



**FIRST NEWFOUNDLAND REGIMENT.**

**ATTESTATION OF**

No. 1672 Name Michael Hawke Corps \_\_\_\_\_

Questions to be put to the Recruit before Enlistment.

- |   |                                     |
|---|-------------------------------------|
| 1. What is your name? .....   | 1. <u>Michael Hawke</u>             |
| 2. What is your full Address?.....  | 2. <u>Joe Batts Arm</u>             |
| 3. Are you a British Subject? .....   | 3. <u>Yes</u>                       |
| 4. What is your Age?.....   | 4. <u>27</u> Years <u>9</u> Months. |
| 5. What is your Trade or Calling? .....   | 5. <u>Lumberman</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 Michael Hawke 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.

June 17/15 Michael Hawke SIGNATURE OF RECRUIT.  
A. Montgomerie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Hawke 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 fully entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me on this 17 day of July 1915  
A. Montgomerie Signature of the Attesting Officer.

† 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, the 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) \_\_\_\_\_

1672

# DESCRIPTIVE REPORT ON ENLISTMENT.

1672

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

Name Hawke, Michael 1

Apparent age 27 years 7 months. Height 51 feet 1 inches.

Chest measurement { Girth when fully expanded 38 inches.  
 Range of expansion 4 inches.

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin James Hawke Prichard - Hawke  
Joe Goss Army | Relationship Father Sister  
Joe Goss 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 | Promotions, 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 _____                                |               |   |            |       |  |  |   |
| Joined at _____ on _____   |               |   |            |       |  |  |   |
| <u>Discharged June 17 1919</u>   |               |   |            |       |  |  |   |
| Total Service forfeited as above . . . . .   |               |   |            |       |  |  |   |
| Total Service towards Engagement to _____ (date of discharge) _____ years _____ days |               |   |            |       |  |  |   |
| " " " Pension " _____ ( " ) _____ " _____  |               |   |            |       |  |  |   |



**FIRST NEWFOUNDLAND REGIMENT.**

**ATTESTATION OF**

No. 1672 Name Michael Hamble Corps \_\_\_\_\_

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Michael Hamble
2. What is your full Address? ..... { 2. Joe Batts Arm  
209 St. John's
3. Are you a British Subject? ..... 3. Yes
4. What is your Age? ..... 4. 27 Years 9 Months.
5. What is your Trade or Calling? ..... 5. Lumberman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's } 7. No  
Forces, naval or military, if so,\* which?
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 } 10. \_\_\_\_\_ { Name \_\_\_\_\_  
meaning, and who gave it to you? ..... } { Corps \_\_\_\_\_
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. Yes  
to be signed by you if you are accepted? ..... }

I, Michael Hamble 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.

A. Montgomerie  
Signature of Witness.

June 17/15

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, \_\_\_\_\_ 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 \_\_\_\_\_ on this \_\_\_\_\_ day of July 1915

A. Montgomerie  
Signature of the Attesting Officer.

† Certificate of Approving Officer.

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

Date \_\_\_\_\_ 191

Place \_\_\_\_\_

\_\_\_\_\_  
Approving Officer.

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

\* If so, the 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.

1672

Name Hawke Michael

Apparent age 27 years 7 months. Height 5 feet 8 inches.

Chest measurement { Girth when fully expanded 38 inches.  
 Range of expansion 4 inches.

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Hawke Bridget - Hawke

Joe Galt | Relationship Father

Pop Clark 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 | Promotions, 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>27-6-15</u>   |               |   |            |       |  |      |  |      |   |
| Joined at <u>St. John's</u> on <u>Jan 27/15</u>  |               |   |            |       |  |      |  |      |   |
| <i>Embarked St. John's train to Quebec 27-6-15<br/>                     Can has had B.E.C. 28-8-16 joined Unit 15/74<br/>                     Montreal Naval High Comm at Bay 10-6-16<br/>                     1st Hosp. based 22-6-16 Despatched to England 27-7-16<br/>                     Full length then a shorted depot 9-9-16<br/>                     Arrived Newfoundland 20-10-16</i> |               |   |            |       |  |      |  |      |   |
| <i>15. Lance Corporal 18-7-15<br/>                     19-6-16<br/>                     20-6-16. Admitted<br/>                     25-9-16<br/>                     Admitted<br/>                     27-9-16<br/>                     7-12-16<br/>                     14-6-17</i>  |               |   |            |       |  |      |  |      |   |
| <i>Demobilization of 17-6-1919</i>   |               |   |            |       |  |      |  |      |   |
| Total Service forfeited as above ... ..  |               |   |            |       |  |      |  |      |   |

Total Service towards Engagement to 17-6-19 (date of discharge) 4 years 1 days

" " " Pension " " " " " " " " " " " "



Regimental Number 1672

Company J.

THE  
1ST NEWFOUNDLAND REGIMENT.

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I hereby enlist for service at home or abroad in the King's Forces under the following conditions:

For the duration of the present war, or until my discharge.

Subject to the Army Act, the King's Regulations, and to such ordinances as may apply or may be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act, 5 George V., Chapter IV.

Signed Michael Hawke

Witness J. Gane & Co

Dated at Newton Park School

March 27  
1916

C.R. 1672

Extract from Nominal Roll of Draft No.3. from 2nd  
Battn. Depot, to 1st Battn. B.E.F. Embarked 28-3-16.

1672 Pte. M. Hawke.

C.R.I.

1672

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June 19-6-19.

The discharge of the undernoted on Demobilization has been  
CONFIRMED by officer i/o Records from: 17-5-19

1672 Cpl. Michael Hawks.

C.R.

1672

**Extract from Daily Orders Part 11 Unit The Royal Nfld.**

**Regt. St. John's, June 20th, 1919.**

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 3-6-19.

1672 Cpl. M. Hawke.



C.R. 1672

M. Hawke was attested for General service  
with the NEWFOUNDLAND REGIMENT on ..... June 17th 1915.  
Regimental No 1672 was allotted to Pte. M. Hawke.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

Receipt for Army Book 64

No.....*1672*.....Name.....*Hawke*.....

To Certify that I have received the AB 64 of the above  
named Soldier.

Name.....*Michael Hawke*.....

Date.....*Aug 10 1920*.....

Place.....*St Johns*.....

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

*W*

C.R. 1672

Extract from Nominal Roll of named St. John's 27/10/18 for Overseas

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1672 Pte. M. Hawke.

C.R. 1672

Extract from Nominal Roll 3rd Draft to B.E.F. arrived 29,  
A.B.D. Rouen, 30-3-16 Joined Battalion 15-4-16

#1672 L/Cpl. Hawke.



C.R. 1672

Copy of Cablegram to Governor St John's Nfld.  
from P.&R.O. 27/6/16.

1673, Hawks. ✓

Seriously Ill first Stationery Hospital Rouen 26th  
June Gunshot Wound Right Arm. Left Knee

C.R. 1672

Extract from Casualties received from P.&.R. Office  
London, June 27th.1918.

Seriously ill 1st Stationary Hospital Rouen, June 26th  
gunshot wound rightv arm, left knee;

1672 Hawke.

NEWI

H 59

COPY OF TELEGRAM.

Dated  
June 28, 1916.

To Miss Bridget Hawke,

Joe Batts Arm.

Regret to inform you that the Record Office,  
No. 1672, Private Michael Hawke,  
London, officially reports  
was seriously ill at the First Stationary Hospital, Rouen,  
June twentysix, suffering from gunshot wound right arm and  
left knee.

Upon receipt of further information I shall immedi-  
ately wire you and trust that the next report will  
be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

C.R. 1672

Extract of Casualty List received from P.&R.O.  
June 28th. 1916.

1672, L/Cpl. M. Hawke. ✓

Shrap, Wd. Arm. & Leg 19/6/16.





PROGRESS REPORTS.

Nos. P. 18458, P. 18459, P. 18461 & P. 18464.

✓ C.R. 1672

No. P. 18458.

O.C.1 STATIONARY HOSPITAL, ROUEN, reports 26th June, 1916.

1624 Pte. Harrison E. 18th West Yorks. G.S.W. Rt. Thigh, Back & Chest. (Admitted 18th June, 1916) SERIOUSLY ILL.  
1672 L/C. Hawke H. ✓ 1st Newfoundland Rgt. G.S.W. Rt. Arm & Lt. Knee. (Admitted 22nd June, 1916) SERIOUSLY ILL.  
19215 Pte. Bond G. 7th East Yorks. G.S.W. Both Legs, Thigh & Back. SERIOUSLY ILL.

No. P. 18459.

O.C.10 STATIONARY HOSPITAL, ST. OMER, reports 26th June, 1916.

1587 Gnr. Higgins P. R.G.A.X. Trn. Mtr. Bty. 25th Dvn. Gaseous Poisoning (Drift) (Admitted 26th June, 1916.) DANGEROUSLY ILL.  
602886 Pte. Kingsland A. 4th Candns. G.S.W. Both Legs, Lt. Amp. at Knee Joint. (Admitted 26th June, 1916.) DANGEROUSLY ILL.  
11649 Cpl. Hughes I. 8th Royal Innis. Fus. G.S.W. Lt. Foot, Lt. Arm & Rt. Knee. (Admitted 26th June, 1916) DANGEROUSLY ILL.  
13/271 Sjt. Bagnall G.S. 9th Bty. N.Z. Fd. Arty. G.S.W. Rt. Arm & Back. (Admitted 26th June, 1916) DANGEROUSLY ILL.  
4957 Pte. O'Callaghan M. 8th Royal Munster Fusrs. G.S.W. Head. (Admitted 26th June, 1916.) SERIOUSLY ILL.  
7733 Pte. Cole B.H. 2nd Candns. G.S.W. Chest. (Admitted 26th June, 1916) SERIOUSLY ILL.

No. P. 18461.

O.C.30 GENERAL HOSPITAL, CALAIS, reports 26th June, 1916.

126824 Pte. Hobson T. A.S.C. Pneumonia (Admitted 26th June, 1916) SERIOUSLY ILL.

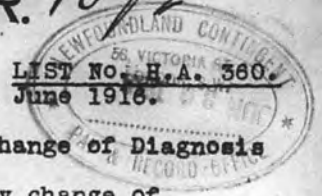
No. P. 18464.

O.C.12 GENERAL HOSPITAL, ROUEN, reports 27th June, 1916.

