



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3550 Name John Hart Corps Co. F.

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. John Hart
2. What is your full Address? 2. St. John's Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years 10 Months
5. What is your Trade or Calling? 5. Tradesman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
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. Yes

I, John Hart 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.

Signature of Recruit: John Hart

Signature of Witness: James W. ...

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Hart 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 stated 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 19 day of Mar 1915.

Signature of Attesting Officer: Charles ...

†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).....



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3550 Name John Hart Corps Co. F.

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. John Hart
- 2. What is your full Address? 2. Island St. 2050.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 25 Years Months
- 5. What is your Trade or Calling? 5. Ironman
- 6. Are you Married? 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 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. Yes

I, John Hart 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.

19-3-17 SIGNATURE OF RECRUIT
John Hart
..... SIGNATURE OF WITNESS
James

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Hart 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 19 day of March 1917.
Signature of Attesting Officer Mark R. ...

†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 1917
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)

PERSONAL EFFECTS

Received from Militia Department

One Kit Bag of the ~~late~~ #3550 Pte. John Hart.

Date

June 25th 1918

Signed

Henry ^{his} *Hart*
X
Hart

Witness

H. H. de

C.R. 3550

Kune 22, 1918.

Mr. Henry Hart,
Island Harbour,
Fogo.

Dear Mr. Hart,-

I am writing to inform you that it is my regrettable duty to forward to you by "S.S. SEAL" one KIT BAG, which belonged to your son #3550 Pte. John Hart of The Royal Newfoundland Regiment.

Assuring you of my deepest sympathy in your bereavement and in the renewed sorrow which the receipt of these effects must entail.

I am enclosing herewith receipt, will you kindly sign same and return at your earliest convenience.

Yours sincerely,

Lieut.

for Lieut. Col. C.S.O.

Enc'l 1.

No. of Paper 1249

PERSONAL EFFECTS.

Name Staff J.

No. 3550

Rank Plt

Regiment

THE ROYAL NEWFOUNDLAND REGT.

Article

Where stored

Notified by

Kit Bag

Final disposal

Shipped from Depot

Remarks :-

R.I.A.
Next of Kin :- Mother :-
144 St Paul
Island St. John's

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 _____

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated

October 20, 1917.

To

Rev. J. O. Britnell,

Fogo.

Regret to inform you Record Office, London, today reports No. 3550, Private John Hart, son of Henry Hart, Island Harbor, was killed in action October ^{month} ~~sixth~~ ^{ninth}. Please inform relatives.

R.A. SQUIRES

Colonial Secretary

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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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 *J. M. Shubing* Address *Fogo*

| Line Number | Recd | By | Sent | by | Check |
|-------------|------|----|------|----|-------|
| | | | | | |

Dated October 20, 1917.

To Mr. Henry Hart,
Island Harbor,
Fogo.

Regret to inform you Record Office, London, today reports No. 3550, Private John Hart, was killed in action ^{month} October eighth.

R.A. SQUIRES
Colonial Secretary.

NOTE FOR OPERATOR

This message is not to be sent until receiving office notifies that message to Rev. J.O. Britnell, Fogo, has been delivered and acted upon.

FOR TYPEWRITER

C.R. 4739

No. 3550 Pte. Hart.

Extract of casualty list received from Pay & Record Office,

London dated Oct. 20th.

"Killed in Action, October 9th."

C.R. 35-6-8

Extract from Nominal Roll of Draft No. 25 Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland
Regiment B.E.F.

3550 Pte. Hart, J.

MP.

C.R. 3550

Extract from Nominal Roll embarked St. John's for Overseas
17/4/17

#3550 Pte. J. Hart

3550

C.R.

**Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt.m St. John's, March 19th, 1917.**

3550 Pte. John Hart.

Attached to the Strength March 19th, 1917.

C.N. 3550

Extract from Medical Board held on June 16th.
1919. The following were the findings.

3550 Pte. H. Warren.

Recommended discharge from the Army.

J. Hart

C.R. 3550

~~1880~~

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

MEDICAL HISTORY

OF

Surname Hart

Christian Name John

Table I.—GENERAL TABLE.

