



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4863 Name John Hardy C/ser

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

- |   |                                     |
|---|-------------------------------------|
| 1. What is your name? .....   | 1. <u>John Hardy</u>                |
| 2. What is your full Address? .....   | 2. <u>East Ave. Prague</u>          |
| 3. Are you a British Subject? .....   | 3. <u>yes</u>                       |
| 4. What is your age? .....  | 4. <u>29</u> Years . . . . . 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 .....<br>Corps .....       |
| 11. Are you willing to give upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>                      |

I, John Hardy 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.

John W. Pittman SIGNATURE OF RECRUIT.  
John W. Pittman Signature of Witness.

John Hardy 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 Prague on this 1 day of May 1915.

Signature of Attesting Officer James Smith

### †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 ..... 1915  
 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.

Name John Hardy  
 Apparent age 20 years 0 months. Height 5 feet 1 1/4 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 { Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Hardy  
Portland, Oregon | 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>1-5-18</u>									<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em;">27</span> </div>
Joined at <u>St Johns</u> on <u>May 1-1918</u>									
<u>Discharged</u> <u>August 11 1919</u>									
<u>Embarked St Johns train to Halifax N.S. 11 78</u>									
<u>Remained in Halifax N.S. 7-7-18</u>									
<u>Took to Colby Hospital for Sept 17-18-18</u>									
<u>To Hospital for demobilization 24-6-1919</u>									
<u>Arrived to embarkation 1-7-1919</u>									
Total Service forfeited as above <u>Demobilization St Johns 5-8-19</u>									
Total Service towards Engagement to <u>5-8-1919</u> (date of discharge) <u>1</u> years <u>97</u> days									
Pensions _____									

J. P. Hardy.

4863.

P. + P.

March 26 1912

Channel

C.R. 4863

Sir

I Am Writing to you for  
Information Regarding the  
Medal Ribbons I Have Received  
one Ribbon And I Want to  
Know If I Am Entitled to the  
Victory Ribbon I See that All  
the other Returned Boys Got  
Both so I Wish to Know the  
Reason I Am Not Entitled to  
the Both as Well Hoping to  
Receive it soon I Am Sir At your  
Service

John R Hardy  
Regt (4863)  
Channel

Apr 15/12

C.R. 4863

Dec. 26th, 1919.

4863 Ex. Pts. J.R. Hardy,

Channel.

Dear Sir:-

Enclosed please find a piece of General Service Riband and receipt form, kindly sign same and return to us.

This Riband has been forwarded to you about two months ago but must have been mislaid.

Yours faithfully,

2/Lieut.

Casualty Officer.

Channel  
Dec 18/2/1911

(Sir)

In Reference to the  
Military Ribbons  
Which I am Entitled  
to, I Have Been Discharged  
from the 4th Regiment  
Since July And  
Have Not Received My  
Amount of Ribbon  
As Yet So Please  
If It Is Not Too Late  
For My Amount of Ribbon  
To Be Sent Me  
Please Let Me Have  
It As Soon As Possible  
I Remain Sir Yours  
Truly John R Hardy



Royal Wld Regiment  
Official No 4863

John K Hardy

Channel East-End  
Wld

Recd to R

C.R. 4863

Extract from Daily Orders Part II Royal  
Newfoundland Regiment. Depot St. John's  
dated Aug. 14th 1919.

The discharge of the undernoted on demobilisation  
has been CONFIRMED by officer i/c records from  
5-8-19.

4863, rte. John Hardy.



C.R. 4863

Extract from Daily Orders Part 11 Unit The Royal WFLD.  
Regt. St. John's, July 22, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.C. Discharge Depot with effect from 22-7-19.

4863 Pte. John Hardy.

C.R. 4. 863

Extract from Daily Orders Royal Field Artillery, The Royal Field Artillery,  
Regt. St. John's, July 3rd, 1919.

4863 Pte. J.R. Hardy.

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

C.R. 4863

Extract of ORDERS BY LT. COL. B.J. BARTON, DISO.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,  
20/11/18.

---

The undermentioned having reported from the Hospital is  
taken on the strength of the Battalion and posted to E  
Co'y as from

#4863 Pte. J.R. Hardy.

17/11/18.

C.R. 4863

July 3rd 1918.

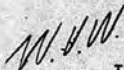
Mr. John Hardy,

Port aux Basques.

Sir,

The following information has just been received that your son 4863 Pte. John Hardy, who left here with the last draft is now in Hospital at Halifax.

Yours faithfully,



Lieut.

for Lieut. Colonel.

C.R. 4863


June 26, 1918,

Mr. John Hardy,  
Port au Basque.