24488 L/C. Landfield P. 11th Cheshires. Pleurisy. (Admitted 23rd June, 1916) SERIOUSLY ILL.

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 1677



LIST No. H.A. 360.

MACHINE GUN CORPS RECORD OFFICE.

|       |                  |   |                              |  |
|-------|------------------|---|------------------------------|--|
| 16460 | Pte. Carroll, T. | 14. Bde. Mch. Gun Corps.                        | G.S.W. L. Leg. . . . .       | Adm. 1 Sty. H. Rouen 22nd June 1916.                           |
| 21006 | " Devine, J.     | 86. Bde. Mch. Gun Corps.                        | P.U.O. Trench Fever. . . . . | Adm. 1 Sty. H. Rouen by change of Diagnosis 22nd. June 1916.   |
| 21006 | " Devine, J.     | 86. Bde. do.                                    | Sciatica. . . . .            | Dis. Ex 1 Sty. H. Rouen by change of Diagnosis 22nd June 1916. |
| 17922 | Cpl. Hiscock, G. | M.G. Corps 25. Coy. late 2. Rif. Bde.           | Inf. Nerve Sciatic. . . . .  | Adm. 11 Sty. H. Rouen 23rd June 1916.                          |
| 5121  | Pte. Kendall, J. | M.G. Corps 83. Coy. late 11. S. Staffs.         | Inf. C.T. R. Leg. . . . .    | Do.  |
| 6873  | Sgt. Malton, M.  | M.G. Corps 75. Coy. late 15. Ches.              | Piles. . . . .               | Do.  |
| 1627  | L/C. White, J.   | Lothian & Border Horse Att. M.G. Corps 74. Bde. | Trench Fever. . . . .        | Dis. to Con. Dep. Rouen Ex 11 Sty. H. 23rd. June 1916.         |
| 21329 | Pte. Dobson, B.  | M.G.C. 21. Coy.                                 | Myalgia. . . . .             | To Eng. Ex 3 Sty. H. 23rd. June 1916.                          |
| 9176  | " Redmond, G.    | Do. 25. Brig.                                   | Inf. Floor Mouth. . . . .    | Trans. to Cn Dep. Ex 3 Sty. H. Rouen 23rd. June 1916.          |
| 16921 | " Gregory, J.    | 13th. Bde. M.G.C.                               | P.U.O. . . . .               | Adm. 6 Sty. H. Havre 23rd. June 1916.                          |
| 4334  | " Gwilliam, T.   | M.G. Corps 56. Bde.                             | N.Y.D. Slight. . . . .       | Adm. 9 Sty. H. Havre Ex Anr. H. 23rd. June '16.                |
| 5900  | " Walley, S.     | Do. 110   | Eczema. . . . .              | Dis. to 12 Camp Ex 9 Sty. H. Havre 23rd. June 1916.            |

NEWFOUNDLAND CONTINGENT.

|      |                |                 |                                 |                                       |
|------|----------------|-----------------|---------------------------------|---------------------------------------|
| 1672 | L/C. Hawke, M. | 1st. N.F.L.D. ✕ | G.S.W. R. Arm & L. Leg. . . . . | Adm. 1 Sty. H. Rouen 22nd. June 1916. |
|------|----------------|-----------------|---------------------------------|---------------------------------------|

LIST No. H.A. 360.

SOUTH AFRICAN RECORD OFFICE.

|      |                      |                              |   |   |
|------|----------------------|------------------------------|---|---|
| 3263 | L/C. Broadbent, W.E. | 2nd. S. African Inf. 9. Div. | Int. Derangement R. Knee Joint. . . . . | Adm. 11 Sty. H. Rouen 23rd June 1916.           |
| 5166 | Pte. Bruce, L.       | 4th. S. African Inf. 9. Div. | Scabies. . . . .                        | Do.   |
| 1911 | " Gibbons, W.H.      | 1st. S. African Inf. 9. Div. | Do. . . . .                             | Do.   |
| 2241 | " Rundle, S.H.       | 4th. S. Afric. Inf.          | Enteritis. . . . .                      | Do.   |
| 991  | Cpl. Walton, C.J.    | 1st. Do.                     | N.Y.D. Slight. . . . .                  | Adm. 9 Sty. H. Havre Ex Anr. H. 23rd. June '16. |

LIST No. H.A. 360.

1881



CR 1672

Extract from Final Roll of Draft of Sick and Wounded from  
France , admitted Ser., London General Hospital July Ser., 1916.

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#1672 L/C. M. Hawke.

G.S.W.R. ARM AND L. LEG.  
RG.

C.R. 1672

Extract of Cablegram received from London, dated  
3/7/16.

#1672 Pte. Hawke. ✓

Improved.



C.R. 1672

Extract of Casualties received from Pay & Record  
Office, London, dated July 3, 1916.

#1672 ~~B~~pl. M. Hawke. ✓

Improved. O.C. 1st Stationary  
Hospital, Rouen, 1st July.

# 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)

*Ed M. Hawke*

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

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

Dated July 3, 1916.

To Miss Bridget Hawke,  
Joe Batt's Arm.

Record Office, London, today reports that the condition of No. 1672, Private Michael Hawke, has improved.

J.R BENNETT  
Colonial Secretary.

**OUNDLAND 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 **July 5th, 1916.**To **Miss Bridget Hawke,  
Joe Batt's Arm.**

Record Office London to-day reports that No.1672  
Private Michael Hawke has now been admitted to Third London  
General Hospital, Wandsworth.

**J. R. BENNETT,**  
Colonial Secretary.

**FOR TYPEWRITER**

PROGRESS REPORTS.

Nos. P.18931. P.18932. P.18933 & P.18935.

✓  
C.R. 1672

No. P.18931.

O.C., 25 STATIONARY HOSPITAL, ROUEN, reports 1st July, 1916.

18192 Pte. Duffy F.      11th Lyl.N.Lances.    TRANSFERRED TO NO.9 GENERAL HOSPITAL, ROUEN.

No. P.18932.

O.C., 5 GENERAL HOSPITAL, ROUEN, reports 1st July, 1916.

2750 Sjt.Nuell A.H.      7th Worcesters (Admitted 18th June, 1916.) REMOVED FROM DANGEROUSLY ILL LIST

No. P.18933.

O.C., 11 STATIONARY HOSPITAL, ROUEN, reports 1st July, 1916.

2027 Pte. Bone S.      22nd Manchesters    STILL DANGEROUSLY ILL    MAY BE VISITED

No. P.18935.

O.C., 1 STATIONARY HOSPITAL, ROUEN, reports 1st July, 1916.

1672 L/Cpl. Hawke M.      1st Newfoundland Regt. (Admitted 22nd June, 1916.) IMPROVED ✓



1881



RI 1672

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June. 14th, 1917.

1672. L/Cpl. M. Hawke

To be ~~hon~~ A/Corporal from June 14th, 1917.



1672

C.R.

Extract from Daily Orders Part 11 Unit the Royal  
Mfld. Regt., St. John's, Jan. 12th, 1917.

L/Cpl. Hawke.

Attached to the Strength from Dec. 9th, 1916.

C.R. 1672

Copy of Cablegram to Governor St. John's Nfld from P.&.R.O Sep. 30, 16.

1672, Pte Hawke.

Left Liverpool on Scandinavian 27th. Sept. passage has been provided  
to Quebec. For discharge.

C.R. 1672

Extract from Telegram received from London, dated  
September 20, 1915.

Leaving Liverpool, Scandinavian, September 27th,  
passage has been provided, Quebec, following  
for discharge:

#1672 Pte. Hawke.

C.R. 1672

Extract of Dablegram received from P.&.R.O.

Dated 5/7/16.

1672, Pte Hawke.

Previously reported Synovitis Knee, at Wandsworth July 3rd.



C.R. 4672

Extract of Casualties received from London, dated  
July 5, 1916.

#1672 L/Cpl. M. Hawke. ✓

Gunshot wound right arm and left knee,  
At 3rd London General Hospital, July 3rd 1916.



Ac. Depot

1677 Corp. M. Hauke 1672

To be demobilized please

W. F. Rudeen  
Lieut. Col.  
C.O.

19/5/19

Reg. No. 1672 Rank Capt Name Hawke M.

Attested 16-6-15 Address \_\_\_\_\_

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

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

Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

|            |  |                                       |
|------------|--|---------------------------------------|
| June 14/17 | Promoted Capt.                                     |                                       |
| 19.1.18    | Wagon. Board. Med. Board.                          |                                       |
| 22.1.18    | 2nd Board. Rec. Sec. Penn. Regt.                   |                                       |
| 9.2.18     | Admitted to Hosp. Infants 50¢ per day              |                                       |
| 21.2.18    | Dis. on P. H. Rept. Defect -<br>Corp. Medical Dep. |                                       |
| 26.1.19    |  | PASSED TO DEMOBILIZATION OFFICE.      |
| 28.5.19    |  | DISCHARGE APPROVED ON DEMOBILISATION. |



# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO

ST. JOHN'S, NEWFOUNDLAND,

February 21st., 1918

From:- D. M. S.  
To:- O. C. Depot.

1672, Cpl. M. Hawke

The marginally noted man is now ready to leave  
Hospital and is being ordered to report to you for  
disposal.

*Cluny Macpherson*

Major, D. M. S.

Form  
C. 348  
61

MEMORANDUM.

From

*MO.  
Depot*

From

To

*Ins. -  
Copy*

To

ANSWER.

Feb. 8 1918.

191 .

1672 Corp. M. Hawke.

The above notes were  
was admitted to M. I. S. H.  
today - U.S.S.

Ho Gordon



January 10th. 1918.

From Adjutant,  
Depot.

To Paymaster and Officer i/c Records,  
Department of Militia.

Transfer of Pay Accounts.

Undernoted men have been squared on Company Pay Sheets up to and including December 31st. and their accounts stand as follows:-

| <u>No.</u> | <u>Name.</u>     | <u>Allotment.</u> | <u>Particulars.</u> |
|------------|------------------|-------------------|---------------------|
| 1672.      | Cpl. M. Hawke.   | -----             | Account Squared.    |
| 830.       | L/C. B. Sinnott. | -----             | Account Squared.    |
| 1177.      | Pte. T. Gownes.  | 60 Cts.           | Cr. Bal. \$7.50.    |
| 104.       | Pte. J. McGrath. | 30 Cts.           | Account Squared.    |
| 1748.      | Pte. B. Lambert. | 90 Cts.           | Account Squared.    |
| 2162.      | Pte. S. Rendell. | -----             | Account Squared.    |
| 507.       | Pte. H. Fillier. | \$4.00 per Week.  | Account Squared.    |



January 10th. 1918.