13 JUN 1917

Birthplace:—Parish _____

County _____

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|--|---------------------|------------------|------------|
| | Right | Left | Right | Left |
| Examined | on <u>19th</u> day of <u>March</u> 1917 | | on | day of 191 |
| | at <u>St Johns</u> | | at | |
| Declared Age | <u>25</u> years — days | | years | days |
| Trade or Occupation | <u>Fisherman</u> | | | |
| Height | <u>5</u> feet <u>10</u> inches | | feet | inches |
| Weight | <u>159</u> lbs. | | | lbs. |
| Chest Measure-ment | Grith when fully expanded ... <u>41</u> inches | | | inches |
| | Range of Expansion .. <u>5</u> inches | | | inches |
| Physical Development | | | | |
| Vaccination Marks | Arm | | | |
| | Number | | | |
| When Vaccinated | | | | |
| Vision | R. E.—V= | <u>6/6</u> | R. E.—V= | |
| | L. E.—V= | <u>6/6</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>Geo. Bowen</u> | | | |
| (Rank) | <u>Lieut</u> | | | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at <u>St Johns</u> | | at | |
| | on <u>16th</u> day of <u>March</u> 1917 | | on | day of 191 |
| Joined on Enlistment | Corps. | | Corps. | |
| | Regtl. No. | <u>3550</u> | Regtl. No. | |
| Transferred to | <u>4/1st Nfld Regt</u> | | | |
| Became non-effective by | | | | |
| | on | day of <u>L</u> 191 | on | day of 191 |
| (Signature) | | | | |
| (Rank) | | | | |

st in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Received
Received

Atchew Lt. Col. Amc
Major's Quarters Hospital

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documents.

ORIGINAL

REGIMENT OR CORPS Newfoundland

Squadron, Troop, Battery or Company

B Coy.

ST. JOHNS, N.F.L.D.

Regimental No. 3550

Rank

Private.

N.F.P. 38. No. 14507/153

Surname Huxy Hatt.

Christian Names

J.

DATE OF DEATH 21 DEC 1917

Died { Date 9/10/17. Place France or Belgium.

Cause of Death Killed in Action.



Nature and Date of Report B 213 d / 12/10/18.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____

By whom reported _____

State whether he leaves (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received
a Will or not (c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G. Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H.Q. 3rd. Echelon
Signature of Officer in charge of Section }
Date 15/10/17. Adjutant-General's Office at the Base }

2nd. Lt. Form 1/r

Office 1/c No. 1 Infantry Section.

Office Copy

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 3550

Rank

Royal Newfoundland Coy
Private

Name

Grant J

Died or Intestate at

France

on the

9th of October

191

7

Deserted at

on the

of

191

.

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.)

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|---|----|----|--|---|----|----|
| | Balance Dr. last month | | | | Balance Cr. last month .. 9 th 10/17 | 7 | 12 | 2 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at from to | | | |
| | 191 | | | | Messing allowance days at from to | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | Consolidated stoppage | | | | Amount of Savings Bank balance, including interest (if no balance, to be so stated) | | | |
| | | | | | Deferred Pay or Gratuity | | | |
| | Balance due by the Paymaster | 7 | 12 | 2 | Balance due to the Paymaster | | | |
| | | £ | 7 | 12 | | £ | 7 | 12 |
| | | | | | | | | 2 |

CHECKED.

J.H.
4/10/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 7 12 2 is correctly chargeable against the Public.

Dated at

day of

191

Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office under Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

Hart. Jhr

3550

Sept

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **3550** Rank **Private** Name **Hart. S**
 Died ^(a) **Intestate** at **France** on the **9th** of **October**. 191**4**.
 Deserted at _____ on the _____ of _____ 191 **.**

I Certify to the correctness of above in every particular.

 (Commanding Squadron, Troop,
 Battery or Company.)

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|---|----------|-----------|-----------|---|----------|-----------|-----------|
| | Balance Dr. last month | | | | Balance Cr. last month 9.10.14 | 4 | 12 | 2 |
| | Cash issue (Date of each issue to be stated) | | | | Pay days at from _____ to _____ | | | |
| | | £ | s. | d. | Proficiency, Service or good conduct pay days at from _____ to _____ | | | |
| | 191 | | | | Messing allowance days at from _____ to _____ | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from _____ | | | |
| | Consolidated stoppage | | | | | | | |
| | Balance due by the Paymaster | 4 | 12 | 2 | Balance due to the Paymaster | | | |
| | | £ | 4 | 12 | | £ | 4 | 12 |
| | | | | | | | | |

This account is in accordance with advices received at the Pay & Record Office to **519118** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

26
4/9/18

I hereby Certify that the above account is correct in every particular and that the debtor balance of **£ 4 12 2** is payable against the Public.

