



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1234 Name Edward Jones Corps Light

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Edward Jones
2. What is your full Address? } 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 3 Months
5. What is your Trade or Calling? 5. None
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. No { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Edward Jones, 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.

.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward Jones, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 12th day of April, 1915.

Signature of Attesting Officer J. J. [Signature]

†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 1st Battalion.

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

Date 12th April, 1915

Place St. John's

} Approving Officer. [Signature]

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

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



FIRST NEWFOUNDLAND REGIMENT

4234

ATTESTATION OF

No. 4234 Name Edward Hawkins Corps Co. 1st

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <u>Edward Hawkins</u> |
| 2. What is your full Address? | 2. <u>3 Rocky Lane</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Book binder</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, Edward Hawkins 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.

H. 10 17 17 J. J. Handley SIGNATURE OF RECRUIT.
J. J. Handley Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward Hawkins 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 10th day of December 1917

Signature of Attesting Officer J. J. Handley

†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 Dec 10th 1917

Place St. John's

Approving Officer. J. J. Handley

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

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

20 Report 17-12-17

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edward Hawkins
 Apparent age 18 years 8 months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion ✓ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Hawkins
3 Rocky Lane | Relationship Father
Edy
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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>10-12-17</u>					Lance Capt. <u>20-3-18.</u> Promoted to Capt. <u>6-9-18.</u>				
Joined at <u>John's</u> on <u>December - 1917</u>									
Discharged <u>17/1/1919</u>									
I report to duty <u>17-12-17.</u>									
Embarked <u>St. John's S.S. train to Halifax N.S.</u> <u>28th</u> . Embarked for <u>St. L.</u> <u>21-8-18</u> Arrived <u>St. L.</u> <u>2-9-18</u> Arrived <u>Bath</u> in the <u>late</u> <u>5-9-18.</u>									
Wounded <u>14-10-18</u> Admitted <u>3rd Div. H.Q. S.W. Coy.</u> <u>14th</u> . Admitted <u>2nd Div.</u>									
New Hosp. <u>Southern</u> <u>15th</u> . Transferred to <u>England</u> <u>27-10-18.</u> Admitted <u>3rd London</u>									
New Hosp. <u>27-10-18</u> Admitted <u>to Holy Trinity</u> <u>8-12-18</u> to <u>London</u> for <u>Demobilization</u> <u>12-2-18.</u> Arrived <u>London</u> <u>21-12-1918.</u>									
Total Service forfeited as above. <u>Demobilization</u> <u>John's</u> <u>16-2-1919</u>									
Total Service towards Engagement to <u>16-2-1919</u> [date of discharge]									
Pensions " " " " " " " "									

Hawkins, E

4234

Gay Sept.

February 17, 1919

#4234 Pte. Edward Hawkins,
#3 Rocky Lane,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 1028."

Yours truly,

Capt.
Pa. master & O.i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

DEMOBILIZATION OF *Edward Hawkins*

Reg. No. *4234* Rank *Private* Name *Edward Hawkins*
 Date of Enlistment *10-12-17* Address *St Johns* District *St Johns*
 Occupation *Book Binder* Classification for Discharge *B* Medical Category *F*
 Recommendation S.M.B. *Permanently unfit* Disability Rating *Less than 20%*

Passed to Demobilization Officer with following documents:—

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

Date *25-1-19* *W. H. Cap*
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment
 I am *Cap* in a position to resume civilian occupation.
E. L. Hawkins

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.
 Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable *#60*
 (b) Clothing Supplied *Joseph A. Snowfield*

Date *3-2-19* O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at _____ and Release Certificate No. 1042 issued.

Date 3-2-19 C. Dicks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 17-2-19

Date 3-2-19 W. H. W. Capt.
Depot Paymaster.

Discharge approved for 3-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 1894	1	B 268	B 121	N.F. Med.	D.F. 1	
E 178		W 3494	B 122	Board 1st	" 2	1
B 178a	1	D 400A	B 1915	do 2nd	" 3	2
B 179	X	D 400B	Form L	do 3rd	" 4	
B 179a	1	D 400C	Form K	do 4th	" 5	
B 179b		B 103	ME 2		" 6	
B 179c		B 120	M 93			

Date 3-2-19 C. Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date FEB 3 1919 R. H. Sait Capt.
O. C. Discharge Depot.

