

# FIRST NEWFOUNDLAND REGIMENT

No. 3300 Name VatnekfllannCorps	Y
Questions to be put to the Recruit before Enlistment	1/-
I. What is your name?	lean
2. What is your full Address?	, D, 13.
3. Are you a British Subject? 3.	
4. What is your age? 4	Months
5. What is your Trade or Calling? 5.	
6. Are you Married? 6. yes	
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.	
8. Are you willing to be vaccinated or re-vac-	
9. Are you willing to be enlisted for General Ser-	
stand its meaning, and who gave it to you?} 10	
II. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?	1860
CATH TO BECTAKEN BY RECRUIT ON ATTESTATION.	ure of Witness.
L	at I will, as in duty
CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.	
The Recruit above named was cautioned by me that if he made any false answer to any of he would be liable to be punished as provided in the Army Act.	of the above questions
The above questions were then read to the Recruit in my presence.	. 0.
I have taken care that he understands each question, and that his answer to each question as replied to the said requit has made and signed the declaration and taken the oath before this.  Signature of 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 re-
quired forms appear to have been complied with. I accordingly approve, and appoint him to t	
If enlisted by special authority, such will be attached to the original attestation.	
Date191	·· } Approving Officer.
† The signature of the Approving Officer is to be affixed in the presence of the R ‡ Here insert the "Corps" for which the Recruit has been enlisted.	J
Here insert the "Corps" for which the Recruit has been enlisted.	epon a los de la como de la como
* If so, Recruit is to be asked the particulars of his former service, and to produce, if portion of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed viz:—(Name)re-enlisted in the (Regiment)	in red ink og followe

# DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sh

Name		P	atri	x J	Nes	ساد	A.,	C		ч	<b>او</b> دو ز
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# FIRST NEWFOUNDLAND REGIMENT

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2. W	hat is your full Address?
3. Ar	e you a British Subject? 3
	nat is your age?
	nat is your Trade or Calling?
	you Married? 6. Nes
7. Ha	ve you ever served in any Branch of His Ma ) 7
8. Ar	e you willing to be vaccinated or re-vac-} 8
9. Ar	you willing to be enlisted for General Ser-
o. Di	l you receive a Notice, and do you under-
ı. Are	e signed by you if you are accepted?
E	Lawla Signature of Witness.
I. ear tru ound, i	e allegiance to His Majesty King Gorge the Fifth, His Heirs and Successors, and that I will as in du nonestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity again lies, according to the conditions of my service.
m	CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
	Recruit above named was cautioned by me that if he made any false answer to any of the above question do be liable to be punished as provided in the Army Act.
I h	e above questions were then read to the Recruit in my presence. ave taken care that he understands each question, and that his answer to each question has been duly enters
replie	to another said requit has made and signed the declaration and taken the each duston has been duly entered to another said requit has made and signed the declaration and taken the each before me at
	†CERTIFICATE OF APPROVING OFFICER.
Ic	ertify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the r
iired i	orms appear to have been complied with. I accordingly approve, and appoint him to the
Charles Control	
	Approving Office
	† 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.

## DESCRIPTIVE REPORT ON ENLISTMENT

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### This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number

Examination of Patrick conducted at 61.03 0 aged Recruiting Officer: Date: NO OF **FINDING** TEST 1 No 2 No 3 No 4 No 5 No 6 No 7 4es 8 yes no 9 No 10 11 n 12 13 n 14 m 15 u 16 17 1 18 19 20 1/11 21 1 22 14 23 M 24 n 25 m 26 n 27 w 28 M 29 n 30 31 n 32 33 34 35 36 37 38 Lev Burden

Signature of Medical Examiner:.....