From Adjutant,  
Depot.

To Paymaster and Officer i/c Records,  
Department of Militia.

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| 2162.      | Pte. S. Rendell. | -----             | Account Squared     |
| 507.       | Pte. E. Fillier. | \$4.00 per Week.  | Account Squared.    |

M. Gawke.

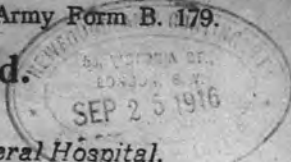
C.R

1672

Per 0

*Original*

**Medical Report on an Invalid.**



Station 5rd London General Hospital, WANDSWORTH, S.W.

Date Aug. 23<sup>rd</sup> 1916

- 1. Unit 1<sup>st</sup> Newfoundland
- 2. Regimental No. 1672
- 3. Rank Lt Cpl.
- 4. Name Hawke M.
- 5. Age last birthday 28
- 6. Enlisted { on June 16<sup>th</sup> 1915  
at St. John's, Newfield.
- 7. Former Trade or Occupation { Lumberer.

**8. Disability.**

*G. S. H. Left knee*

**Statement of Case.**

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

- 9. Date of origin of disability. June 19<sup>th</sup> 1916
- 10. Place of origin of disability. France.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.  
Wounded in Right arm & left knee. Wound in arm is healed & there is no loss of power in arm or hand. In left knee the foreign body is still present & its removal is not advised. Had two operations in France on knee.



AUG 31 1916

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

*Active Service.*

*G. S. H.*

18. What is his present condition ?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*General condition is good. Wound on knee is entirely healed. Has very considerable loss of power & cannot walk very far & then limps rather badly. Cannot straighten leg. Has had massage which improved the movement a little.*

14. If the disability is an injury, was it caused

- (a) In action ? *Yes.*
- (b) On field service ? *Yes*
- (c) On duty ? *Yes.*
- (d) Off duty ? \_\_\_\_\_

15. Was a Court of Inquiry held on the injury ?

If so—(a) When ?

(b) Where ?

(c) Opinion ? *✓*

16. Was an operation performed ? If so, what ?

*Two operations performed in France. none here*

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service ? \_\_\_\_\_

19. Do you recommend

- (a) Discharge as permanently unfit, *Yes.*
- or
- (b) Change to England ? \_\_\_\_\_

*F. E. Harro* *C.P.*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

3rd London General Hospital,  
Station WANDSWORTH, S.W.

*Alfred Percival Gould*

Officer in charge of Hospital.

Date *29th Aug 1916*

..... Lt. Col. R. A. F. O. I.

\*Loss of teeth on, or immediately after, active service, should not be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



## Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalidated, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Active Service*  
*G.S.W.*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance? *No*

(b) Misconduct? *No*

(c) Any of the conditions mentioned in question 20, and if so, which?

22. Is the disability permanent? *Yes*

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Lessened by one half*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act? *No*

25. If an operation was advised and declined, was the refusal unreasonable? *no 16*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England? *Yes*

Signatures:—

*W. S. W. J. Ramet* President.  
3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date 30 8 16

*J. W. Howard Esq.* Members.  
*J. W. Howard Esq.* Members.

Approved.  
Station Head Quarters, Lond. Dist.

Date 30 8 16

*W. S. W. J. Ramet*  
Administrative Medical Officer.  
**SURGEON-COLONEL**

for D.D.M.S.,  
LONDON DISTRICT



(On leaving Corps or Station where invalidated.)

Transfer { Date \_\_\_\_\_  
Station \_\_\_\_\_ } Name of { Conveyance \_\_\_\_\_  
Vessel \_\_\_\_\_ }  
or Embarkation { Date \_\_\_\_\_  
Port \_\_\_\_\_ } { Officer in medical charge \_\_\_\_\_ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
Hospital or Station \_\_\_\_\_ } Officer in medical charge. \_\_\_\_\_

(At Station or Hospital where finally disposed of.)

Station and Hospital } \_\_\_\_\_  
Arrived from \_\_\_\_\_ Date \_\_\_\_\_

| If admitted<br>Date | If under treatment |    | Disease | How finally disposed of | Date of Discharge, &c. |
|---------------------|--------------------|----|---------|-------------------------|------------------------|
|                     | From               | To |         |                         |                        |
|                     |                    |    |         |                         |                        |

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to dépôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_

Administrative Medical Officer. \_\_\_\_\_

50. Nelson St.

ARMY FORM B. 179.

MEDICAL REPORT ON AN  
INVALID.

---

Station *Regt*  
Corps *1st Newfoundland*  
Regimental No. *1672.*  
Rank *S. Plt.*  
Name *Harvie. W.*  
Disability *E. S. H. 4th Rec.*  
Date *30/6/16.*

---

Hospital or Station transferred to for final disposal }  
Date of final disposal }  
How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.  
WE W8530/2774 500M 9-13 M&C.L.D.  
Forms B. 179. 34

Admitted 3.7.16.

Army Form W. 3202.

ORIGINAL

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD

1st Bn



Regiment.

\*The Officer Commanding

The Officer in Charge of Records

58 Victoria St

The Regimental Paymaster

58 Victoria St SW

With reference to No. 1672 Sgt Hawke. M. of the above Regiment, who appeared before a Medical Board and was approved by the D.D.M.S., London, Command, on the 30 8 16 for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58 Victoria St SW

on [date]

Aug 31 1916

Horace Jagan Cap. R.A.M.C.(T.F.)

Officer Commanding

Registrar, R.A.M.C.T.

3rd London General Hospital,

Hospital.

WANDSWORTH, S. W.

Place

Wandsworth

Date

31 Aug 1916

\* In case of Territorial Force "Officer Commanding the Administrative Centre."

Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

**ORIGINAL.**

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

**MEDICAL HISTORY**

OF

Surname Hawke

Christian Name Michael



Table 1.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County W'ld

|   | SPECIAL RESERVE.   |                        | REGULAR ARMY.                             |                  |
|---|--|------------------------|---|------------------|
|   | Right  | Left                   | Right                                     | Left             |
| Examined  | on <u>6</u> day of <u>April</u> 191 <u>5</u><br>at <u>5<sup>th</sup> Johns W'ld</u>        |                        | on _____ day of _____ 191____<br>at _____ |                  |
| Declared Age  | <u>27</u> years _____ days   |                        | _____ years _____ days                    |                  |
| Trade or Occupation   | _____  |                        | _____                                     |                  |
| Height  | <u>5</u> feet <u>8</u> inches  |                        | _____ feet _____ inches                   |                  |
| Weight  | <u>151</u> lbs.  |                        | _____ lbs.                                |                  |
| Chest Measurement   | Girth when fully expanded... <u>38</u> inches  |                        | _____ inches                              |                  |
|   | Range of expansion... <u>4</u> inches  |                        | _____ inches                              |                  |
| Physical Development  | _____  |                        | _____                                     |                  |
| Vaccination Marks   | Arm  | _____                  | Right                                     | Left             |
|   | Number   | _____                  | _____                                     | _____            |
| When Vaccinated   | <u>no</u>  |                        | _____                                     |                  |
| Vision  | R.E.—V==   | <u>15/27</u>           | R.E.—V==                                  | _____            |
|   | L.E.—V==   | <u>15/27</u>           | L.E.—V==                                  | _____            |
| (a) Marks indicating congenital peculiarities or previous disease | (a) _____  |                        | (a) _____                                 |                  |
| (b) Slight defects but not sufficient to Cause Rejection          | (b) _____  |                        | (b) _____                                 |                  |
| Approved by (Signature)   | <u>Samuel Paterson</u>   |                        | _____                                     |                  |
| (Rank)  | <u>Capt</u>  |                        | _____                                     |                  |
|   | Medical Officer.   |                        | Medical Officer.                          |                  |
| Enlisted  | at <u>3<sup>rd</sup> Johns</u><br>on <u>1<sup>st</sup></u> day of <u>June</u> 191 <u>5</u> |                        | at _____<br>on _____ day of _____ 191____ |                  |
| Joined on Enlistment  | Corps. <u>1<sup>st</sup> W'ld Reg</u>  | Regtl. No. <u>1672</u> | Corps. _____                              | Regtl. No. _____ |
| Transferred to  | _____  |                        | _____                                     |                  |
| Became non-effective by   | _____  |                        | _____                                     |                  |
|   | on _____ day of _____ 191____  |                        | on _____ day of _____ 191____             |                  |
| (Signature)   | _____  |                        | _____                                     |                  |
| (Rank)  | _____  |                        | _____                                     |                  |



**ORIGINAL.**

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

**MEDICAL HISTORY**

OF

Surname Hawke

Christian Name Michael



Table 1.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County W'ld

|   | SPECIAL RESERVE.  |                        | REGULAR ARMY.                             |                  |
|---|---|------------------------|---|------------------|
|   | Right   | Left                   | Right                                     | Left             |
| Examined  | on <u>6</u> day of <u>April</u> 191 <u>5</u><br>at <u>St Johns W'ld</u> |                        | on _____ day of _____ 191____<br>at _____ |                  |
| Declared Age  | <u>24</u> years _____ days  |                        | _____ years _____ days                    |                  |
| Trade or Occupation   | _____   |                        | _____                                     |                  |
| Height  | <u>5</u> feet _____ inches  | <u>8</u> inches        | _____ feet _____ inches                   | _____ inches     |
| Weight  | <u>151</u> lbs.   |                        | _____ lbs.                                |                  |
| Chest Measurement   | Girth when fully expanded... <u>38</u> inches                           |                        | _____ inches                              |                  |
|   | Range of expansion... <u>4</u> inches                                   |                        | _____ inches                              |                  |
| Physical Development  | _____   |                        | _____                                     |                  |
| Vaccination Marks   | Arm   | _____                  | Right                                     | Left             |
|   | Number  | _____                  | _____                                     | _____            |
| When Vaccinated   | <u>no</u>   |                        | _____                                     |                  |
| Vision  | R.E.—V==  | <u>15/24</u>           | R.E.—V==                                  | _____            |
|   | L.E.—V==  | <u>15/24</u>           | L.E.—V==                                  | _____            |
| (a) Marks indicating congenital peculiarities or previous disease | (a) _____   |                        | (a) _____                                 |                  |
| (b) Slight defects but not sufficient to Cause Rejection          | (b) _____   |                        | (b) _____                                 |                  |
| Approved by (Signature)   | <u>Samuel Paterson</u>  |                        | _____                                     |                  |
| (Rank)  | <u>Capt</u>   |                        | _____                                     |                  |
|   | Medical Officer.  |                        | Medical Officer.                          |                  |
| Enlisted  | at <u>St Johns</u><br>on <u>12</u> day of <u>June</u> 191 <u>5</u>      |                        | at _____<br>on _____ day of _____ 191____ |                  |
| Joined on Enlistment  | Corps. <u>1<sup>st</sup> W'ld Reg</u>                                   | Regtl. No. <u>1672</u> | Corps. _____                              | Regtl. No. _____ |
| Transferred to  | _____   |                        | _____                                     |                  |
| Became non-effective by   | _____   |                        | _____                                     |                  |
|   | on _____ day of _____ 191____   |                        | on _____ day of _____ 191____             |                  |
| (Signature)   | _____   |                        | _____                                     |                  |
| (Rank)  | _____   |                        | _____                                     |                  |