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

Date

LAST PAY CERTIFICATE

ORIGINAL. N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 4234 Rank Private Name Hawkins E.L. Unit Royal Nfld. Regt. who was repatriated
to Newfoundland on 12/12/18 Authority Draft No. 79 Cause

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			CR.			
		£	s	d	£	s	d	
PERIOD: From 8/12/18 To 12/12/18 CHEKED <i>[Signature]</i> 31-12-18	Balance Dr. from 7/12/18		1	10	Balance Cr. from			
	Allotment 4 days @ 70	2	80		Pay 4 days @ \$ 1.00	4	00	
	Cash Payments:				Field Allce 4 days @ \$.10		40	
						4	40	18 1
	Hospital Advance			3 6	Other Allces days @ \$			
	Other Debits				Other Credits:			
	Total Debits			2 1 10	Total Credits			18 1
	Balance due by Paymaster				Balance due to Paymaster		1 3 9	
				2 1 10			2 1 10	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

191

Made up/Checked in accordance with information received in the Pay & Record Office London to 31/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
31 / 12 / 1918

Chief Paymaster & O. 1/c Records.

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 work as Book Binder

E. Hawkins

Signature of Man.

Reg. No. 4234

Edwards C. M.

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

3/2/18

191

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 question 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.

1. Christian name... *Edward L.* 2. Surname... *Hawkins*

3. Rank... *Private* 4. Regtl. No... *H. 2. 34*

5. Address in full to which future payments of gratuity are to ~~fax~~ be forwarded... *No. 3 Rocky Lane St. Johns*

6. Date of enlistment in the Regiment... *Dec. 10. 1917*

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 dependent... *Not Applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *No.*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *From Dec. 10. 1917 To Feb. 17. 1919*

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

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

Clothing Allowance 60⁰⁰/₁₀₀

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?.....

Yes

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

Reverted at my own request

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

No

Feb. 17. 1919

Demobilization and unfit for general service

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.....

Ypres Sept 28. 1918

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

No

(b). If (a), are you in receipt of full pay and allowances from that Committee.....

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: *E L Hawkins*
 Place of Residence: *3 Rocky Lane St Johns*
 Declared before me at: *St Johns, Nfld*
 This *3rd* day of *March* 19*19*
John W. Carthy

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4 mos.</i>	<i>280.00</i>
.....
.....
Certified Correct.			Paymaster.	

RECEIVED

LAST PAY CERTIFICATE

DUPLICATE N.F.P./94.
MAIL COPY

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 4254 Rank Private Name Hawkins B.L. Unit Royal Wfld. Bn. who was repatriated
to Newfoundland on 12/12/18 Authority Draft No. 79 Cause _____

DR. STATEMENT OF ACCOUNT

PERIOD: FROM 8/12/18 TO 12/12/18

CHECKED
[Signature]
31-12-18

PARTICULARS				\$	¢	PARTICULARS				\$	¢		
				£	s					£	s		
				d					d				
Balance Dr. from						Balance Cr. from							
Allotment days @ 7/12/18				1	8	Pay days @ \$				4	00		
Cash Payments:						Field Allowance 4 days @ \$.10				4	40		
						Other Allowances days @ \$							
Hospital Advance					3	Other Credits:							
Other Debits					6								
Total Debits						Total Credits							
Balance due by Paymaster				2	1	Balance due to Paymaster				1	3		
					10						9		
				2	1					2	1		
					10						10		

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

191

(Place) _____ (Date) _____ O.C. " " Company _____
Made up/Checked in accordance with information received in the Pay & Record Office _____ to 31/12/18
and is therefore subject to amendment if and as may be found necessary. _____
Pay & Record Office, London,

Chief Paymaster & O. i/c Records.

31 / 12 / 1918

C.R. 4234

Extract from O.R.D.E.R.S. by Lt. Col. T.G. Mathias, D.S.O.,
Commanding 1st Battalion Royal Newfoundland Regiment,
dated 6/9/18.

REVERT.

No. 4234, L/C. Hawkins, B. Coy reverts to the ranks
at his own request.

C.R! 4234

Extract from Nominal roll of sick and wounded
from the R.S.F. admitted 3rd., London General
Hospital 27/10/18.

4248 Pte. E.L. Hawkins

4234

~~G.W. L. Ear.~~

G.S.W. L

CR.