Dear Sir:-

We are in receipt of a communication from Captain Huns, Officer Commanding draft at Halifax, stating that your son #4863 Pte. J. Hardy was operated on for Appendicitis, forty minutes after his admittance to Hospital. The operation was entirely successful, and Pte. Hardy is now doing very well.

Yours faithfully,

  
Lieut.  
for Lieut. Col. C.S.O.

C.R. 4863

Extract from Telegram received from Captain J. Nunns  
Halifax N.S. to Major Montgomerie, Militia. dated  
June 21, 1918.

4863 Pte. J.R. Hardy operated on last night appendicitis  
and doing very well leaving the 24th.



C.R. 4863

Extract of Nominal Roll who is attached to the Embarkation  
Casualty Section No.6 District Depot, At Present.

4863 Pte. Hardy, J.

Hospital T.O.S. 24-6-18.

MLL.

C.R. 4865

Extract of Casualties from O.C. Draft, Royal Newfoundland Regiment,  
D.O.C., H.Q., dated 24/6/18.

4863 Pte. J.R. Hardy

In Hospital particulars forwarded, A.P's B, 178a, with medical authorities  
all other documents in charge of Adjutant Casualty Company, Wellington  
Barracks, Halifax.

## 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.

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 Militia Dept.

Line Number	Red	By	Sent	by	Check

Dated June 21st 1916.

To John Hardy, Esq.

Port aux Basques.

Req to inform you that your son 4865 Pte J.H.Hardy now in hospital at Halifax operated on for Appendicitis doing well.

W.F.Rondell,

Lieut.Col. C.S.G.

for Minister of Militia.

## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 6 Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Class 23 No. 16x N.F.

Place from Halifax N.S. 20

To Majors Montgomerie  
Militia

JUN 21 1918

4863 Private J R Hardy operated on  
last night appendicitis and doing very  
well leaving the 24<sup>th</sup>

J Nuans  
Captain

2 copies

C.R. 4863

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

4863 Pte J. Hardy.

Embarked for Overseas with draft 11-6-18.

C.R. 4863

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

#4863 Pte. John Hardy.

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



FORM K



Nº 4225 a



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, John R Hardy, Regl. No. 4863  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and Sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3992	Father	John Hardy	Port-aux-Basques	
Total Allotment, \$				60 <sup>4</sup>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) James Stewart  
Officer Commanding

(Sig.) John R. Hardy

(Rank) Pte

St John's  
May 23rd 1918  
Company

The Chief Paymaster.



The beaver 4863. Ota Hardy is  
apparently in credit to the extent of  
four months although debited  
in our books will you please  
verify his account with his  
Statement. P

2/5/19.

J. M. Evers

O.C. "C" COY.  
27th ROYAL NEWFOUNDLAND REGT.

Receipt no 2270  
2/5/19  
P. H. K. #12  
J. M. Evers

Hardy, J. L.

4863

May - Sept.



NOTIFIED PER N.F.P. 64

REG. No. ....

1st BN. ....

2nd BN. ....

F.C. ....

By: *[Signature]* C.R.D.

Total \$60 00

Department of Militia,  
 St. John's, Newfoundland.  
 Dec 16th 1918.



*[Signature]*  
 Paymaster.

Certified that the above stoppages have been made and ..... Debited *[Signature]*  
 Department of Militia, St. John's, Newfoundland.

Dated at London,  
 13-1-1919

*[Signature]*  
 Paymaster and officer in Charge of Records.



## CANADIAN PACIFIC R.Y. CO.'S TELEGRAPH

FORM T. D. 20

## NIGHT LETTERGRAM

J. McMILLAN, Manager Telegraphs, Montreal.

Sent No.	Sent By	Rec'd By	Time Sent	Time Filed	Check

Send the following night lettergram, without repeating, subject to the terms and conditions printed on the back hereof, which are hereby agreed to.

Halifax, N. S.; October 3/18.

2833

PAYMASTER DEPARTMENT MILITIA  
ST. JOHNS NEWFOUNDLAND.

CONFIRMATION.

ONE HUNDRED EIGHT CAN YOU AUTHORIZE ME TO ADVANCE THIRTY  
DOLLARS TO FOUR EIGHT SIX THREE PRIVATE J.R. HARDY ROYAL  
NEWFOUNDLAND REGIMENTAED/WTR  
CHARGE ACCOUNT.*W. T. Ruggles Capt*  
PAYMASTER  
*WTR*



FORM K

Nº 4225



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, John R Hardy, Regl. No. 4863  
hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz. :

*Allotment begins 1st June 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3992	Father	John Hardy	Port-aux-Basques	
Total Allotment, \$				<u>60<sup>9</sup></u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) *James Street*  
Officer Commanding  
A Company  
St. John's  
May 23rd 1918