Table II.—Only for admission to hospital or to the sick list in case of Warrant officers treated in quarters.

| Name of Hospital.                                | Admitted to Hospital |       |      | Discharged from Hospital |       |      | Disease             | Number Days in Hospital | Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer  |
|--|----------------------|-------|------|--------------------------|-------|------|---------------------|-------------------------|---|---|
|  | Day                  | Month | Year | Day                      | Month | Year |                     |                         |   |   |
| 3rd London General Hospital,<br>WANDSWORTH, S.W. | 0                    | 7     | 16   |                          |       |      | G. S. H. left knee. |                         | <p>Board held in overleaf.</p> <p>Inability G. S. H. left knee</p> <p>Considerable loss of power cannot walk fast, cannot straighten leg.</p> <p>Cause G. S. H. on active service</p> <p>Capacity for earning a livelihood lessened by one half</p>   | <p><i>L. G. Clark, M.D.</i><br/>3rd London General Hospital,<br/>WANDSWORTH, S.W.</p> |



Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

| Date             | Brief Details, and Signature   |
|------------------|--|
| 19.11.15. Vacc.  | R.P. Graham. Lt. Ramo.   |
| 9.12.15. T.V. II | R.P. Graham. Lt. Ramo.   |
|                  | Board held. 30. 8. 16.   |
|                  | Result. Permanently unfit.   |
|                  | Board Approved. 30. 8. 16.   |
|                  | <p style="text-align: right;"><i>L. H. Elliott</i><br/>           3rd London General Hospital,<br/>           WANDSWORTH, S.W.</p> |

TABLE IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation. | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|----------------------|--------------------------------|--------------------------------------|----------------------|--------------------------------|-------------------------------------|
| St. Johns N'ld       |                                |                                      |                      |                                |                                     |

PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2/1 Newfoundland Regiment*  
 No. *1672* Rank *Lance Corporal* Name *Hawke M.*  
 Died (a) at on the of 191 .  
 Deserted at on the *26<sup>th</sup>* of *Sept* 1916.  
*Repatriated*  
 Certify to the correctness of above in every particular.

*R.S. Rowse* (Commanding Squadron, Troop, Battery or Company.)  
*Capt*

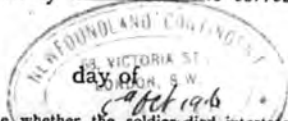
STATEMENT OF ACCOUNT.

[FORM 1.

| Date. | Dr.  | £        | s.        | d.       | Cr.   | £        | s.       | d.       |
|-------|--|----------|-----------|----------|---|----------|----------|----------|
|       | Balance Dr. last month .....                       |          |           |          | Balance Cr. last month <i>29/9/16 R.S.R.</i>  | <i>4</i> | <i>0</i> | <i>9</i> |
|       | Cash issues .<br>(Date of each issue to be stated) |          |           |          | Pay days at from to   |          |          |          |
|       |  | £        | s.        | d.       | Proficiency, Service or good conduct pay  |          |          |          |
|       | <i>Sept 15</i> 1916                                |          | <i>10</i> | <i>0</i> | days at from to   |          |          |          |
|       | <i>22</i> "  |          | <i>10</i> | <i>0</i> | Messing allowance days at   |          |          |          |
|       | <i>28</i> "  |          | <i>1</i>  | <i>0</i> | from to   |          |          |          |
|       |  |          | <i>12</i> | <i>0</i> | Clothing and kit allowance .....  |          |          |          |
|       | Consolidated stoppage.....                         |          |           |          | Amount produced by the sale of Necessaries  |          |          |          |
|       |  |          |           |          | Personal Clothing and Effects from Form 2...  |          |          |          |
|       |  |          |           |          | Amount of Savings Bank balance, including interest (if no balance, to be so stated) |          |          |          |
|       |  |          |           |          | Deferred Pay or Gratuity .....  |          |          |          |
|       | Balance due by the Paymaster                       | <i>2</i> | <i>0</i>  | <i>9</i> | Balance due to the Paymaster.....   |          |          |          |
|       |  | <i>£</i> | <i>4</i>  | <i>0</i> |   | <i>£</i> | <i>4</i> | <i>0</i> |
|       |  |          | <i>9</i>  |          |   |          | <i>9</i> |          |

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *2 0 9* is correctly chargeable against the Public (a).

Dated at this



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 with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

CHECKED. *[Signature]*

1881  
1882  
1883  
1884  
1885  
1886  
1887  
1888  
1889  
1890  
1891  
1892  
1893  
1894  
1895  
1896  
1897  
1898  
1899  
1900



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Michael Hawke, Regl. No. 1672

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> 7 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 7 Persons concerned, viz.:

*Allotment begins*

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full)           | ADDRESS                   | AMOUNT (each person) |
|--------------------------|---|--------------------------|---------------------------|----------------------|
| <u>1629</u>              | <u>Sister</u>                                 | <u>Mrs Bridget Hawke</u> | <u>Conception Harbour</u> | <u>50</u>            |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
|                          |   |                          |                           |                      |
| Total Allotment, \$      |   |                          |                           |                      |

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.) \_\_\_\_\_

Officer Commanding  
Company

S. J. Johns M. 7.  
September 23

1915

(Sig.) Michael Hawke

(Rank) P. Troop



Hawke, R

1672

Ray Sept

# The Royal Newfoundland Regiment

RELEASE CERTIFICATE No. .... 2237

Reg. No. 1672 Rank CPL Name Hawke, Michael  
 Address Joe Datto Arm. Fogo

This certifies that in consequence of demobilization discharge has  
 been approved for 28<sup>th</sup> May 1919

Regular Discharge Certificate will be mailed by Officer in Charge Records 14 days from date of approval.

The wearing of uniform is prohibited after discharge is confirmed  
 except with permission of competent authority

Date MAY 26 1919

J. A. Shaw Lieut.  
 for O. C. Discharge Depot.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 1672 Rank Cpl Name Hawke Michael  
 Intended place of residence Joe Balts arm  
 Occupation Paper Maker  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMOBILIZATION

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 .....  
 Comanding 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 and date ST. JOHN'S .....  
 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 and Date ST. JOHN'S .....  
26-5-19 .....  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 16-4-15 ..... No of days on Military  
 Discharged from service 28<sup>3</sup> 6 19 Plus 14 days ..... Service 1536

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S .....  
 Date MAY 28 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 Regt .....  
 Date June 17/1919 .....  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*[Handwritten signature]*

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2/1 Newfoundland Regt.*  
 No. *1672* Rank *Lance/corpl* Name *Hawke M.*  
 Died<sup>(a)</sup> at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .  
 Deserted at \_\_\_\_\_ on the *26* of *Sept.* 191 *6*  
*Repatriated* *Apr.*  
 Certify to the correctness of above in every particular.

*R.S. Rowse* (Commanding Squadron, Troop, Battery or Company.)  
*Capt*

STATEMENT OF ACCOUNT.

[FORM 1.]

| Date. | Dr.  | £         | s.        | d.         | Cr.   | £         | s.        | d.       |
|-------|--|-----------|-----------|------------|---|-----------|-----------|----------|
|       | Balance Dr. last month .....                     |           |           |            | Balance Cr. last month <i>29/9/16</i> <i>RRD</i>                                    | <i>40</i> | <i>9</i>  | <i>1</i> |
|       | Cash issues<br>(Date of each issue to be stated) |           |           |            | Pay days at _____ from _____ to _____   |           |           |          |
|       |  | £         | s.        | d.         | Proficiency, Service or good conduct pay  |           |           |          |
|       | <i>Sept 15 1916</i>                              |           | <i>10</i> | <i>0</i>   | days at _____ from _____ to _____   |           |           |          |
|       | <i>12 "</i>                                      |           | <i>10</i> | <i>0</i>   | Messing allowance days at _____   |           |           |          |
|       | <i>26 "</i>                                      |           | <i>1</i>  | <i>0</i>   | from _____ to _____   |           |           |          |
|       |  |           |           | <i>200</i> | Clothing and kit allowance .....  |           |           |          |
|       | Consolidated stoppage.....                       |           |           |            | Amount produced by the sale of Necessaries  |           |           |          |
|       |  |           |           |            | Personal Clothing and Effects from Form 2...  |           |           |          |
|       |  |           |           |            | Amount of Savings Bank balance, including interest (if no balance, to be so stated) |           |           |          |
|       |  |           |           |            | Deferred Pay or Gratuity .....  |           |           |          |
|       | Balance due by the Paymaster                     | <i>20</i> | <i>9</i>  | <i>1</i>   | Balance due to the Paymaster.....   |           |           |          |
|       |  | £         | <i>40</i> | <i>9</i>   |   |           |           |          |
|       |  |           |           |            |   | £         | <i>40</i> | <i>9</i> |

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *209 1* is correctly chargeable against the Public and Contingent.

Dated at this



day of

191 .

*J.H. Marshall*  
 PAYMASTER OFFICE 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 A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in italics to be struck out when there is no debtor balance.