4234

Extract from Nominal Roll discharged from Srd L.G.H. on
7-12-18 and sent to 2nd Battr. Winchester for immediate
repatriation in accordance with arrangements made by
Major Timewell. 17 Dec. 1918.

4234 Pte. E.L. Hawkins.

4234

C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Dec. 10th, 1917.

4234 Pte. E.J. Hawkins.

Attested for General Service with the 1st Nfld. Regt. on
Dec. 10th/17 to take effect on Dec. 11th/17

C.R. 4234

Extract from Daily Orders part 11, Depot St. John's dated
Feb. 5th³. 1919.

26

The discharge of the undernoted On demobilization have been
APPROVED by O. G. Discharge depot on noted dates.

4234 Pte. Ed. Hawkins.

3-2-19.

C.R. 4234

Extract from Nominal Roll of repatriation draft No. 79
was embarked at Tilbury Dock per . . . GORICAN 18/12/18.

#4234 Dte. E. Hawkins.

CRI 4234

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.,
Commanding 1st Battalion, Royal Newfoundland Regiment
dated 5/9/19.

The following arrived today and is posted to the following
Company.

B. COMPANY.

4234, L/C. Hawkins.

C.R. 4234

Extract from Daily Orders part II in Depot Winchester dated
10-22-18 by Lieut. Col., B. J. Barton, D.S.O Officer Commanding
2nd., Battalion of the Royal Newfoundland Regiment.

#4234 Pte. L. Hawkins.

The a/m Having reported back from the 1st., Battalion is taken
on the strength and posted to "H" Co., 8-12-18

C.R. 4234

extract from Nominal Roll Draft #51 to B.H.F. Embarked Folkestone
31/8/18.

4234 B/Cpl. Hawkins E.L.

C.R. 4234

Extract from Telegram despatched to Synoptical, London, dated
dated May 30, 1918.

In answer to your telegram ~~despatched to~~ May 28th Sussex
#4234 Hawkins. £10.

C.R. 4234

Extract from Nominal Roll Embarked St. John's for Overseas,
Mar. 29, 1918.

4234 L/C. Hawkins E.F.

C.R. - 4234

Extract of Telegram to Synoptical London dated May 27th. 1918.

Pay as follows:-

4234 Hawkins

Royal Nfld. Regt.....2 pounds.

C.R. 4234

Extract of Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, March 21, 1918.

#4234 Pte. E. Hawkins

To be Lance Corporal with effect from 20/3/18.

C.R. 4234

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT
IN FRANCE DATED 21/11/18.

To ENGLAND.

#4234 L/Cpl. E. Hawkins.

27/10/18.

C.R. 4234

Extract from Medical Board held Jan. 22nd, 1919.

4234 Pte. E. Hawkins.

Recommended Discharge as permanently Unfit.

C.R. 4234

Extract from Daily Orders part 11, Depot St. John's dated Dec. 23rd. 1918.

The u.m returned from Overseas and reported at Depot 21-12-18.

#4234 Pte. E. Hawkins.

C.R. 4234

Extract from War Office List No. G. 1753 dated 11. 18.

#4234 Pte. Hawkins.

Wounded 14. 10. 18.

BC.

C.R. 4234

Oct. 30th 18

Dear
Mr. Hawkins:

I beg to inform you that additional information has to-day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 4234, Private Edward Hawkins
is now at 3rd London General Hospital, Wandsworth

Yours faithfully,

Mr. Samuel Hawkins
3 Rocky Lane

Minister of Militia.

C.R. 4234

Nov. 6th, 1918.

Mr. Samuel Hawkins,
3 Rocky Lane,
City.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 4234 Private Edward Hawkins, is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

Oct 25th

18

Dear Mr. Hawkins:

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

- your son, No. 4234, Private Edward Hawkins was admitted to 2nd Australian General Hospital Wimeruex on October 15th suffering from G.S.W. left ear mild.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Samuel Hawkins

3 Rocky Lane

CITY

Minister of Militia.

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

MEDICAL HISTORY

OF

Surname H. Austin

Christian Name Edward G.