(Sig.) *John R Hardy*  
(Rank) *Pte*

No. \_\_\_\_\_

# ACQUITTANCE ROLL ALL ARMS

# 4863 P15 J. R. Hardy (Squadron Battery Company) of the Royal Mts Reg  
 Place: Malaya, Q. 15 # 118

REG. NO.	RANK AND NAME	CASH PAYMENT	RECEIPT OF SOLDIER
4863	P15 J. R. Hardy	9410 30 00	4863 P15 J. R. Hardy
	Pay. ch. 4119		
	<i>Paymaster Capt</i>		
	<i>Paymaster</i>		
	<i>OFFICER</i>		
	<i>NO. 10 DOWNS</i>		
	<i>OCT 15 1918</i>		
	<i>COMMANDING</i>		
	Total.....	30 -	Total in Words: <u>thirty dollars</u>

I certify that the above amounting to thirty dollars

was paid by me this day  
*J. R. Ruggles Capt*  
 Signature of Paymaster making the payment.  
 from m 56

(TO BE PREPARED IN TRIPLICATE)

No. ....

# ACQUITTANCE ROLL ALL ARMS

# 4863 Pte J. R. Hardy

Squadron  
Battery  
Company

of the

Royal W. Reg.

Place

11th Lian

20/5/45

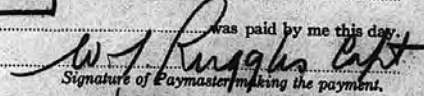
11/5

REGUL. NO.	RANK AND NAME	CASH PAYMENT		RECEIPT OF SOLDIER
4863	Pte J. R. Hardy	940	30 00	4863 Pte J. R. Hardy
Total.....		30	-	Total in Words: <u>thirty dollars</u>

I certify that the above amounting to

thirty dollars

was paid by me this day.

  
 Signature of Paymaster making the payment.  
 from m 56

M. F. W. 5.

10th pads of 100-3-17  
H. O. 1772-30-920.

August 5th 1919.

#4865, Pte. John Hardy,  
Port aux Basques.

Dear sir:

Enclosed please find Discharge Certificate  
# 3366.

Yours truly,

Capt. &  
Officer i/o Records.

RS/.

August 24, 1919

Mr. John Hardy,  
Port au Basque.

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 *John R. Hardy* 2. Surname *Hardy*  
3. Rank *Pte* 4. Regal. No. *4863*  
5. Address in full to which future payments of gratuity are to be forwarded. *Post aux Basques*  
6. Date of enlistment in the Regiment. *May 1918*  
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 on Nfld. If so, give dates and particulars of such service. *England only*  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *1 yr 1 mo*  
..... 12



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.? If not give: (a) Date of discharge.

*No*

*July 1919  
Imp*

*Aug 5/19*

*Demob*

(b) Reason for discharge.

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.

*No England only*

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: *John A Hardy*  
 Place of Residence: *Postaux Basques*  
 Declared before me at: *St Johns*  
 This *8th* day of *July* 19*19*

*Richard D. Cozby*  
*R.D.C.*

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

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

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:

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

Certified correct.  
 Signature of Applicant:  
 Place of Residence:  
 Declared before me at:

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4865 Rank PC Name Hardy John  
 Intended place of residence Port-au-Borgue

2. Occupation Fisherman  
 Classification of soldier E Medical Category A L

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 8 1919

*J. Newell*  
 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 8 - 1919

Date .....

*John R Hardy*  
 Signature of soldier

*J. A. Snow*  
 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 8 - 1919

Date .....

*J. R. Hardy*  
 Signature of soldier

*James O'Sullivan*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No. of days on Military  
 Discharged from service JUL 22 1919 Plus 14 days Service 462

### 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 22 1919

Date .....

*L. R. Cooke Capt*  
 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 5/1919

Date .....

*M. Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*2273 2079/ 3566*

31  
30  
31  
5

# The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

1.7.19

Regimental No. 4863

Name

Hardy, John

Address

Port-au-Basque

Present Medical Category

Ai

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

Members of Board

R. H. Lant  
O.C. Discharge Depot.

H. Lant  
Senior Medical Officer

Geo. S. Lee  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4865 Rank Plt Name Hardy, James  
 Date of Enlistment 1-5-18 Address Port au Port District St. Joseph's  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.P. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

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

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. g R Hardy

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable 8.65
- (b) Clothing Supplied [Signature]

Date 8-7-19 O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. P2242 to his home at Port-au-Prince and Release Certificate No. 3316 issued.