CHECKED.  
*[Signature]*



**COPY.**

**Casualty Form—Active Service**



Regiment or Corps 2<sup>nd</sup> Newfoundland Regt  
 Regimental No. 1672 Rank L. Corp Name Hawke Michael  
 Enlisted (a) 19.6.15 Terms of Service (a) War Service reckons from (a) \_\_\_\_\_  
 Date of promotion to present rank } 18.12.15 Date of appointment to lance rank } 18.12.15 Numerical position on roll of N.C.Os. } \_\_\_\_\_  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

| Report |                    | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place       | Date    | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|--------|--------------------|--|-------------|---------|--|
| Date   | From whom received |  |             |         |  |
|        |                    | Embarked Southampton   |             | 28.3.16 |  |
|        |                    | Disembarked Rouen  |             | 30.3.16 |  |
|        | Unit               | Shropshire Wd. Lt arm  | France      | 19.6.16 | B 213. 19.6.16   |
|        | 877A.              | Admitted   | do          | do      | S.D. 11235. 19.6.16  |
|        |                    | Transferred  | 29. Cal. S. | 20.6.16 | " 11362. 24.6.16   |
|        |                    | Invalided to England   | et          |         |  |
|        |                    | #1 Staty Hosp. Rouen   | York        | 2.7.16  | W. 3083  |
|        |                    | H.S. St. Andrew.   |             |         |  |

*CH. 2.*  
*8.7.16*

*Call for Lt Col.*  
*Officer in Charge Infantry Records*  
*3<sup>rd</sup> Echelon B.C.S.*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Admitted 3-7-16.

DUPLICATE



Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Bn.

Regiment.

The Officer Commanding

The Officer in Charge of Records

58 Victoria St. AW

The Regimental Paymaster

58 Victoria St. AW

With reference to No. 1672 Sgt. Hawke. M. of the above Regiment, who appeared before a Medical Board and was approved by the D.D.M.S., London, Command, on the 30 8 16 for discharge from the Service as permanently unfit, please note that this man has been sent ~~to hospital~~ on warrant ~~to hospital~~ to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~of his pay~~.

5 58 Victoria St. AW

on [date] Aug 31<sup>st</sup> 1916.

Horace Fagan Capl. R.A.M.C.(T.F.) Registrar, R.A.M.C.I. Officer Commanding

3rd London General Hospital, Hospital. WANDSWORTH, S. W.

Place

Wandsworth

Date

31 Aug. 1916.

\* In case of Territorial Force "Officer Commanding the Administrative Centre." Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

N°.....  
In replying the number & date  
of this letter should be quoted.



General Hospital,  
St. John's, Newfoundland,  
August. 1st 1917

Re Corporal Michael Hawke.

|                           |                      |
|---------------------------|----------------------|
| Admitted to hospital.     | July. 21st.          |
| Discharged from hospital. | July. 31st.          |
| Disease.                  | Shrapnel Wound Knee. |
| Result.                   | Unimproved.          |
|                           | Refused operation.   |

*Ch. Horgan M.D.*

Superintendent.





# 1st Newfoundland Regiment

HEADQUARTERS

St John's, Newfoundland,

March 12<sup>th</sup> 1917

Sir:-

Please cancel my allotment,  
of Fifty cents (50) per day, from the 1<sup>st</sup>  
of march

& Oblique  
Respectfully

Approved.

Chas. A. A. A.

O.C.C.

R

S/ Cpl M. Hawke

~~Cancelled~~





THE ROYAL NEWFOUNDLAND REGIMENT  
DISCHARGE DEPOT

ST. JOHN'S, NEWFOUNDLAND,

May 26th, 1919

From Adjutant,  
Discharge Depot

To Paymaster and Officer i/c Records,  
Militia Department

1672 Cpl. M. Hawke

The discharge of the above mentioned has been approved for 28-5-19, and as you have his account on your books, will you please pay him off on discharge accordingly.

*N. R. Coofee.*  
*Lieut's Adj't*

LRC/C

*OK*  
*Wan*

June 17, 1919

#1672 Cpl. Michael Hawke,  
Joe Batts Arm,  
Fogo Dist.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 2241."

Yours truly

Captain,  
Paymaster & Officer i/c Records.

Enc'1 1.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1672 Rank Cpl. Name Harber, Michael  
 Date of Enlistment 10-1-15 Address 1st Battalion District 4001  
 Occupation Paper Maker Classification for Discharge B Medical Category 1st  
 Recommendation S.M.B. permitted to fit Disability Rating 20%  
 Passed to Demobilization Officer with following documents:—

|           |        |        |           |        |   |   |
|-----------|--------|--------|-----------|--------|---|---|
| N.F. P 36 | B 268  | B 121  | N.F. Med. | D.F. 1 | 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 26-5-19O. C. Discharge Depot. H. Newslett

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am in 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 \$100.00  
 (b) Clothing Supplied permitted to fit

Date 26-5-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. .... to his home  
 at *1st Dumbarton* and Release Certificate No. *2237* issued.

Date *26-5-19*

*J.A. Shaw*  
 Demobilization Officer

4. Pay and Allowances.

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

Date .....

Depot Paymaster.

Discharge approved for *28-5-19*

Forwarded with following documents to O.C Discharge Depot.

|           |        |        |           |        |                  |
|-----------|--------|--------|-----------|--------|------------------|
| N.F. P 36 | B 268  | B 121  | N.F. Med  | D.F. 1 |                  |
| B 178     | W 3494 | B 122  | Board 1st | " 2    |                  |
| B 178a    | D 400A | B 1915 | do 2nd    | " 3    | <i>2 forms B</i> |
| 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 *26-5-19*

*J.A. Shaw*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
 Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *MAY 28 1919*

*R.H. Sait 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  
Paper making*

*J. H. Hauke*

Signature of Man.

Reg. No. *1672*

*J. A. Crawford*

Signature of the Vocational Officer or his Representative.


Place **ST. JOHN'S**

Date **MAY 20 1919** 191

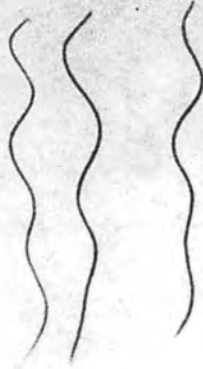
247

A

Feb. 21 9

2. *St. Underwood. fol. 1672 Corp. Hawke.* 

Military Dept



4/1st. ROYAL NEWFOUNDLAND REGIMENT,  
REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON  
SOLDIER ON REGIMENTAL STRENGTH.

Depot. Headquarters 1st. Newfoundland Regiment.

Regimental No. 1672

Name. Hawke M. Capt.

Address. 61 Gower St.

Disease or Disability.

Finding of last standing  
Medical Board held on  
..... Dec 9..... 191.....

True Dug. } Refused Operation  
                  } w/ knee drop which  
                  } is not unreasonable.

Present Condition.

Recommendation. Med. Board.

Category.

Members of Board. { G. J. Cartwright ..... C.O. Depot.  
                                  } H. Paterson ..... D.D.M.S.  
                                  } W. Burden ..... M.O. Depot.

Depot.

Headquarters Royal Newfoundland Regiment. Jan. 19. 1918.....



## Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Michael Hawke.*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *1672*  
 Intended address *Joe Ball's Crm.*  
 Height on discharge *5* Feet *9"*  
 Color of hair on discharge *Dark Brown.*  
 Complexion *fair.*  
 Color of eyes *Brown.*  
 Figure on discharge *Erect.*  
 Christian name of Father *James.*  
 Christian name of Mother *Bridget.*  
 Wife's maiden name in full }  
 Date and place of marriage } *not married*  
 Christian names of children }  
 Place and date of soldier's birth. *Joe Ball Crm. Sept. 10. 1887*  
 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) *Michael Hawke*  
 Station *1st. Lbrs* Date *Jan 24*

(Rank) *Private*

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.

*G. W. Gordon*  
 Medical Officer i/c Hospital.  
 Unit, or Command Depot.

Station *M. J. Hill, W. J.* Date *Dec. 21/16*



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... *Michael* ..... 2. Surname... *Hawke* .....
3. Rank... *Corporal* ..... 4. Regt. No. *1672* .....
5. Address in full to which future payments of gratuity are to be forwarded... *Lebatts Arm Jobs* .....
6. Date of enlistment in the Regiment... *June 16<sup>th</sup> 1915* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....  
*Not applicable*
8. Relationship of such dependents..... *not applicable*
9. Address in full of such dependents... *not applicable* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *not applicable*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *not applicable* .....
- ..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Three Years ten Months* .....
- ..... *Twenty Seven Days* ..... 1-1 .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *not applicable* .....

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.

..... *not applicable* .....

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.

..... *not applicable* .....

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?.....

..... *not applicable* .....

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

..... *May 27<sup>th</sup> 1919* ..... *Wounds* .....

..... *Demobilization* .....

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

..... *In France March 27<sup>th</sup> 1916 until July 2<sup>nd</sup> 1916* .....

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.....

..... *not applicable* .....

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: - *Michael Glauke*

Place of Residence: *In Batts Arm. Ingo*

Declared before me at: *St Johns rd*

This *9<sup>th</sup>* day of *June* 19*19*.....  
*John M. McCarthy*

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

| POST DISCHARGE PAY. |                  |                    |                          | Net amount         |
|---------------------|------------------|--------------------|--------------------------|--------------------|
| Date paid           | Paid<br>Soldier. | Paid<br>Dependent. | War Service<br>Gratuity. | due                |
|                     |                  |                    | <i>6 mes</i>             | <i>420 00</i>      |
| Certified correct.  |                  |                    | Paymaster                | <i>[Signature]</i> |





GGB/ME

May 17. 1920

To:- Major Howley  
O. I. C. Pay and Records  
Captain Murphy  
Messrs McGrath  
and Pomeroy.

From:- V. O.

M. Hawke 1672

The marginally noted man is resuming  
his course at the Re-establishment School  
to-day May 17th.

*C. Byrne*  
Secretary  
Civil Re-establishment Committee

## Confidential Information

For the use of the Civil Re-establishment Committee.

|            |       |                      |                   |
|------------|-------|----------------------|-------------------|
| Report No. | Class | No. of C. R. C. File | No. of H. Q. File |
|------------|-------|----------------------|-------------------|

Name Hawke M. No. 1672 Rank Cpl R. N. R. or Regiment.