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's

County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>10th</u> day of <u>Dec</u> 191 <u>7</u> at <u>St. John's</u>		on	day of 191
Declared Age	<u>18</u> years <u>8</u> Mos		years	days
Trade or Occupation	<u>Book Binder</u>			
Height	<u>5</u> feet	<u>5</u> inches	feet	inches
Weight		<u>111</u> lbs.	lbs.	
Chest Measurement	Girth when fully expanded... <u>33</u> inches			inches
	Range of Expansion... <u>4</u> inches			inches
Physical Development				
Vaccination Marks	Arms	<u>1 Seal</u>		
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>	L.E.—V= <u>6/6</u>	R.E.—V=	L.E.—V=
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>L. Amund Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u> on <u>10th</u> day of <u>Dec</u> 191 <u>7</u>		at	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Nfld</u>	<u>Regt 4234</u>		
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 case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	27	10	18	7	12	18	SW. face. L. ear.	41	wounded in France 14. 10. 18 Made. Small stitches operation wound L ear. Satisfactory progress.	S. H. R. M. G. Cap. R. M. G.

C.R. 4234

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, 18-2-19.

The discharge of the Undernoted on demobilization has been
~~approved~~ Confirmed by Officer i/c Records, 17-2-19.

4234 Pte. Edward Hawkins.

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland 10-4-1899

Rank Private Surname Hawkins Christian Name Edward L.

Religion C of E. Age on Enlistment 18 years 8 months

Enlisted (a) 10/12/17 Terms of Service (a) Duration Service reckons from (a) 10/12/17

Date of promotion to present rank Mar 20/18 Date of appointment to lance rank Mar 20/18

Extended { } Re-engaged { } Qualification (b) { }
or Corps Trade and rate { }

Occupation Bookbinder Signature of Officer W Long Capt



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
26. 3. 18	17/12/17 Capt	AI	Embarked ...	31 AUG 1918	
			Disembarked	31 AUG 1918	
			ARRIVED D.L.B.D.	2 SEP 1918	
			Joined Battalion	5 SEP 1918	
			Wounded in Action	14-10-18	
	3 Awards	Below Car		14/10/18	Ed 8298
	2 Awards		Penalogue	15/10/18	A.A. 30441
	Victor de	Transferred to England	"	27/10/18	W 3083
	Comanch.				Capt
					No 1 Infantry
					3rd Echelon, General Headquarters
		Father, 3 Rocky Lane St John N.F.			
	Next of Kin:	Quart Major James Hopkins Hearts Content Nfld			

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 W. 5327—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B. 103 E/1955. [P.T.O.]

Hawkins Samuel



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 *Edward L Hawkins*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4234*

Intended address *No 3 Rocky Lane.*

Height on discharge *5 Feet 7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Samuel*

Christian name of Mother *Alfreda.*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth *St John's 16 March 1878*

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) *Edward L Hawkins*

(Rank) *PLC*

Station *St John's*

Date *6-1-19*

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

Station

Date

Medical Officer in Hospital
Unit or Command Depot.

ORDERLY ROOM

DIRECTOR

St. John's Hospital

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4234 Rank Pte Name Hawkins Ed.
 Intended place of residence 3 Rocky Lane
 2. Occupation Bookbinder
 Classification of soldier B Medical Category E

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

ELIGIBLE for POST DISCHARGE PAY

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 Commanding Discharge Depot

Date FEB 3 1919 W. H. Capl
 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 3-2-19 E. L. Hawkins
 Signature of soldier

C. P. Dicko Cpl.
 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 3-2-19 E. L. Hawkins
 Signature of soldier

W. J. Beaton RQMS
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-12-17 No of days on Military

Discharged from service 3-2-19 Plus 14 days Service 435 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Lait Capt
 Officer Commanding Discharge Depot

Date FEB 3 1919 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St John's Nfld M. Dowley Capt
 Officer i/c Records

Date February 17/1919 The Royal Newfoundland Regiment

W. H. B. 2079/1028

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

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

1. Unit and Corps. *Royal G. F. L. Co.*
2. Regtl. No. *4234* 3. Rank. *Pte.*
4. Name *H. A. W. H. T. S.*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation }
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

G. D. W. Face and left ear.

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

Wounded in France 16-10-18 struck by fragment of shell left side of face and ear was more or less unconscious for a few hours removed to 2nd Aus. Gen. Hosp. where wound stitched and left ear wiring operation performed on left ear. Discharged from J.G.H. for repatriation.

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

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

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

15. What is his present condition? *Scar 1 1/2 in long at level of zygomatic archage. Slightly tender attached to underlying tissues. Complains of pain on opening mouth wide and head aches on walking and sometimes on sitting down. Complains of*

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

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

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

For Repatriation

W. C. Capewell

ROYAL NEWFOUNDLAND REG.