Date

8-7-19

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 5-8-19

Date

8-7-19

H. H. H. H. H.  
Depot Paymaster.

Discharged approved for

22-7-19

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

N.F. P36	B 268	B 121	N.F. Med	1	D.F. 1	
B 178	W 3404	B 122	Board Ist.		" 2	
B 178a	D 400A	B 1915	do 2nd	1	" 3	<u>2 Kom B</u>
B 179	D 400B	Form L	do 3rd		" 4	
B 179a	D 400C	Form K	do 4th	1	" 5	
B 179b	B 103	ME 2			" 6	
B179c	B 120	M 93				

Date

8-7-19

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 22 1919

J.R. Cooper Capt  
for 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.

*John R. Sturdy*  
Signature of Mar.

Reg. No. 4868

*J. Knowlton*  
Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*8-7-19.*

191



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

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

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *4863* S. Rank..... *PTE*
4. Name *Hoidy*..... *John R.*  
(Surname) (Christian Names)
5. Age last birthday..... *21*
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  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

*No Complaint of no Dis ability*

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.)*

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 ?

*Reputation*

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.E. Hoemier, R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hazley Down*  
 Date *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





## 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 *John R. Sturdy*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4863*

Intended address *Pont-Aux-Basque*

Height on discharge *5 Feet 3*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *Appendicitis*

Figure on discharge *Short*

Christian name of Father *John*

Christian name of Mother *Beard*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

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

Place and date of soldier's birth *Pont-aux-Basque 18-10-age. 21-1898*

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) *John R. Sturdy*

(Rank) *C/2*

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.



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

Station

Date

RECEIPT FOR ISSUE OF  
RIBAND OF BRITISH WAR MEDAL-1914-1919.

---

4865

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

Name.....*John R Hardy*.....  
4865

(Date).....*Jan 21 19/20*.....  
(Place).....*Channel Field*.....

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.Number of Sheet *12*

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

*J. J. J. J.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
<i>4863</i>	<i>David J. J. J.</i>		<i>20</i>		
Joined	Date	Place and Date of Enlistment	Religion		
Joined	Date				
Joined	Date	Period of	with Colours	years.	Place of Birth
Joined	Date		with Reserve	<i>36</i> years.	<i>Port au Port</i>

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
									<i>Demobilized 5/19</i>

To be carried over

Army Form B. 121.



# The Royal Newfoundland Regiment

*D 4863*

## DEMOBILIZATION OF

Reg. No. *4863* Rank *Plt* Name *Hardy, John*  
 Date of Enlistment *1-5-18* Address *Carlton Place, District of St. John's*  
 Occupation *Fisherman* Classification for Discharge *A-1* Medical Category *H-1*  
 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 108	ME 2		" 6
B 179c	B 120	M 93		

Date *7-7-19* O. C. Discharge Depot *H. H. H.*

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. *of R. Hardy*

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*
- (b) Clothing Supplied *all clothes*

Date *8-7-19*

O i/c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2245 to his home at Patancheru and Release Certificate No. 5316 issued.

Date 8-7-19 *J.A. Howlett*  
Demobilization Officer

**4. Pay and Allowances.**

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

Date 5-7-19 *J.A. Howlett*  
Depot Paymaster.

Discharge approved for 22-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P386	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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 83		

*J.A. Howlett*  
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 22 1919 *J.R. Lodge Capt*  
O. C. Discharge Depot.

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

Date July 21/19 *J.H.*

Reg. No. 4863 Rank Plt. Name Hardy J.  
Attested ..... Address Post. Aust. Basques  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas JUL 1 1919  
Returned on S.S. Cassandra Cause Discharge

8.7.19 PASSED TO DEMOBILIZATION OFFICER  
22.7.19 ~~DISCHARGE~~ APPROVED ON DEMOBILISATION.

C.R. 4863  
1919

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi), 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. (1), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

- 1. Unit and Corps *Royal Newfoundland*
- 2. Regtl. No. *4863* 3. Rank *plc*
- 4. Name *Hardy* *John R.*  
(Surname) (Christian Names)
- 5. Age last birthday *21*
- 6. Posted for duty on ..... at .....  
in category (or grade) .....
- 7. Former Trade or Occupation } *Seaman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos. (b) Date of Discharge ;  
(c) Cause of Discharge.
- 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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

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

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

*No Complaint of any disability*

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.)*

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.

*Reparation*

*W. E. Proemier*

*Capt. Rasmie*

Medical Officer in charge of case.

Station *Longley Down* .. .. .

Date *9/4/19* .. .. .

\* 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.

C.R. 4863

April 1st, 1920.

#4863 Pte. J.R. Hardy,  
Channel.

Dear Sir:-

With reference to your letter of March 26th, in reply I wish to say that as you have not rendered approved services in a Theatre of War you are not entitled to the Victory Medal. The British War Medal is presented to those who have rendered services Overseas and having fulfilled these conditions you are entitled to this Medal.

Yours faithfully,

Lieut. Col.,

Chief Staff officer.