Home Address Joe Balto Arm City Address                     

Age 31 Height 5 ft 9 ins Complexion Tan Eyes Brown Hair Brown Character                     

Date of enlistment 16-4-15 Where enlisted Sr John Where seen service France

Ship returned by Scandinavian Date of return 10-17 How Long 3 yr

Birthplace Joe Balto Arm Date of discharge 28-5-19 Religion RIC

Name and address next of kin Brother, Peter - Joe Balto Arm

Cause of disability                     

Condition which prevents the soldier from earning a full livelihood                     

Degree of incapacity (Please state in fractions) Eng. Board                      Newfoundland Board                     

Probable duration of incapacity                     

Is final disability likely to prevent return to previous occupation?                     

Recommendation of Newfoundland Board                     

Members of Board                     

### INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

| DEPENDENTS | NAME | AGE | WHERE-IF EMPLOYED | WAGES | STATE OF HEALTH |
|------------|------|-----|-------------------|-------|-----------------|
| Wife       |      |     |                   |       |                 |
| Children   | 1    |     |                   |       |                 |
|            | 2    |     |                   |       |                 |
|            | 3    |     |                   |       |                 |
|            | 4    |     |                   |       |                 |
|            | 5    |     |                   |       |                 |

Occupation prior to enlistment Papermaker

Regular trade or profession                     

Average earnings previous to enlistment \$ 7.50 <sup>50</sup> Any other income                     

Name and address of last employer A. S. Reid Co. Bishop Falls

If in receipt of sick benefits or other insurance—name of society                      Amt. per mo. \$                     

At what age left school? 13 What grade, standard, &c., was he in? Standard

Has he had any further education since leaving school, if so what?                     

Whether given Vocational Training while in Hospital in England. If so, what subjects?                     

If unable to follow previous occupation, name preference                     

References W. J. Galton

Witness                     

Date 28-5-19

I declare that the above statement is correct.

Signature M. Hamilton

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

PENSION—Class                      Amount per month, \$                      Period granted for                      Dating from                     

First Payment date

STATEMENT OF ACCOUNT.

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

Name Hawke Mc Sep

| Date.   | Particulars                  | Ch. No. | Dr.    | Cr.    | Bal.   |
|---------|------------------------------|---------|--------|--------|--------|
| Sept 29 | Balance due by Mr<br>£ 2-0-9 |         |        | 9 91   | 9 91   |
| Oct 9   | By Pay to date               |         |        | 11 50  | 21 41  |
| 31      | " 22 days @ 1/5              |         |        | 36 30  | 57 71  |
| Nov 30  | " 30 " @ 1/5                 |         |        | 57 00  | 114 71 |
| Dec 31  | " 31 " do                    |         |        | 58 90  | 173 61 |
| Jan 31  | " 31 " do                    |         |        | 58 90  | 232 51 |
| Feb 15  | " 15 " 1/5                   |         |        | 28 50  | 261 01 |
|         | Ration allowance<br>1/10-    |         |        | 2 43   | 263 44 |
| Oct 10  | To Pay                       | 22      | 15 00  |        | 248 44 |
| Nov 17  | " "                          | 46      | 15 00  |        | 233 44 |
|         | To allot 1 day 5/-           |         | 50     |        | 232 94 |
| Oct 31  | " "                          |         | 15 50  |        | 217 44 |
| Nov 30  | " "                          |         | 15 00  |        | 202 44 |
| Dec 2   | To Pay                       | 58      | 15 00  |        | 187 44 |
| 9       | " "                          | 64      | 20 00  |        | 167 44 |
| 18      | " "                          | 72      | 10 00  |        | 127 44 |
| 28      | " "                          | 82      | 10 00  |        | 117 44 |
| 31      | To allotment                 |         | 15 50  |        | 101 94 |
| Jan 2   | To Pay                       | 86      | 10 00  |        | 91 94  |
| 31      | To allotment                 |         | 15 50  |        | 76 44  |
| 29      | Pay                          |         | 30 00  |        | 46 44  |
| 15      | To allotment                 |         | 7 50   |        | 38 94  |
|         |                              |         | 274 50 |        |        |
| Feb 28  | By Pay 13 days @ 1/5         |         |        | 14 95  | 53 89  |
|         | To Allotment                 |         | 6 50   |        | 47 39  |
| 28      | To Pay                       |         | 14 46  |        | 32 93  |
|         | " "                          |         | 10 00  |        | 22 93  |
| Mar 31  | By Pay 31 days @ 1/5         |         |        | 35 65  | 58 58  |
|         | To Allotment                 |         | 15 50  |        | 43 08  |
| 31      | To Pay                       |         | 19 90  |        | 23 18  |
|         | " "                          |         | 25     |        | 22 93  |
|         |                              |         | 291 11 | 314 04 | 22 93  |

Signed 

STATEMENT OF ACCOUNT

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

Name Hauke M Co

| Date.     | Particulars                                | Ch. No. | Dr.    | Cr.    | Bal.  |
|-----------|--|---------|--------|--------|-------|
|           | Brought forward                            |         | 291 11 | 314 04 | 22 93 |
| April 30  | By Pay 30 days @ 11 <sup>5</sup>           |         |        | 34 50  | 57 43 |
| 10        | To Pay                                     |         |        |        |       |
|           | " Settlement                               |         | 5 00   |        | 52 43 |
| 30        | To Pay                                     |         | 15 00  |        | 37 43 |
|           |  |         | 14 50  |        | 22 93 |
| May 31    | By Pay 31 days @ 11 <sup>5</sup>           |         |        | 35 65  | 58 58 |
|           | <del>By Pay 30 days @ 11<sup>5</sup></del> |         |        |        |       |
| 15        | To Pay                                     |         | 53 50  | 30 50  | 89 08 |
| 31        | " "  |         | 12 65  |        | 35 58 |
|           |  |         |        |        | 22 93 |
| June 15   | By Pay 15 days @ 11 <sup>5</sup>           |         |        | 17 25  | 40 18 |
|           | " 15 " @ 12 <sup>0</sup>                   |         |        |        |       |
| 15        | To Pay                                     |         | 17 25  | 18 00  | 58 18 |
|           |  |         |        |        | 40 93 |
| July 31   | By Pay 31 days @ 12 <sup>0</sup>           |         |        | 37 20  | 78 13 |
|           | To Pay                                     |         | 18 00  |        | 60 13 |
| 31        | " "  |         | 37 20  |        | 22 93 |
| August 31 | By Pay 31 days @ 12 <sup>0</sup>           |         |        | 37 20  | 60 13 |
|           | To Pay                                     |         | 37 20  |        | 22 93 |
| Sept 30   | By Pay 30 days @ 12 <sup>0</sup>           |         |        | 36 00  | 58 93 |
|           | To Pay                                     |         | 18 00  |        | 40 93 |
|           | To Equip                                   |         | 35     |        | 40 58 |
| 30        | To Pay                                     |         | 17 65  |        | 22 93 |
| Oct 30    | By Pay 30 days @ 12 <sup>0</sup>           |         |        | 37 20  | 60 13 |
|           | To Pay                                     |         | 18 00  |        | 42 13 |
| 31        | " "  |         | 19 20  |        | 22 93 |
| Nov 30    | By Pay 30 days @ 12 <sup>0</sup>           |         |        | 36 00  | 58 93 |
|           | To Pay                                     |         | 18 00  |        | 40 93 |
| 30        | " "  |         | 18 00  |        | 22 93 |
| Dec 31    | By Pay 31 days @ 12 <sup>0</sup>           |         |        | 37 20  | 60 13 |
|           | To Pay                                     |         | 18 00  |        | 42 13 |
| 31        | " "  |         | 19 20  |        | 22 93 |

647 81    670 74 22 93    for

Signed \_\_\_\_\_



STATEMENT OF ACCOUNT

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

Name Hawke M. Ope.

| Date.     | Particulars   | Ch. No. | Dr.    | Cr.    | Bal.   |
|-----------|---|---------|--------|--------|--------|
| 1918      | Brought forward   |         | 647 81 | 670 74 | 22 93  |
| Jan 31    | By Pay 31 days @ 1 <sup>20</sup> / <sub>100</sub>                 |         |        | 37 20  | 60 13  |
|           | Warples Stoppages *<br>14 days @ 50 <sup>1</sup> / <sub>100</sub> |         |        |        |        |
| 15        | To Pay  |         | 7 00   |        |        |
| 30        | " "   | 3210    | 18 00  |        | 42 13  |
|           |   | 3644    | 19 20  |        | 22 93  |
| Feb 28    | By Pay 28 days @ 1 <sup>20</sup> / <sub>100</sub>                 |         |        | 33 60  | 56 53  |
|           | * Warples Stoppages   |         | 7 00   |        | 49 53  |
| 28        | To Pay  | 4400    | 26 60  |        | 22 93  |
| Mar 31    | By Pay 31 days @ 1 <sup>20</sup> / <sub>100</sub>                 |         |        | 37 20  | 60 13  |
|           | To Pay  |         |        |        |        |
| 31        | Cash Payment  | 4797    | 18 00  |        | 42 13  |
|           | " "   | 5152    | 15 00  |        | 27 13  |
|           |   |         | 4 20   |        | 22 93  |
| April 30  | By Pay 30 days @ 1 <sup>20</sup> / <sub>100</sub>                 |         |        | 36 00  | 58 93  |
| 15        | To Pay  | 3160    | 18 00  |        | 40 93  |
| 30        | " "   | 6077    | 18 00  |        | 22 93  |
| May 31    | By Pay 31 days @ 1 <sup>20</sup> / <sub>100</sub>                 |         |        | 37 20  | 60 13  |
|           | To Pay  | 6729    | 18 00  |        | 42 13  |
| 31        | " "   | 7188    | 19 20  |        | 22 93  |
| June 30   | By Pay 30 days @ 1 <sup>20</sup> / <sub>100</sub>                 |         |        | 36 00  | 58 93  |
| July 31   | " " " "   |         |        | 37 20  | 96 13  |
| Aug 31    | " " " "   |         |        | 37 20  | 133 33 |
| Sept 30   | " " " "   |         |        | 36 00  | 169 33 |
| June 15   | To Pay  | 7669    | 18 00  |        | 151 33 |
| 30        | " "   | 8108    | 18 00  |        | 133 33 |
| July 15   | " "   | 7       | 18 00  |        | 115 33 |
| 31        | " "   | 5       | 19 20  |        | 96 13  |
| August 15 | " "   | 1126    | 18 00  |        | 78 13  |
| 31        | " "   | 1780    | 19 20  |        | 58 93  |
|           |   |         | 939 41 | 998 24 | 58 93  |