Dated at

this

day of



191 .

NEWFOUNDLAND CONTINGENT.

 CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS
 Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **3550** Rank **Private** Name **Hart. S**
 Died (a) **Intestate** at **France** on the **9th** of **October** 1914.
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|----------|-----------|-----------|---|----------|-----------|-----------|
| | Balance Dr. last month | | | | Balance Cr. last month 9.10.14 | 4 | 12 | 2 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at _____ from _____ to _____ | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at _____ from _____ to _____ | | | |
| | 191 | | | | Messing allowance days at _____ from _____ to _____ | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from | | | |
| | Consolidated stoppage | | | | | | | |
| | Balance due by the Paymaster | 4 | 12 | 2 | Balance due to the Paymaster | | | |
| | | £ | 4 | 12 | | £ | 4 | 12 |
| | | | | | | | | |

This account is in accordance with advices received at the Pay & Record Office to **579118** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

26
4/9/16

I hereby Certify that the above account is correct in every particular and that the debtor balance of £ _____ is chargeable against the Public.

Dated at _____

this _____

day of _____



191 .

W. H. ...
CHIEF PAYMASTER & OFFICER IN CHARGE
Paymaster.

- (a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B, 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE MAIL COPY

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

POST-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. **3550**

Rank **Private**

Name **Hart. S**

Died (a) **Intestate**

at **France**

on the **9th** of **October** 191**7**.

Deserted at

on the _____ of 191 .

I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|----------|-----------|-----------|---|----------|-----------|-----------|
| | Balance Dr. last month | | | | Balance Cr. last month 9:10:14 | 4 | 12 | 2 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at _____ from _____ to _____ | | | |
| | | £ | s. | d. | Proficiency, Service or good conduct pay days at _____ from _____ to _____ | | | |
| | 191 | | | | Messing allowance days at _____ | | | |
| | " | | | | from _____ to _____ | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | Consolidated stoppage | | | | | | | |
| | Balance due by the Paymaster | 4 | 12 | 2 | Balance due to the Paymaster | | | |
| | | £ | 4 | 12 | | £ | 4 | 12 |
| | | | | | | | | |

This account is in accordance with advices received at the Pay & Record Office to **5/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

HC
4/9/18

I hereby Certify that the ~~above~~ account is correct in every particular, ~~and that the~~ **NEWFOUNDLAND CONTINGENT.**

Dated at

this

day of



191

W. J. ...
CHIEF PAYMASTER & OFFICER IN CHARGE

- (a) Here state whether the soldier has left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE MAIL COPY

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

BOSTON EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. **3550**

Rank **Private**

Name **Hart. S**

Died **at**

at **France**

on the **9th** of **October** 191**4**.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|------------|-----------|----------|---|------------|-----------|----------|
| | Balance Dr. last month | | | | Balance Cr. last month 9.10.14 | 4 | 12 | 2 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at from to | | | |
| | 101 | | | | Messing allowance days at from to | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | Consolidated stoppage | | | | | | | |
| | Balance due by the Paymaster | 4 | 12 | 2 | Balance due to the Paymaster | | | |
| | | £ 4 | 12 | 2 | | £ 4 | 12 | 2 |

This account is in accordance with advices received at the Pay & Record Office to **5/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

HC
4/9/18

I hereby Certify that the above account is correct in every particular.

Debtor balance of £

NEWFOUNDLAND CONTINGENT.

Dated at

day of



191

W. H. ...
CHIEF PAYMASTER & OFFICER I/C RECORDS

- (a) Here state whether the soldier has died or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office by Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

LOGO
CERN
JULY 21
NEWF.

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

July 30th 1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. 3550 Rank Private
Name John Hart
Royal Newfoundland Regt.

his
Henry Hart (Sgd.)

Father Relationship.

Address Island St. Jago.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,



Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



Sept. 3 1921.

The accompanying Victory Medal and/or British War Medal

is/are forwarded herewith to

Mr. Henry Hart (Father)

in respect of his service as No. 3550 Rank Pte.