Hearn . ALRO

### Medical Report on an Invalid.

Station Hazeley Down Comp
Date 28/11/18

- 1. Unit Soyal henfoundlend
- 2. Regimental No. 3300
- 3. Rank Stz
- 4. Name HEARN. P
- 5. Age last birthday
- 6. Enlisted on

- 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. Shigh

#### 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 vencreal disease. 17th apr 1918

- 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.

wound now healed

- 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 condi-tion 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., misconduct, &c.

bounded active serv

13.	What is his present condition?	qui de la companya del companya de la companya del companya de la
	Weight should be given in all cases when it is likely to afford evidence of the frogress of the disability. Lisue Gown	that surface continuously to
14.	If the disability is an injury, was it a caused—	i the wind with word with a
	(a) In action?	7
	(b) On field service?	
ı	(c) On duty?	
	(d) Off duty?	
	1. 1985年 - 19	
15.	Was a Court of Inquiry held on the injury?	e e e e e e e e e e e e e e e e e e e
	If so—(a) When?	
	(b) Where?	
	(c) Opinion?	
		ERICLAR TO PLACE HIS SECURITY OF THE PROPERTY OF THE SECURITY
16.	Was an operation performed? If so, what?	in the period and the second district of the first
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?	Matriation (3)
		mar wo.
		GAT NEWFOUNDLAND REG.
		Z TO THE TIEB.
		Officer in medical charge of case.
	I have satisfied myself of the co	neral accuracy of this report, and concur therewith,
exc	ept†	neral accuracy of this report, and concur therewith,
Sta	tion	
		Officer in charge of Hospital.
Dat	te	
Los	s of teem on or immediately after, active service, sho	ould be attributed thereto, unless there is evidence that it is due to some other cause.
	† Delete this wor	rd if no exceptions are to be made

AT ALLEMAN YORK

Nº 3131





## H 1st. NEWFOUNDLAND REGIMENT

**ALLOTMENTS** ck Hearn, Regl. No. 3300 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person or Person, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.: Identity Certificate No. Whether Wife, Child, other Relative or Friend AMOUNT (each person) NAME (in full) ADDRESS Till Come 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. net Hear Officer Commanding Company

Nº 3131



# 4 1st. NEWFOUNDLAND REGIMENT /

**ALLOTMENTS** 

Talker John Hearn Till Coul & A. D. B.	AMOUNT each perso	Address	NAME (in full)	Whether Wife, Child, other Relative or Friend	Identity Certificate No.
		Tru Com	John Hearn	Father J	316.
			***************************************	9	
				# Programme	
		•			
This form must be completed by the Officer Commanding Company, signed by the Volunteer, count signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application.	er, count	Company, signed by the Voluntee	Commanding Company and handed	gned by the Officer C	S

Promotions, Appointments, Reductions and any casualty affecting the net daily-rate of pay.

Date. Nature of Casualty.	• Officer's Signature.
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<sup>\*</sup>NOTE.—In addition to the above record, the Officer making the entry will write across the columns for cash payments the nature of the casualty and the amended netnate of pay corresponding with page 4. He will also record in the same places all sentences of imprisonment, attesting suclentries by his signature.

Signature	of Soldier	atri	k	Heam
Book opens!	on v of Pay see page	es 3 and 4,	191 and 1	(For the Net Daily Rate Note on page 5).
If the s recovered fr	oldier was in d om the next po	Pebt on the	e abo him s	we date, the amount to be should be stated.
1, 4 4		Super	ist	Lice of Company, &c.
, <u>, , ,</u>	1 (	lash Payr	nents	of a second
\ Date.	Place (If on active service enter "Field.")	Amount (State curren		Signature and Unit of Officer.
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No. 3300 Rank Pla.	_ Name _	Hears	n P. J.	Pay F.A. Wkg Total N.F.D.
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SRA THE THE PROPERTY OF THE PR				

3rd April

3300, Pte. P. J. Hearn

3041

2 4 18 Pay to 3500 Hearn £5:0:0 Royal Newfoundland Regt. B. E. F.

This soldier was wounded and evacuated 13/4/18, please.

(Sd) S. Gane, Lieut. A/Adjt. for Lieut. Col., Commdg. 1/Bn Royal Newfoundland Regt. CHIEF PAYMASTER & OFFICER IIC. RECORDS.
NEWFOUNDI AND CONTINGENT,
. 88. VICTORIA SERVET,
. LONDON, S.W. L.
. ENGLAND.

