



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5498 Name James J. Hann, Corp Regt E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>James J. Hann</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</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, James J. 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.

James J. Hann SIGNATURE OF RECRUIT.
James J. Hann Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James J. 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 15th day of May, 1918.

Signature of Attesting Officer C. S. Dicks 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 completed with. I accordingly approve, and appoint him to the

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

Date

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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5498 Name James J. Hann, Corp Regt E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>James J. Hann</u> |
| 2. What is your full Address? | 2. <u>Harlowe</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</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, James J. 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.

James J. Hann SIGNATURE OF RECRUIT.
J. J. Hann Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James J. 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 25th day of May 1918.

Signature of Attesting Officer A. S. Dicks 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

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)

C.R. 5498

Extract from Daily Orders Part II Unit The Royal Wfld. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/o Records from 8 6-8-19.

5498 Pte. J. Hann.

C.R. 5498

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

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 23-7-19

5498 Pte. J. Hann.

C.R. 5498

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

5498 Pte. J.Hann.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

5498

C.R.

Extract from Daily Orders by Major M.S. Sullivan,
Commanding Nfld. Forestry Companies. 28-11-18.

5498 Pte. J. Hann.

Having reported from the 2nd Bn. Royal Nfld. Regiment
is attached to the strength from 26-11-18 and posted to
"G" Company for rations.

C.R. 5498

Extract from Daily Orders part 11 Depot St. John's dated Sept. 16/1918

5498 L/C J. Hann

Overstaying leave from Tattoo 1-9-18 till 13-9-18 deprived from
Lance Stripe.

C.R. 5498

Extract from Nominal Roll Entained at St. John's for
Overseas Sept. 22, 1918. "H"

5498 Pte. Hann James.

C.R. 5498

Extract from Daily Orders Part 11 Unit The Royal Wfld Regt.
St. John's, dated August 14-18.

~~5498~~ Pte. J. Hann.
5498

To be L/Cpl. from 14-8-18.

C.R. 5498

Extract from Daily Orders Part 11 Unit The Royal Nfdl.
Regt. St. John's, dated Aug. 22, 1918.

5498 E/C. J. Hann.

Granted leave from 22-8-18 to 1-9-18.

C.R. 5498

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regt. St. John's, dated May 30th, 1918.

#5498 Pte. J. J. Hann.

Attested for General Service with the Royal Wfld. Regt.
from 28.5.18.

J. Hann

C.R.

5498

~~1180~~

No. 5341/779

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

5th April 1919

5498 Pte. Hann J.J.

With reference to the following telegram from the Minister of Militia / / (118)

"Pay to-5498 Hann

£4. 0. 0.

Cheque £ 4. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.P. Hunt
Chief Paymaster & O. i/c Records.

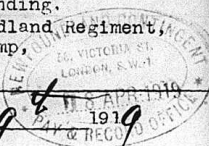
Receipts hereunder

Account
Officer Commanding
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £4. 0. 0
Four pounds in respect of telegraphic remittance from the Minister of militia.

J. Hann
No. 5498 Rank Pte.

Witness *Geo. Perry* i/c



Hann, J

5498

Joseph

August 6th 1919.

#5498. Pte. J. Hann,

Lamaline.

Dear Sir:

Enclosed please find Discharge Certificate
3414.

Yours truly,

Capt. O. I/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5498 Rank. Pvt. Name. Hann J.
 Intended place of residence. Lamaline

2. Occupation Intermar
 Classification of soldier. 2 Medical Category A7

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 9 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 9 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 9 - 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 28-5-19 No. of days on Military
 Discharged from service. 23-7-19 Plus 14 days Service. 436

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, 14 twenty-eight days from date.

Place, ST. JOHN'S
 Date JUL 13 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place, ST. JOHN'S
 Date August 6/1919
 Officer in Charge
 The Royal Newfoundland Regiment

AD B 2044/3414

4
30
31
6
71

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 *8.7.19*

 Regimental No. ... *5498*

 Name *Hann James Jr*

 Address *Lambline*

 Present Medical Category *Aj*

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

Members of Board {

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

H. P. ...
 Senior Medical Officer

W. Berden
 M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5498 Rank PLC Name James J. Hann
 Date of Enlistment 28.5.18 Address Londrye District Belmont
 Occupation Fisherman Classification for Discharge R Medical Category A I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
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 8.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

James J. Hann

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £100.00
 (b) Clothing Supplied None

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2865- to his home at Lavaline and Release Certificate No. 3356 issued.

Date 9-7-19 *J.A. Smalley*
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 6-8-19

Date 9-7-19 *J.M. Smith*
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
F 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		

2 Form B

Date 9-7-19 *J.A. Smalley*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 23 1919

Date *J.R. Cooper Capt*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation,

James J. Hann

Signature of Man.

Reg. No. 5498

J. J. Chavaleff
Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

9-7-19.