Signed A. J. Gray

STATEMENT OF ACCOUNT

No. 1672

Name Nawke. Mc Ope

| Date.   | Particulars                               | Ch. No. | Dr.     | Cr.     | Bal.     |
|---------|---|---------|---------|---------|----------|
|         | Brought forward                           |         | 939 41  | 998 34  | 58 93    |
| Sept 15 | To Pay                                    | 2602    | 18 00   |         | 40 93    |
| 30      | " "                                       | 8125    | 18 00   |         | 22 93    |
| Oct 31  | By Pay 31 day @ 1 <sup>20</sup>           |         |         | 37 20   | 60 13    |
| Nov 30  | " 30 do                                   |         |         | 36 00   | 96 13    |
| Dec 31  | " 31 do                                   |         |         | 37 20   | 133 33   |
| Jan 31  | " 31 do                                   |         |         | 37 20   | 170 53   |
| Feb 28  | " 28 do                                   |         |         | 33 60   | 204 13   |
| Mar 31  | " 31 do                                   |         |         | 37 20   | 241 33   |
| Apr 30  | " 30 do                                   |         |         | 36 00   | 277 33   |
| May 31  | " 31 do                                   |         |         | 37 20   | 314 53   |
| June 11 | " " "                                     |         |         | 13 20   | 327 73   |
|         | Sub allowance<br>12 day @ 1 <sup>00</sup> |         |         | 12 36   | 340 09   |
|         | clothing                                  |         |         | 60 00   | 400 09   |
| Oct 15  | To Pay                                    |         |         |         | 382 09   |
| 31      | " "                                       | 4007    | 18 00   |         |          |
| Nov 15  | " "                                       | 74      | 19 20   |         | 362 89   |
| 30      | " "                                       | 5399    | 18 00   |         | 344 89   |
|         | " "                                       | 5754    | 18 00   |         | 326 89   |
| Dec 13  | " "                                       | 6753    | 18 00   |         | 308 89   |
| 23      | " "                                       | 7355    | 19 20   |         | 289 69   |
| Jan 15  | " "                                       | 8392    | 18 00   |         | 271 69   |
| 31      | " "                                       |         | 19 20   |         | 252 49   |
| Feb 15  | " "                                       |         | 15 00   |         | 234 49   |
| 28      | " "                                       |         | 15 60   |         | 218 89   |
| Mar 15  | " "                                       |         | 18 00   |         | 200 89   |
| 31      | " "                                       |         | 19 20   |         | 181 69   |
| Apr 15  | " "                                       | 16347   | 16 50   |         | 165 19   |
| 30      | " "                                       | 17175   | 19 50   |         | 145 69   |
| May 15  | " "                                       | 19539   | 18 00   |         | 127 69   |
| 31      | " "                                       | 21145   | 19 20   |         | 108 49   |
|         | " "                                       | 22502   | 85 56   |         | 22 93    |
|         |   |         | 1352 59 | 1375 50 | 22 93 Cr |

Signed

*Alvany Sky*

STATEMENT OF ACCOUNT

No. 1672  
 Name Hawke M

| Date.   | Particulars                                      | Ch. No. | Dr.     | Cr.     | Bal.   |
|---------|--|---------|---------|---------|--------|
|         | Brought forward                                  |         | 1352 57 | 1375 50 | 22 93  |
|         | War Service Gratuity<br>6 mos @ 70 <sup>00</sup> |         |         | 420 00  | 442 93 |
| June 18 | 30 Pay   | 24092   | 70 00   |         | 372 93 |
| July 18 | " "  | 1462    | 70 00   |         | 302 93 |
| Aug 18  | " "  | 6762    | 70 00   |         | 232 93 |
| Sept 18 | " "  | 1297    | 70 00   |         | 162 93 |
| Oct 18  | " "  | 15764   | 70 00   |         | 92 93  |
| Nov 18  | " "  | 17637   | 70 00   |         | 22 93  |

25  
1  
1921

1772 57 1795 50 22 93 Cr

Signed Alvaney SSM

Mr. J. M. Howley

Paymaster

Dear Sir.- Please send amount  
to my address

% Rev. W. P. Finin  
Holwood

1672

P. S. S. S. Hauke



Norwood  
Feb. 5<sup>th</sup> 1866

J. M. Howley Esq.  
Paymaster Reg. Pay Dist Office  
St. John

Dear Sir, - I enclose my certificate  
in accordance with instructions.  
Yours truly  
Hidgel-Hauke

Witness J. P. P. P.

1672

November 17th

6

Pte. M. Hawke,

Joe Batt's Arm,

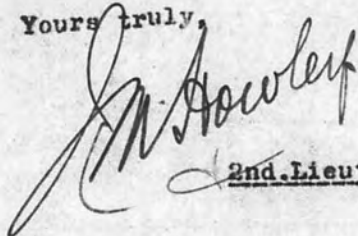
Twillingate.

1672

Dear Sir,-

Referring to your telegram of November 16th. I  
enclose herewith Cheque for \$15.00 on account of pay.  
Kindly sign the attached voucher in the space provided  
for same, and return.

Yours truly,



2nd. Lieut. & D/Paymaster.

July 17, 1919

Officer Commanding,  
Discharge Depot.

Dear Sir:-

The undermentioned man has been  
discharged on account of Demobilization,  
on this date:-

✓ #1672 Corpl. Michael Hawke. ✓

Yours truly

*AMX.*

Paymaster & Officer i/c Records.      Captain.



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 85 <sup>56</sup>/<sub>100</sub>

May 31/19 1919

Received from the First Newfoundland Regiment  
the sum of Eighty five <sup>56</sup>/<sub>100</sub> Dollars.  
on account of Pay.  
balance

M Flouck

|               |                    |
|---------------|--------------------|
| Ch. No. 22502 | Initials. J. E. W. |
| Pay Ledger 19 | Initials. J. E. W. |
| Gen. Ledger   | Initials.          |

Regtl. No. Rank

*[Handwritten scribble]*



No. 1672.

Rank Cpl

Name

M. Hawke

**Civil Re-Establishment Committee.**  
( DEPARTMENT OF MILITIA. )

FORM R  
16-12-19-2000

May 22nd 1920

**MAJOR HOWLEY**

Officer in Charge of Pay and Records.

Please pay to M. Hawke, 1672  
the sum of eleven dollars and sixty six cents  
in payment of allowance for week ended this date  
in connection with re-education.

\$11.66

Pension Monthly

\$10.00

Wages Monthly

*H. C. J.*  
*W. W. Nicholl.*

|             |          |
|-------------|----------|
| ACCOUNT     |          |
| AC. NO.     | 38048    |
| IMP. LEDGER | INITIALS |
| PAY LEDGER  | INITIALS |
| GEN. LEDGER | INITIALS |

VOCATIONAL OFFICER.

*M. Hawke*

Sept 27 1920

Major Howley  
O. I. C. Records

Please pay to M. Hawke, 1672  
the sum of fifty dollars  
in payment of P. & A. Bonus  
and charge same to Civil Re-establishment Committee

\$50.00

Pension \$10.00

|             |      |                    |
|-------------|------|--------------------|
| ACCOUNT     |      |                    |
| CHK. NO.    | 2754 | INITIALS <i>OH</i> |
| INL. LEDGER |      | INITIALS           |
| PAY LEDGER  |      | INITIALS           |
| GEN. LEDGER |      | INITIALS           |

*Low Meckell*  
Vocational Officer

*M. Hawke*

September 11th 1920

Major Howley  
O.I.C. Pay and Records

Please pay to M. Hawke 1672  
the sum of eleven dollars and sixty six cents  
in payment of allowance for week ended Sept. 4th.  
Charge the same to the Civil Re-establishment Committee.

\$11.66.

*W. W. McCall*  
Vocational Officer

|             |             |          |                     |
|-------------|-------------|----------|---------------------|
| ACCOUNT     | <i>2118</i> | INITIALS | <i>W. W. McCall</i> |
| CR. NO.     |             | INITIALS | <i>W. W. McCall</i> |
| INL. LEDGER |             | INITIALS | <i>W. W. McCall</i> |
| PAY LEDGER  |             | INITIALS | <i>W. W. McCall</i> |
| GEN. LEDGER |             | INITIALS | <i>W. W. McCall</i> |

*W. W. McCall*

*M. Hawke*



BB/OR.

September 7, 1920.

Major Howley,  
O.I.C. Pay and Records.

Please pay to M. Hawke,  
the sum of ten dollars and forty five cents  
in payment of transportation from Joe Batt's Arm to St. John's  
Charge same to Civil Re-establishment Committee.

\$10.45

*W. Mackall*  
Vocational Officer.

|             |      |                      |
|-------------|------|----------------------|
| ACCOUNT     |      |                      |
| CHK. NO.    | 2317 | INITIALS <i>W.M.</i> |
| INL. LEDGER |      | INITIALS             |
| PAY LEDGER  |      | INITIALS             |
| GEN. LEDGER |      | INITIALS             |

*A.C.*

*M. Hawke*

S. J. Sumner  
Sept 4 1872

Recd From  
Mr. Hawk

The sum of Ten Dollars &

Forty Five Cents  $10.45$   
X +


For 1st Class Passage

From Joe Batts Arm

To A. J. Johns

A. C. A.

J. Newell  
Purser



No. ....



**1st NEWFOUNDLAND REGIMENT**

**VOUCHER**

In Acct. with L/Cpl. M. Hawke .....

Voucher No. 27763

Cheque No. 27763

Reg'l A/c No. ....

Name .....

C.B. Folio No. ....

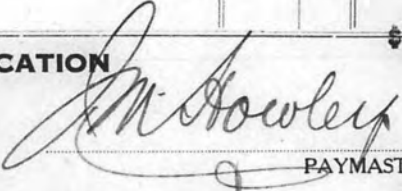
| Date    | Req'n No. | Invoice No. | Particulars. | Amount. |
|---------|-----------|-------------|--------------|---------|
| Jan. 29 | 292       |             | Pay on a/c   | \$30    |
|         |           |             |              |         |
|         |           |             |              |         |
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|         |           |             |              |         |
|         |           |             |              |         |

\$30

**CERTIFICATION**

Dissect<sup>n</sup> Sheet No. ....