Officer Commanding, Silet London General Hospital, Camberwell, S.F.

Pay & Record Office, 2nd May 1918

Reference Reverse: Kindly indicate your wishes hereon, please.

Chief Paymaster & O. 1/c Records.

FM/S

Dated at Campewell, London S. E.

May 20th 1918 80

8079/8/23/5/18

1st London General Camberwell 23rd May

Pte.

3300

Patrick Hearn

1:0:0

8118.

WESTERN UNION

No.

365

GLO-AMERICA

DIRECT UNITED STATES

FOR STAMPS

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

18/3/18

PLEASE WRITE DISTINCTLY.

EFM HEARN To

> TILTCOVE (Newfoundland)

> > FURLOUGH

MILITIA

ON KKXYK

LONDON

CABLE

FIVE

POUNDS

THROUGH

MINISTER

WEI.I.

HEARN 3300

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. 58 Victoria St. S.W. 1.

Signature

Address

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.

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### NEWFOUNDLAND CONTINGENT

#### CIVIL EMPLOYMENT FORM

To be completed and signed by the Soldier and countersigned by the Officer Commanding his Company, and forwarded in DUPLICATE to the Pay & Record Office, 58, Victoria Street, London, S.W.1.

Regtl No. 3300 Rank Pho.
Surname Nearn. Ohristian Pakick.
1. What was your regular occupation previous to enlistment?
2. Are you able to resume the same occupation?
3. Will your former occupation be open to you when you have received your discharge?
4. If you do not think so, state fully reasons why.
Schwalin felled up.
5. If your former occupation is no longer available, what form of employment do you now seek?
6. If a new form of employment is rendered necessary by disability caused by Military Service, what training do you consider requisite?
given Baron
Signature of O.C. "F." Company. Patrix Steam
Dated at Signature of Soldier.

Wineheater

6-12-191 1

LAST PAY CERTIFICATEFICE 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. Regt! No. 3300 Rank Pte. Name Nearn, Unit ROYAL NEWFOUNDLAND REGT; who was repatriated to New found and, on 11/2/8. Authority Gause STATEMENT OF ACCOUNT DR. PARTICITIARS PARTICULARS Balance Dr. from Balance Cr. from Allotment 19 days @ 50 C Pay /9days @ \$ /. Cash Payments: Pay Field Allce /9 days @ \$ 100 Other Allces Other Debits: Other Oredits: B. Dawages Miss Stopp. Copy sux moft 21303/210 Total Debits Total Credits 5 Balance due by Paymaster Balance due to Paymaster I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

HAZELEY DOWN CAMP.

(Place)

Made up/Checked in accordance with information received in the Pay & Record Office

to

to

Pay & Record Office, London,

Hearn, A.

3300

Lay Looph

M ARCH 28,1919

#3300 Pte. Patrick Hearne.

Tilt Cove.

"willingate Dist.

Dear Sir:-

Please find enclosed "Discharge Certificate Bo.1521."

Yours truly.

Paymester & v.1/c Records

[P.T.O.

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

	MEDICA:	L HISTORY	1 fly	—
Surname Hearn		Christian Name	Value	A THE STATE OF THE
	Table L—GEI	NERAL TABLE.	58, VICTORIA LONDON,S.	w.
Birthplace:—Parish / iii	1100	& County	* 13 JUN	1917
Dirinplace.—I ansie	SPECIAL		R RECOULD	RARMY.
ſ	on 27 day o	(how 191 6	on day of	191
Examined	at M	Johns 24	at	
Declared Age	/ year	days	years	days
Trade of Occupation	20	10.		
Height to M	S see	et LD 2 inches	feet	inches
Weight	. ك.	by lbs.	•	lbs.
Measure-		inches inches		inches
ment (Range of expansion		TO .		menes
Thysical Development	Right	Left	Right	Left.
Vaccination Marks Number		1scar		
When Vaccinated	5 kgs	-223		
Vision	R.E = 1/4	. 7	R.E.—V==	
	L.EV==	9	L.EV==	
	(a)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease				
	(b)		(b)	
(b) Slight defects but not sufficient to Cause Rejection				
	iber .			
Approved by (Signature)	Lamin	1 Saturon	. 14.24	· 44
(Rank)	n	Medical Officer.	•	/ Medical Officer.
	at 1790	his	at	/
Enlisted	on 5. day of	Dec. 1916	on daý	of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	14901.	3300		,
Transferred to	D-10	7. 0000	_ 1	<b>\</b>
	ROYAL NEWF	OUNDLAND REGIME	M.	
Became non-effective by				
	on day	of 191	on day	of 191
	ua,		ua,	5,111
(Signature)	5 94			