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

MEDICAL HISTORY

OF

Surname Hain

Christian Name James J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Lanvaline

County Yea.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	28 th	May		
at	<u>Sydney.</u>		at	
Declared Age	18	years		years
Trade or Occupation	<u>Fisherman.</u>			
Height	5	feet 5 1/2		feet inches
Weight	135	lbs.		lbs.
Chest Measurement	Girth when fully expanded	32		inches
	Range of Expansion	2		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R. E.—V=	6/9	R. E.—V=	
	L. E.—V=	6/9	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>James Paterson</u>			
(Rank)	<u>Major</u>			Medical Officer.
Enlisted	at	<u>Sydney.</u>	at	
	on	28 th day of <u>May</u>	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment	<u>Royal Yea. Regiment.</u>			
		<u>5498.</u>		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 H. Artillery Band*
2. Regtl. No. *5498* 3. Rank. *Pvt*
4. Name *Hann* *James*
(Surname) (Christian Name)
5. Age last birthday. *19*
6. Posted for duty on..... at.....
in category (or grade).....
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 (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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

15. What is his present condition ?

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

He complains of no disability

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.

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

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W. E. Proennis *Capt*
Almeida

Station *Hazley Down*

Medical Officer in charge of case.

Date *9/14/19*

* 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



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 Office 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 *James J. Hann*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *5498*
 Intended address *Lamaline*
 Height on discharge *5 Feet 6*
 Color of hair on discharge *Dark Brown*
 Complexion *Fair*
 Color of eyes *Gray*
 Descriptive Marks *—*
 Figure on discharge *Medium*
 Christian name of Father *Leod*
 Christian name of Mother *Abelina*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*
 Place and date of soldier's birth *Lamaline 27-6-1899*
 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)

James J. Hann

(Rank) *Plc*

Station

ST. JOHN'S.

Date *July 5-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Station

Date

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

August 15, 1919

Mr. James Hann,
Allans Island,
Lemaline.

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..... *James* 2. Surname..... *Hann*
3. Rank..... *Private* 4. Regtl. No..... *5498*
5. Address in full to which future payments of gratuity are to be forwarded..... *Allans Island, Lunenburg*
6. Date of enlistment in the Regiment..... *28 May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Not none*
8. Relationship of such dependents..... *—*
9. Address in full of such dependents..... *—*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *—*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *only in Nfl. Reg.*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *13 months*
..... *13*

James J. Hanra

Signature of Applicant:

Place of Residence:

Allons Island Lameline

Declared before me at:

St. Johns

This

1946

day of

July

19*46*....

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

M. J. ...

POST DISCHARGE PAY.

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

Certified correct.

Registrar

RECEIPT
FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

CR 5498

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

NAME. James John Hann

DATE. Nov 28th 1919.

PLACE. Allans Island
Samalins

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

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

James J. Hann

in respect of his service as No. 5498 Rank Pte.

Name H. H. Hann Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Thursday Oct 20 1921

Signature James J. Hann

Date Oct 27 1921

Address Allans Island Lamaline

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

The Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

C. B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <i>14-5-18 promoted to Lt. Col. Rec'd 6-18-18 13/9/18.</i>
No.	<i>James G. Mann</i>	Age on	<i>18</i> years <i>5</i> months	<i>Fisherman.</i>	
Joined	Date	Place and Date of Enlistment	<i>St Johns 29-5-18.</i>	Religion	
Joined	Date	Period of } with Colours / <i>1 1/2</i> years. with Reserve / <i>3/4</i> years.	years.	Place of Birth <i>Halifax</i>	
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Chief of District	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Princes Point</i>	<i>13/9/18</i>	<i>Pvt.</i>		<i>Overstaying leave from</i> <i>tattoo 1/10/18 till 6-27-13/9/18</i>	<i>1/10/18</i>	<i>deprived of lance</i> <i>Corpl. Drape</i>	<i>13-9-18</i>	<i>Capt. J. James G. C.</i>	<i>10/18.</i>
				<i>Demobilized</i>	<i>St John's</i>	<i>6 1/2</i>			

To be carried over.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5498 Rank Private Name James J. Hann
 Date of Enlistment 28.5.18 Address Levalleye District Beauséjour
 Occupation Fisherman Classification for Discharge 16 Medical Category I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 8.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am James J. Hann in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £10.00

(b) Clothing Supplied None

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2865- to his home
at Jarvalme and Release Certificate No. 3356 issued.

Date 9-7-19

J.A. Knowlton
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 6-5-19

Date 9-7-19

F.M. Hill
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	X N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	
R 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
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 9-7-19

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919

J.R. Cooper
for O. C. Discharge Depot.

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

Date July 21/19

Reg. No. *1494* Rank *Pl* Name *Haw James*

Attested Address *Lamaline*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

Q.Y. 19
23.4 19

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 7. Former Trade or Occupation } Intermar
2. Regtl. No. 5498 S. Rank..... Plt 7a. If the soldier claims previous service in Army, he should state—
4. Name Hann..... James J.
(Surname) (Christian Names)
5. Age last birthday..... 19
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. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability. nil
12. Place of origin of disability. nil
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. nil

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

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

15. What is his present condition?

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

He complains of no disability

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?

Refutation

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.

W. Procmier - Capt. Rame

Medical Officer in charge of case.

Station *Donkey Dam*

Date *2/4/19*

* 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