Name J. Hart (D) Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

(2 Medals)
Logo, September 17th 1921,

Signature

Henry Hart,
mark.
witness Fullman

Date

September 17/21

Address

Logo

[P.T.O.]

FIELD SERVICE.

C.R. 3550
Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS Newfoundland Squadron, Troop, Battery or Company } B. Coy.

Regimental No. 3550 Rank Private.

Surname MOY Habt. Christian Names J.

Died { Date 9/10/17. Place France or Belgium.

Cause of Death* Killed in Action.

Nature and Date of Report B 213 d / 12/10/18.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____

By whom reported _____

State whether he leaves { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received

a Will or not { (c) as a separate document. Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G. Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date G.H.C. 3rd. Echelon 15/10/17 Signature of Officer in charge of Section J. J. Boyd Adjutant-General's Office at the Base 2nd. Lt. Form 1919

(1452) W8587/M=30 000,000 10/16 5/16 (1322) Forms/B2090A/2 Office i/c No.1 Infantry Section.

C.R. 3550

FIELD SERVICE.

War Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

DUPLICATE

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* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____
By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received
(c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

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Station and Date G.H.Q. 3rd. Echelon Signature of Officer in charge of Section J. J. [Signature] Adjutant-General's Office at the Base 2nd. Lt. [Signature]


15/10/17.

Office i/c No. 1 Infantry Section.



Casualty Form—Active Service.

Regiment or Corps *2nd Newfoundland Regt*
 Rank *Private* Surname *Hart* Christian Name *John*
 Religion *C of E* Age on Enlistment *25* years *6* months.
 Enlisted (a) *19/3/17* Terms of Service (a) *Duration* Service reckons from (a) *19/3/17*
 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. *Robertson Capt*

| 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 entered 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 <i>Hampton</i> | <i>11.6.17</i> | |
| | | | Disembarked <i>Raven</i> | <i>12.6.17</i> | |
| | | | Joined Battalion | <i>2 JUL 1917</i> | <i>B 213</i> |
| <i>19/3/17</i> | <i>OC Hunt</i> | | | <i>9 OCT 1917</i> | <i>B 213</i> |
| | | | <i>D. J. Boyd</i> | | <i>MAJ</i> |
| | | | Officer i/c | | Infantry Section |
| | | | General Headquarters, 3rd Echelon. | | |

(c) 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.
 (d) Signaller, Shoeing-Smith, &c.

CERTIFIED TRUE COPY

Casualty Form—Active Service.

Regiment or Corps **Newfoundland**
 Rank **Private** Surname **Hart** Christian Name **John**
 Religion **C of E** Age on Enlistment **19** years **3** months
 Enlisted (a) **at home** Terms of Service (a) **Duration** Service reckons from (a) **1917**
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 Occupation **Fisherman** **Sgt. Robertson Capt.** or Corps Trademark rate Signature of Officer



| Report | | Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B 213, Army Form A. 39, 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. 39, or other official documents. |
|-----------------|--------------------|---|-------------------|------------------|--|
| Date | From whom received | | | | |
| | | Embarked Stampton | | 11.6.17 | |
| | | Disembarked Lower | | 12.6.17 | |
| | | Joined Battalion | | 2.7.17 | B 213 |
| 12.10.17 | M.C. Hunt | Killed in Action | | 9.10.17 | B 213 |
| | | Sgt R. J. Boyd | | | |
| | | 2 Lieut. for Capt | | | |
| | | C of Infantry Section | | | |
| | | C. J. E. Chebon | | | |

(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.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheets Hart
Signature of O. C. Company Hart Capt.

Regiment of 1st. Newfoundland.

Signature of O. C. Company

Regimental Number and Name

No. 3550 Hart, John
 Joined _____ Date _____
 Joined _____ Date _____
 Joined _____ Date _____

Enlistment
 Age on 25 years 6 months
 Place and Date of Enlistment St. John's, Nfld.
19.3.17.
 Period of { with Colours 20.5 years.
 with Reserve 36.5 years.

Trade Fisherman
Religion Cof B.
Place of Birth

Good Conduct Badges, Service pay or proficiency pay

| 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 |
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|---------|
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|---------|

Killed in Action 9th 17

To be carried over