(Rank)

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

Name of Hospital.	Ad I	mitted Iospita	l to il	Disch E	arged Iospita	from l	Disease	Number Days in Hospital	Remarks bearing on the case, nature or resument of the case likely to be of interest or of future use. In cases of syphilis, admissions and readmissions to hospifal will be shown. The subsequent pregrow, lockeding particulars of restament out of hospital, transfers, etc., will be given in the special special syphilis case sheet.	Signature of Medical Officer
Name of Frospital.	Day 1	fonth	Year	Day	Ionth	Year	Discuss	Hospital	of treatment out of hospital, transfers, dc., will be given in the special syphilis case sheet.	Signature of medical Onicer
Loudon Lew Hosp	28	4	18	5	6	18	Sow 2. thigh	12	performing flech	Downchutch
3 <sup>RD</sup> I ONDON GENERAL HOSE WANDSWORTH.	ITAL 5	6	B	30	7	18	æ.	<b>65</b>	wour heales.	- SHISTURELY- CAPERCULA
							• • • • • • • • • • • • • • • • • • •			
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				7						
1.1										

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

Brief Details, and Signature

Decis 16	. 0	Na	RECOVER SERVICE TABLE.  This hereby certified that this soldier has been before the Standing Medicul Bourd and his been classified as for discharge on Demobilisation. Medical category,  TABLE IV.—SERVICE TABLE.  Date of Date of Date of Arrival or Department or Station or Troopship Arrival or Department or Dep			
17-1-17. 7 24-1-17 5-2-17	T.A.	B. d	ip .			
30 NOV	918	VAL NEWFOUND		noen 5 Repa	beaten	
mocatt	مر مر					
	10 and 10			has been before	n the Stand	lassified as
				16.1.19	1101	My Captain Adulant argo Vepot-Newi-undland
			o a facility			Access to the
		TA	BLE IV.—SI	ERVICE TABLE.	1,000	
Station or Troc	opehip		Departure or	Station or Troopship	Arrival or	Departure or
Al Floringe	e BSO.	Jany My	Febr 7/7			

A STATE OF THE STATE OF

## 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 study for a Druggist or

A Polick Hearn. Signature of Man.

Rer No. 3300

fficer or his Representative

Place Statohns of Date Jany 2/21 1919.

### Medical Report on an Invalid.

Station Aszeley Soura Camp
Date 28/11/8

1. Unit Royal Newfoundandromer Trade

2. Regimental No. 3300

phakes sean

3. Rank Rte

4. Name HEARN

5. Age last birthday

6. Enlisted on

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. left Migh (flesh)

#### 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 decuments. He will also garyfully distinguish cases entirely due to pencered disease.

9. Date of origin of disability.

12 Mpr. 1918

10. Place of origin of disability.

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case, bound now heales

 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, eg, intemperance, misconduct, &c.

bounded on active Rervice

7. 9

m.a.

Large T. phapes Scar inner siss a 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. 14. If the disability is an injury, was it Psu 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? Was an operation performed? If so, what? If not, was an operation advised and declined? 17. 18. In asset 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 (3) 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 † 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, (1) caused or aggravated by service in the present war, (8) 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.)  $\Lambda$  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.

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, eg., 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?

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, S0, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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?

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution cither as an inpatient or an out-patient, and if so the period for which recom-mended.

gpatures :

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?