Station *HAZELEY DOWN CAMP*

Date *5 DEC 1918*

Medical Officer in charge of case.

* 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.

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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation }
 2. Regtl. No. *4234* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *HAWKINS* } (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge; ✓
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

G. S. W. Face & left ear.

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

wounded France 14-10-14 struck by fragment shell, left side of face & was more or less unconscious for a few hours. Removed to 2nd Australian Gen, where wound stitched and left ear covering operation performed left ear. Discharged from 30th H for repatriation.

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | <i>Yes</i> | ..... |
| (ii.) Previous active service | <i>No</i> | ..... |
| (iii.) Climate in pre-war service | <i>No</i> | ..... |
| (iv.) Ordinary military service before the war | <i>No</i> | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *S.I.D.*

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

15. What is his present condition? *Scar about 1 1/2 ins. long at level of auricular appendix, slightly tender, attached to underlying tissues. Complains of pain on opening mouth wide, and headaches on walking and sometimes when sitting down. Complains of*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
16. Was an operation performed? If so, when and what was its nature? *No*
17. If not, was an operation advised and declined?

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.
- Repatriation*
- M.R.K. 11*
- Appld.*
- Medical Officer in charge of case.

Station *HAZELTON DOWN CAMP*

Date *1.11.1919*

* 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

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered. *G.S.W. left ear*
- (b) The present condition thereof. *Wounds soundly healed. Loss of sensation above wound. Pain over left eye*

22. State whether the disabilities are:—
- | | | |
|--|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war | <i>Yes</i> | ..... |
| (ii.) Previous active service .. .. . | ..... | ..... |
| (iii.) Climate in pre-war service .. .. . | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. . | ..... | ..... |
| (v.) Serious negligence or misconduct on the part of the soldier | <i>No</i> | ..... |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? *G.S.W.*

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

less than 20%

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Yes

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?
(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

Yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures

Station *S. Tolson*
Date *Jan 22/19*

H. H. Haas
J. J. J. J. J.
L. P. P. P. P.

{ President or Chairman.
Members.

Discharge Approved under Para. 392 (xvi) King's Regulations

Station *S. Tolson*
Date *JAN 22 1919*
No. *1* OR

Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve.

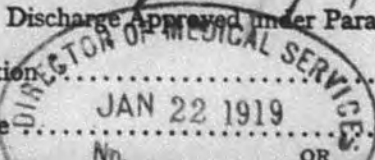
(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
Date

O.C. Discharge Centre.

Date

Only applicable in cases of Patients in Hospitals.



op

Medical Report on an Invalid.

Station HARLEY DOWN CAMP.

Date 22.5th. 1919.

1. Unit **ROYAL NEWFOUNDLAND.**

2. Regimental No. **4254.**

3. Rank **PTB.**

4. Name **HARKINS**

5. Age last birthday

6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$

7. Former Trade }
or Occupation }

7a. If with previous service in Army, state—

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G.S.W. FACE & LEFT EAR.

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.

WOUNDED FRANCE 14-10-18. STRUCK BY FRAGMENT OF SHELL LEFT SIDE FACE & EAR WAS MORE OR LESS UNCONSCIOUS FOR A FEW HOURS. REMOVED TO H.Q.

AUSTRALIAN GEN. WHERE WOUND STITCHED & WIRING OPERATION PERFORMED LEFT EAR. DISCHARGED FROM 3rd. L.G.H. FOR REPATRIATION.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

YES.

(b) constitutional or hereditary, and not aggravated by service during the present war.

NO.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

NO.

13. What is his present condition? **SCAR ABOUT 1½ IN. LONG AT LEVEL OF AURICULAR APPEN
DIXSLIGHTLY TENDER ATTACHED TO UNDERLYING TISSUES. COMPLAINS OF
PAIN ON OPENING MOUTH WIDE, & HEADACHES ON W
WALKING & SOMETIMES ON SITTING DOWN.**
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.
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. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England?

REPATRIATION.

J. ST. P. KNIGHT. CAPT. N.F.L.D. REGT.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 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. **G.S.W. LEFT EAR. WOUNDS SOUNDLY HEALED.**

LOSS OF SENSATION ABOVE WOUND. PAIN OVER LEFT EYE.

1. (a.) State whether the disability is clearly attributable to—
- (i.) Service during the present war;
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

G.S.W.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

LESS THAN 20%

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

27. Do the Board recommend—

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

YES

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

N.S. FRASER.