Recap. Sheet No. 292 .....



.....  
PAYMASTER

Checked by .....

**RECEIPT**

January 29th 1917.

**Received** from the 1st. NEWFOUNDLAND REGIMENT the sum of

Thirty ..... Dollars

and ..... Cents in Payment as above stated.

January 1917.

\$ 30.00

[Sig.] *L. Cpl M. Hawke*

No. ....



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Cpl. M. Hawke .....

Voucher No. 2670.

Cheque No. 2670.

Reg'l A/c No. ....

Name .....

C.B. Folio No. ....

| Date |   | Req'n No. | Invoice No. | Particulars. | Amount. |
|------|---|-----------|-------------|--------------|---------|
| Jan. | 2 | 265       |             | A/c pay      | \$10    |
|      |   |           |             |              |         |
|      |   |           |             |              |         |
|      |   |           |             |              |         |
|      |   |           |             |              |         |
|      |   |           |             |              |         |
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|      |   |           |             |              |         |
|      |   |           |             |              |         |
|      |   |           |             |              |         |
|      |   |           |             |              | \$10    |

CERTIFICATION

Dissect<sup>n</sup> Sheet No. ....

Recap. Sheet No. 265.

*M. Hawke*  
PAYMASTER

Checked by .....

RECEIPT

January 2nd 1916.

Received

from the 1st. NEWFOUNDLAND REGIMENT the sum of

Ten Dollars

and Cents in Payment as above stated.

January 1917.

\$10.00

[Sig.]

*M. Hawke*



Copy

COPY.



Medical Report on an Invalid.

Station 3rd London General Hospital  
Wards with SW

Date Aug. 23<sup>rd</sup> 16

1. Unit 1<sup>st</sup> Newfoundland Regt.  
2. Regimental No. 1672.  
3. Rank Lt Col.  
4. Name Hawke, M.

5. Age last birthday 28.  
6. Enlisted { on June 16<sup>th</sup> 1915  
                  { at St John's Newfoundland.  
7. Former Trade { Lumberer.  
                  or Occupation {

8. Disability.

G.S.W. Left Knee.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. June 19/1916.

10. Place of origin of disability. France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Wounded in Right arm & Left Knee. Wound in arm is healed & there is no loss of power in arm or hand. In left knee the foreign body is still present, its removal is not advised. Had two operations in France on knee.

12. (a) Give your opinion as to the causation of the disability.

Active Service

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

G.S.W.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General condition is good

Wound on knee is entirely healed. Has very considerable loss of power & cannot walk very far & then limps rather badly. Cannot straighten leg. Has had massage which improved the movement a little.

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

yes.  
yes.  
yes.

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

✓

16. Was an operation performed? If so, what?

Two operations performed in France close here.

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

yes.

C. J. O'S.  
C. J. O'S.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except

3rd London General Hosp.  
Station Wandsworth SW.

Alfred Pearce Gough.

Date 29/8/16.

Officer in charge of Hospital.  
Lieut. R. M. C.

\* 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.

+ Delete this word if no exceptions are to be made.

Commanding 3rd London General Hospital

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165. Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Active Service*  
*G.S.W.*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?
- (c) Any of the conditions mentioned in Question 20, and if so which?

*No.*  
*No.*

22. Is the disability permanent?

*yes*

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Lessened by one half.*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

*No.*

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

*vide 16.*

26. Do the Board recommend

- (a) Discharge as permanently unfit, or
- (b) ~~Discharge to England?~~

*yes*

Signatures:—

Station 3rd London General Hosp. Wandsworth

Date 30/8/16

Approved. Station Headquarters London Dist

Date 30.8.16

*W. Ellinger Major R.A.M.C.* President.

*J.W. Wheeler Capt R.A.M.C.* Members.

*A.P. Howard Esq.*

*W. Ellinger Major R.A.M.C.* Administrative Medical Officer.

*London District*

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD  
ON SOLDIER OR NAVAL RESERVIST RETURNED  
FROM OVERSEAS

Station ST. JOHN'S NFLD. Date JANUARY 22nd., 1918  
No. 1672 Age 29 Height 5'9"  
Rank CORPORAL Complexion FAIR  
Name HAWKE, M. Eyes BROWN Hair BROWN  
Unit 1ST NEWFOUNDLAND  
Address JOE BATTS ARM Former Trade LUMBERING  
Enlisted at ST. JOHN'S NFLD. on JUNE 16th., 1915

Disease or disability G.S.W. RIGHT ARM & LEFT KNEE

Present condition *Very good. Walks well. Can bend  
knee to right angle. Foreign body still there.  
Says has occasional pain in knee*

Estimated disability

*70%*

Recommendation of Medical Board

*Discharge permanently unfit*

Class

Members of Board

*H. Shaver  
J. Simons  
L. Habersman*

Approving Medical Officer.

*Clay Macpherson*





Medical Report on an Invalid.

Station \_\_\_\_\_

Date \_\_\_\_\_

1. Unit

5. Age last birthday

2. Regimental No. 1672

6. Enlisted { on  
at3. Rank *1st Lt.*7. Former Trade {  
or Occupation {4. Name *Hawke M.*

## 8. Disability.

Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*General Condition good.  
Wounds healed. No loss of power in arm  
only. Can walk without limp*

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Do you recommend

- (a) Discharge as permanently unfit,  
or
- (b) Change to England?

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,  
except†

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

\* 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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

*Active Service  
G.S.W*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

*no*

(b) Misconduct?

*no*

22. Is the disability permanent?

*no, fit for general service*

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*not at all*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or total incapacity.

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

*—*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

*no*

(b) Change to England?

Signatures:—

*R.S. Fraser*

President.

*L. Paterson-Murray*

*G. Sinclair Tait*

Members.

Station \_\_\_\_\_

Date *Dec. 8/16*

Approved.

Station \_\_\_\_\_

Administrative Medical Officer.

Date \_\_\_\_\_

Δ 1672

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1672 Rank Cpl Name Harcke Michael  
 Date of Enlistment 10-11-15 Address Joe Battalway District Fogo  
 Occupation Paper Maker Classification for Discharge B Medical Category Sty  
 Recommendation S.M.B. for discharge Disability Rating 20%

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    | 3 |
| 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 26-5-19

JW O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

M Harcke

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied none

Date 26-5-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. .... to his home  
 at *for Bath's Army* and Release Certificate No. *2234* issued.

Date *26-5-19* .....  
*J.A. Snowling*  
 Demobilization Officer

4. Pay and Allowances.

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

Date ..... Depot Paymaster.

Discharge approved for. .... *29-5-19*

Forwarded with following documents to O.C Discharge Depot.

|           |        |        |           |        |
|-----------|--------|--------|-----------|--------|
| N.F. P 36 | 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   |           |        |

Date *26-5-19* .....  
*J.A. Snowling*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
 Officer i/c Records.  
 Board of Pension Commissioners.  
 with following additional documents.

Eligible for War Service Gratuity

MAY 28 1919

*R.H. Dittell*

Date ..... O. C. Discharge Depot.

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

Date *31/5/19* .....  
*J.P. Greaves*  
 for officer i/c Records

Casualty Form—Active Service.

Regiment or Corps 2/1st. Newfoundland.  
 Regimental No. C.R. 1672 Rank L. Corp. Name Hawke, Michael  
 Enlisted (a) 17.6.15 Terms of Service (a) was Service reckons from (a) \_\_\_\_\_  
 Date of promotion to present rank } 18.12.15 Date of appointment to lance rank } 18.12.15 Numerical position on roll of N.C.Os. } \_\_\_\_\_  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_



| Report |                    | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place                | Date    | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|--------|--------------------|--|----------------------|---------|--|
| Date   | From whom received |  |                      |         |  |
|        |                    | Empk'd Southampton   |                      | 28.3.16 |  |
|        |                    | Disembk'd ROUEN  |                      | 30.3.16 |  |
|        | Unit 27th          | Sharp. W., R. Arm & L. Leg   | France               | 19.6.16 | B 213, 19.6.16.  |
|        |                    | Admitted   | do                   | do      | ED 11235 19.6.16   |
|        |                    | Transferred  | 29 <sup>th</sup> Col | 20.6.16 | ED 11362 24.6.16   |
|        |                    | Invalided to England, ex No. 1 Stat. Hosp., Rouen, per N.S. "St. Andrew"   |                      | 2.7.16  | W. 3083  |

*[Handwritten signature]*

S.N.Q.  
8.7.16

*[Handwritten signature]*  
 Capt. for Lt. Col.,  
 Officer in Charge Infantry Records,  
 3rd Echelon, B.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

ORIGINAL.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 (6-6) W5017/2124 1000m 6/15ss 93 58

Forms  
 B. 121.  
 39.

Regiment of *1<sup>st</sup> Newfoundland*

Number of Sheet *941*  
 Signature of O. C. Company *Shornis sh.*



|  |  |   |  |   |   |
|--|--|---|--|---|---|
| Regimental Number and Name<br><i>No. 1672 M. Hawke</i> |  | Enlistment<br>Age on <i>27</i> years <i>9</i> months          |  | Trade<br><i>Lumberman</i>                     | Good Conduct Badges, Service Pay or Proficiency Pay |
| Joined _____ Date _____                                |  | Place and Date of Enlistment<br><i>St John's June 17 1915</i> |  | Religion<br><i>R.C.</i>                       |   |
| Joined _____ Date _____                                |  | Period of <i>(with Colours 11 3/4 years)</i>                  |  | Place of Birth<br><i>Joe Batt's Arm. Logo</i> |   |
| Joined _____ Date _____                                |  | <i>(with Reserve 11 3/4 years)</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>Newton School</i> | <i>11/1/16</i>  | <i>Lt Capt</i> |                      | <i>Absent from barracks without Capt Phelan leave Jan 9<sup>th</sup> 9.30 hr. to Jan 10<sup>th</sup> 12.30 hr.</i> |                    | <i>Admonished</i>  | <i>11/1/16</i>                                  | <i>Capt E. S. Hye Jan 12/16</i> | <i>RWR.</i> |
|                      |                 |                |                      | <i>Demobilized St John's 17 1916</i>   |                    |                    |   |                                 |             |

To be carried over

Army Form B. 121.