisted (a) *1-6-17* Terms of Service (a) *Duration* Service reckons from *1917*
 Date of promotion to present rank Date of appointment to present rank
 Extended { } Re-engaged { } Qualification (b)
 Occupation *Fisherman* Signature of Officer. *[Signature]*



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...	3 FEB 1918	
			Disembarked...	6 FEB 1918	
			Joined Battalion	15 FEB 1918	
	<i>Platoon</i>	<i>Awarded 10 days P.M. 1</i>	<i>Field</i>	16/3/18	<i>O1810 14/8</i>
		<i>Wounded in Action</i>		23/4/18	<i>B43 14/8</i>
	<i>10th Coy</i>	<i>1st SWBach</i>		17/4/18	<i>S.D. 21 12/4/8</i>
	<i>14 (Det) M</i>			" "	<i>W3034 17/4/8</i>
<i>3.5.18</i>	" "	<i>Trans to Eng for "Cambria"</i>		3.5.18	<i>W 3083</i>
		<i>(aw. Buttrock)</i>			
		<i>W. J. Torrance</i>			
<i>13/5/18</i>					<i>Infantry Section</i>
					<i>G.M.S. 3rd Ech.</i>

[Handwritten signature]

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shucrag-Smith, &c. W. 21824—M183 1000m 1/17 (27227) S.P. & Co., Ltd. Forms B.103/4. E.1354. [P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of 1st Newfoundland

Number of Sheets First
Signature of O. C. Company J. Clift Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Hann. Chas.</u>	Age on	<u>18</u> years <u>10</u> months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<u>St. John's</u> <u>1-6-17</u>	
Joined		Date	Period of	with Colours <u>49</u> years. with Reserve <u>2-365</u> years.	Place of Birth
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hazley Down Camp.</u>	<u>10/10/18.</u>	<u>Pte.</u>		<u>Absent from 10001 till 1500 11/10/18. (15 hrs.)</u>	<u>Sergt. Fitzpatrick</u>	<u>7 days 6B.</u>	<u>12/10/18.</u>	<u>Lt. Col. B. J. Barton DSO</u>	<u>Fine 1 day</u>
				<u>Demobilized St. John's. 19 7/9</u>					

To be carried over

The Royal Newfoundland Regiment

2/3/4
38

DEMOBILIZATION OF

Reg. No. 3436 Rank Plt Name Hamm
 Date of Enlistment 16.17 Address Leaute River District St. John's
 Occupation Federman Classification for Discharge E Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	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 2.7.19 O. C. Discharge Depot. Hamm

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am hit in a position to resume civilian occupation as a Federman
Leaute River

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
 (b) ~~Clothing Supplied~~

Date 3-7-14 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B2216 to his home at Forest River and Release Certificate No. 3160 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

H. J. [unclear]
Depot Paymaster.

Discharge approved for

Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Handwritten notes: '2' next to B 103, '2 Form B' next to D.F. 3.

Date

3-7-19

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

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

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

Reg. No. *3836* Rank *Plt* Name *Harold*
Attested Address *Trout River*
Allotment Allottee
Date of Allotment Returned from Overseas
Returned on S.S. Cause

2.7 19

5.7 19

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION.



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 *Char. Ham*

Regiment from which discharged **Royal Newfoundland**

Regimental number *3836*

Intended address *Trout River*

Height on discharge *5* Feet *10*

Color of hair on discharge *Auburn*

Complexion *fair*

Color of eyes *blue*

Descriptive Marks *U.S.W. Left buttock*

Figure on discharge *tall*

Christian name of Father *James*

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 *Trout River, Aug. 20, 1898*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Char. Ham* *MR.*
(Rank)

Station *St John's* Date *1-9-19*

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 i/c Hospital.
Unit or Command Depot.

Station _____ Date _____

DEPARTMENT OF VETERANS AFFAIRS

OTTAWA 4, ONTARIO

To **COPY FOR H.O. FILE**

Date JANUARY 31, 1968

Attention of

NAME **HANN, Charles**

SERVICE **3836**
NUMBER **ROYAL NFLD**
REGT WW1

C.P.C. No. **260372**
W.V.A. No. **202049**

NAVY
ARMY
R.C.A.F.

The DEPARTMENT has received information from

SENIOR PENSION MEDICAL EXAMINER ST. JOHN'S NEWFOUNDLAND JANUARY 24, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death JANUARY 18, 1968

Cause of Death

Place of Death VETERANS PAVILION GENERAL HOSPITAL

Name and Address of next of kin (if known)

Copies to: **W.S.R.**
V. I.
~~NAVY~~
~~ARMY~~
~~D.O.~~
H.O.

} Destroy form if advice of death already received.

W.B. Corcoran

for
Chief, Central Registry