President.

Station **ST. JOHN'S.**

J.S. BALT.

L.PATERSON. MAJOR.

Members.

Date **JAN. 22nd. 1919.**

Approved.

Station **JAN 22 1919**

(SGD) CLUNY MACPHERSON. MAJOR.

Administrative Medical Officer.

Date

No.

NEWFOUNDLAND.

COPY The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4234 Rank Pte Name Ed. Hawkins
 Intended place of residence 3 Rocky Lane

2. Occupation Bookbinder
 Classification of soldier B Medical Category B

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

ELIGIBLE for POST DISCHARGE PA

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 (sgnd) C. C. Duley, Capt.
 Date Feb. 3, 1919 for Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S (sgnd) E. L. Hawkins
 Signature of soldier
3-2-19 " C. B. Dicks, Capt.
 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 (sgnd) E. Hawkins
 Signature of soldier
3-2-19 " W. J. Eaton R.O.M.S.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-12-17 No of days on Military
 Discharged from service 3-2-19 plus 14 days Service 435

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S (sgnd) R. H. Tait, Capt.
 Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
 Date Feb. 3, 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place
 Date
 Officer i/c Records
 The Royal Newfoundland Regiment

1315

Medical Report on an Invalid.

Station HAZELBY DOWN CAMP.

Date DEC. 5th. 1919.

- 1. Unit **ROYAL NEWFOUNDLAND.**
- 2. Regimental No. **4234.**
- 3. Rank **PTE.**
- 4. Name **HANKINS**
- 5. Age last birthday
- 6. Enlisted { on
at

- 7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

G.S.W. FACE & LEFT EAR.

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.

WOUNDED FRANCE 14-10-18. STRUCK BY FRAGMENT OF SHELL LEFT SIDE FACE & EAR WAS MORE OR LESS UNCONSCIOUS FOR A FEW HOURS. REMOVED TO 2ND.

AUSTRALIAN GEN. WHERE WOUND STITCHED & WIRING OPERATION PERFORMED LEFT EAR. DISCHARGED FROM 3rd. I.G.H. FOR REPATRIATION.

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

YES.

NO.

NO.

13. What is his present condition? **SCAR ABOUT 1½ IN. LONG AT LEVEL OF AURICULAR APPEX
DISLIGHLYY TENDS ATTACHED TO UNDERLYING TISSUES. COMPLAINS OF
PAIN ON OPENING MOUTH WIDE, & HEADACHES ON W
WALKING & SOMETIMES ON SITTING DOWN.**
*Weight should be given in all cases when
it is likely to afford evidence of the
progress of the disability.*

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. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding; and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

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

REPATRIATION.

J. ST. P. KNIGHT. CAPT. RYLD. REGT.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 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.

**G.S.W. LEFT EAR, WOUNDS SOUNDLY HEALED
LOSS OF SENSATION ABOVE WOUND, PAIN OVER LEFT EYE.**

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do **G.S.W.** the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

LESS THAN 20%

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

27. Do the Board recommend—

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

YES

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station **ST. JOHN'S.**

Date **JAN. 22nd. 1919.**

H.S. FRASER. _____ President.

J.S. TAIT. _____

L. PATTERSON. MAJOR. _____ Members.

Station **DIRECTOR OF MEDICAL SERVICES.**
JAN 22 1919

Date No.

(Sd) CLYDE MACPHERSON. MAJOR. _____

Administrative Medical Officer.



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
29.

Regiment of

1st Newfoundland.

Number of Sheet

One

Signature of O. C. Company

Hobbes J.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>Hawkins E. L.</i>	Age on	<i>18 years 8 months</i>	<i>Book Binder</i>	<i>20-3-18 Promoted Lance Capt.</i>		
<i>21234</i>		Place and Date of Enlistment	<i>St. John's 10-12-17</i>	Religion			<i>C. of E.</i>
Joined		Date	Period of } with Colours <i>69</i> years. with Reserve <i>365</i> years.				Place of Birth
Joined		Date					
Joined	Date						

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St. John's 16 ²/₁₉</i>		✓			

To be carried over

E. L. Hawkins

C.R. 4234

~~P.F.O.~~

No. 8503/736

B
NEWFOUNDLAND CONTINGENT

N.F.P./70.