Tear weak, inclined & break of flex knee hore dugh without palling or

48 4.

40% six awalls

President. Members.

Station 1 Date NEWFOUNDLAND noted in red ink.

Name in full

Date and place of marriage Christian names of children

Place and date of soldier's birth.



# 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. iIc 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

Regiment from which discharged 1st. Newfoundland
Regimental number 35 500
Intended address

Height on discharge Color of hair on discharge

Complexion
Color of eye Color of eye Color of discharge

Descriptive Marks

Figure on discharge

Christian name of Father

Christian name of Mother

Wife's maiden name in full

atrick Hearn

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) Patrick Hearn

Nature and locality of civil employment required

Date 14, 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.

St. John's

Station

PARTICULARS  Balance Dr. from Allotment 19 days 0 50 9 50 9 50 9 50 9 50 9 50 9 50 9 5		enfoundland on 11/12/1				West Edit		OF ACCOUNT					
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	u lilles	Balance Dr. from Allotment /9 days @ 50 Cash Payments:  22 Pay. Other Debits:	9	50.	1 2		1 11	Balance Cr. from Pay /9days @ \$ /00 Field Allce /9days @ \$ /00 Other Allces days @ \$	19 1 20	1 1	4		//
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## LAST PAY CERTIFICATE

N.F.P./94

R.				STA	TEM	ENT O	FACCOUNT						(
R.	PARTICULARS	18	ď	£	в	a	PARTICULARS		18	d	£	8	
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BRION: GO	Total Debits  Balance due by Paymaster			14			Total Credits Balance due to Paymaster	<b>S</b> .)		-	14	5	

#### 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 Jenuary 28th.1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no deshes, 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

On completion this Declaration is to be returned to THE OFFICER I/C
RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.
Christian name. Talrick
3. Ronk. Inivate. 4. Rogtl . No. 3300:
5. Address in full to which fraue profests of gratuity are to be
forwarded Cool le Mathematica
Synon I Dag Stohus
6. Date of enlistment in the Regiment Vecember 5, 1916
7. Name of dependent, if any, to whom Separation Allowance is being
issued, or was being issued, immediately prior to your discharge
NA- Opplieste
8. Relationship of such dependents
9./ddress in full of such dependents
10.1s soid dependent, now, or was soid dependent at my time in receipt
of Separation Allowance on account of enother soldiers. Ma-aff.
Ale More you on active service only in Hfld, II so, give dates and
particulars of such service
•••••
12. Cive total length of time which you served on active service,
whether in lift d. or oversees Two year, one hundred.
12. Give total length of time which you served on active service, whether in liftld. or Overseas. Two years, on humbrel.  And fourtee days. 1.3

13. Have you had
13. Have you had more than one enlistment? If so, give particulars
Mo A
***************************************
***************************************
14. Have you already received any named
War Service Gretuity? If so, state emount you end your dependents
have already received and by whom paid
whom paid
15 Hove you have
15. Have you been issued with a War Service Badge?
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 mount received, or to which you are entitled
18. Did you revert Oversees to a people ?
18. Did you revert Oversees to a rank lower than the substantive rank held by you on your arrival in Encland? Wo.
inefficiency?
19. Are you now as
of discharge Mach 28/19. (b) Recent .? No. It not give?- (c) date
Deathlyster & medically watit
Var? If so give particulars of places
Var? If so give particulars of places, and dates of such service
More Sector Indiget to October 12, 1217. Cambric.
21. (a) Are you receiving to
21. (a) hre you receiving trees.
21. (a) Are you receiving treatment from the Givil Re-Establishment
Con.(b) If so are you in receipt of full pay and allowences from
and I the there is
and I take this solam designation, conscientiously believing it to and under Octh.
be true, and knowing that it is of the same force and effect as if

\_3-Signature of Applicant: Place of Residence: Key Declared before me at: This Signature of Barrister of the Supreme Court, Stipendiary Hegis-trate; Notary Public, Hustice of the Peace, or Commissioner of affidevits.

POST DISCHARGE PAY. Net amount Paid due Do Date paid Paid Soldier. Dependent. Paymester cortified correct.