From

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

To

038709
Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

~~Subject:~~ 30th May 1918

10 JUN 1918 191

Subject: 4234, L/Cpl. E.L. Hawkins,

With reference to the following telegram (4811) from the Hon Minister of militia, received

Pay to 4234 Hawkins £2:0:0

Draft £2:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

H.A. Munn
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Charu
LIEUT. COLONEL,
COMMANDING 2ND BATTAL ROYAL NEWFOUNDLAND REGT.
1st Newfoundland Regiment

received the sum of £2.0.0

Two pounds — on account of cable remittance from Newfoundland.

E.L. Hawkins

No. 4234 Rank L/Cpl

No. 11583/1152

N.F.P./79.

NEWFOUNDLAND CONTINGENT

0218147
GRB

From:

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

To:

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Winchester.

18th, July 1918

17-7-1918

Subject: 4234, L/C., E. L. Hawkins

With reference to the following telegram (6428) from the Hon. Minister of Militia, received

"Pay to 4234 Hawkins £5. 0. 0

Draft £ 5. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

E. Hawkins

LIEUT. COLONEL.

COMMANDING OFFICER 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of Five

Pounds on account of

cable remittance from Newfoundland.

E. Hawkins

No. 4234 Rank L/Cpl

Witness: A.M. Wilson bpl.

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.
Commencing on 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature.
4234	4/cpl	Hawkins, E.	\$2.50	

I have the honour to be, Sir,
for the Committee,
Your obedient servant.

Date

June 26th 1918

4234 4/cpl E. Hawkins

*Alfred
Wright*

Registrar, R.A.M.C.
3rd London General Hospital,
WANDSWORTH, S.W.

Ward 10

London General
Hospital

Wandsworth

1-11-18

I want to draw the sum
of one pound, and charge
to my Credit + oblige

AE

Yours Obediently

SEARCH
INDEXED
P.P.S.



L. Hawkins
Newfoundland Regt

O.K. £1-0-0 p.R

Receipt no 9455

SEE NOTICE AT BACK.

POST OFFICE TELEGRAPHS.

(Inland Telegrams.)

No. of Telegram

A.

Prefix

Code

For Postage Stamps.

To be affixed by the Sender.

Any Stamp for which there is not room here should be affixed at the back of this form.

A Receipt for the Charges on this Telegram can be obtained, price One Penny.

Office of Origin and Service Instructions.

Words.

Sent

At _____ M.

To _____

By _____

Charge.

Exhonorate

When a reply is to be prepaid, write the words "Reply Paid" in the space below. These words are not charged for.

TO {

~~Mr J J Hawkins~~
3 Rocky Lane
St Johns.

90

12 words, including the words in the address, 9^D. Every additional word, 1 ¹/₂^D.

through Cable Ten Pounds
~~Printer~~ *Gulstia*

4234

Cable 90
Sat 24/11/18
Hawkins

FROM {

The Name and Address of the Sender, IF NOT TO BE TELEGRAPHED, must be written in the Space provided at the Back of the Form.



18343/360

3rd London Gen. Hospital,
Wandsworth.

13th November 8

4234, Pte. E.L.Hawkins,

9654

Pay to 4234 Hawkins £10:0:0

NEWFOUNDLAND CONTINGENT

N.F.P./45.

To: Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street, London, S.W. 1.

Please remit to L.C. Hawkins

the sum of one pounds shillings (£ 1-00)

on account of any balance that may be due to me.

Regtl No. 4234 Rank Plt

Name L.C. Hawkins

Approved H. Galbo

Officer

Essex Hospital

BRANCH	
INITIALS	<u>P.L.H.</u>

*O.K. £1-0-0
W.R. 9/11/18
Receipt No. 9604*

Dated at Essex

Nov 7 1918

O.K. # 4-0-0 M.R. - 12/11/18
Receipt No. Eshev

Wou. 12th 1918

Dear Sir

I want to draw the sum
of four pounds. and charge to
my account. & Oblige

~~approved Hilalbot~~ Yours. Obediently

HC

4234 Pte C. L. Hawkins

Royal Newfoundland Regt

9693

10.2.18

LAST PAY CERTIFICATE OFFICE COPY. N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 4254 Rank Private Name Hawkins E.L. Unit Royal Wfld. Regt. who was repatriated
 to Newfoundland on 12/12/18 Authority Draft No. 79 Cause _____

DR. STATEMENT OF ACCOUNT

		PARTICULARS			\$	£	s	d	PARTICULARS			\$	£	s	d	CR.
PERIOD: From <u>8/12/18</u> To <u>12/12/18</u>	Balance Dr. from					1	8	10	Balance Cr. from							
	Allotment days @ <u>7/12/18</u>				2		11	6	Pay days @ \$	4	00					
	Cash Payments:								Field Allce days @ \$ <u>1.00</u>		40					
										4	40			18	1	
									Other Allces days @ \$							
									Other Credits:							
	Hospital Advance						3	6								
	Other Debits															
	Total Debits								Total Credits							
	Balance due by Paymaster					2	1	10	Balance due to Paymaster				1	3	9	
					2	1	10					2	1	10		

Copy sent mfm
 n 4/5/5: 59/3 3 7/9

CHIEF P.
 21-12-18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

191

(Place) _____ (Date) _____ O.C. * * Company, _____
 Made up/Checked in accordance with information received in the Pay & Record Office _____ London _____ to 31/12/18
 and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London, _____ Chief Paymaster & O. i/c Records.
31/12/1918

Pay

No. 90

ANGLO-AMERICAN

WESTERN UNION



DIRECT UNITED STATES

CABLEGRAM

Prefix _____ Code _____		SENT		FOR STAMPS	
WORDS	CHARGE	At _____	To _____	By _____	
11	11	VIA ANGLO.			
THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.					

4/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To HAWKINS

3 ROCKY LANE STJOHNS (Newfoundland)

CABLE TEN POUNDS THROUGH MILITIA

HAWKINS

*Express Rate
if per word
Charge 4234 Hawkins*

CHECK
[Signature]
4/13/18

CHARGED
PAY BOOK
Date 3/11/18 By *[Signature]*

Authorised.

NOT TO BE TELEGRAPHED.

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

Signature _____ Address 58 Victoria St. S.W. 1.

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

No. 4234 Rank Pte Name Hawkins E.L.

Pay	F.A.	Wkg	Total	N.F.P/33
100	10		110	<i>[Signature]</i>
Less Allotment			70	
Net Rate			40	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To			\$	¢	
Balance					Balance		30/5/18	-				
Acquittance Rolls		1	9	4	Pay @ Net Rate	4/8/18	7/9/18	6	45	2	40	
Hospital Advances		1	10	6		6/9/18	9/12/18	95	40	38	00	
A.B. 64.										40	70	57
P.&.R.O. Payments		6	0	0								
<i>Cable</i>				11								

8-7-3-

Dr. Plee
F 1-3 - 7

9-10-10

04234

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4234 Rank Private Name Edward Hawkins
 Date of Enlistment 10-12-17 Address St Johns District St Johns
 Occupation Book Binder Classification for Discharge B Medical Category F
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 20%

Passed to Demobilization Officer with following documents:—

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

Date 25-1-19 O. C. Discharge Depot W. H. C. Cap

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am Private in a position to resume civilian occupation.

E. L. Hawkins

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied Free of Charge

Date 3-2-19 O i/c. Re-clothing [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at _____ and Release Certificate No. 1042 issued.

Date 3-2-19

Orndick Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 17-2-19

Date 3-2-19

W. S. Wiley Capt
Depot Paymaster.

Discharge approved for 3-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 186 qu	1	B 268		B 121		N.F. Med		D.F. 1	
F 178		W 3494		B 122		Board 1st		" 2	1
R 178a	1	D 400A	1	B 1915		do 2nd		" 3	2
B 179	+	D 400B		Form L		do 3rd		" 4	
B 179a	1	D 400C		Form K		do 4th		" 5	
B 179b		B 103		ME 2				" 6	
B 179c		B 120		M 93					

Date 3-2-19

Orndick Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

FEB 3 1919

Date

R. H. Sait Capt
O. C. Discharge Depot.

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

Date Feb 6/19

W. S. Wiley
Depot Paymaster

Reg. No. *4204* Rank *pte* Name *Hawkins E*

Attested Address *3 Rocky Lane*

Allotment Allottee

Date of Allotment Returned from Overseas *2.1.18*

Embarked for Overseas Cause *Discharged*

22-1-19 *SM. B. Pa. Dis. For Unfit*

2-1-19 **PASSED TO DEMOBILIZATION OFFICER**

3-2-19 **DISCHARGE APPROVED ON DEMOBILISATION,**