### C.R 3300

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT DEPOT XXXXXXX ST. JOHN'S DATED MARCH 18th/19.

The Discharge of the undernoted on Demobilization has been APPROVED by O.C. Discharge Depot from m noted date.

#3300 Pte. Patk. Hearn.

14/3/19.

Extract from Daily Orders part II. Depot St. John's dated 31-3-19.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer 1/c Secords on 28-3/19.

#3300 Pte. Patrick Hearn.

Extract from Medical Board held on Thursday afternoon, Jun. 160

33@OPBte.P. Hearn.

Recommended discharge as permanently unfit.

Butract from Daily Orders part 11, Depot St. John s dated Dec/ 252d.1918.

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

#3300 Pte. P. J. Hearn.

Extract from Orders By Lt. Col.Baryon, Commanding the 2Bn. Royal Nfld.Regt. 8-8-18.

The Following man having reported back from 1st Bn. as posted to "H" Co., from 8-8 18.

3300 Pte. Hearn,

Extract from Casualtiessreceived from P. & R. Office London, Dated 51/7/18

3300 Pte. Hearn, P.

The a/m were to discharged from the 3rd London Gnereal Hospital on 30/7/18 and granted furlough to 8/8/18

Fit for duty. I

Actract from Caualities received form Payment Accord Office, Londonated 17th June 1918.

3300 Pte. P. Hearn.

The above mentioned soldier was transferred from the let/.to Srd. London General Hespital, on 5/6/18.

Extract of Casuakty received from Pay & Record Office, London, dated.

The undermentioned man was admitted to 3rd London Gen. Hosp. Wandsworth, S.W. 18, on the 5-6-18.

Transferred from 1st Lon.Gen.Hospital, S.E.

3300 Pte.P.Hearn

#3300 Pte. P. Hearn

## NEWFOUNDLAND POSTAL TELEGRAPHS



#### **Cable Connection with all**

#### 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, howseever 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 ntirely 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_		Wit	R	Addr	la v	
Line Number	Red	Ву	Sent	by	Check	The beginning and the second second
	A-may 06	45 1010				

Dated To

John Hearn, Tilt Cove, N.D.B. Regret to inform you that Record Office, London,

officially reports

No. 3300. Private Patrick J.

Hearn at 1st London General Hospital G. .W. left | knee

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Actg. Mininster of Militia.

FOR TYPEWRITER

Extract from Casual ties received from Pay & Recerd Office, London, dated April 25, 1918.

#3300 Pte.P.J.Hearn.

Admitted 1st London General Hospital, 25-4-18.

/					C.R.3300
LONGOUNDE AND CONTINUES OF LONGON, S.W.	11.6				
15/2	8 E			TOWN C.OS AND ME	N OF THE EXPEDITIONARY FORCE - FRANCE.
SS, VICTORIA ST. LONGON, S.W. 16 JAN.	国门		TOUMDED AND S	TOR NACIOS AND 1.2	LIST NO. H.A.18365.
V.S.				NOTT INCHAM .	District No. Harden Har Jan. 18.
E 100	F. EBO	UR	CORPS	74/Lab.Co.	Bb. Wd. Leg LAdm. 5 Con Dep. Cayeux ex 42 Sty.H.7 Jan.18. Lac.l. Hand LAdm. 5 Con Dep. Cayeux ex 42 Sty.H.7 Jan.18.
E 78 0	45848 P	te.	Austin, G.	930/A.F.Co.	Lac.   Hand L Adm. 5 Con Dep. Co
8 3 7	MARRIO F	te.	Gattens, T.	950/A.R.	DebilityAdm.5 Con.Dep.Cayeux ex 12 Con.Dep.6 Jan.18.  MyalgiaDis.to Reinf Boulogne Cl.A ex 13 Con.Dep.6 Jan.18
[]	414389 F	te.	Wright, J.	930/ -do-	MyalgiaDis. to Reinf Boulogne Cl. A ex 13 Con Dap.6 Jan.18
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*	201580 I	te.	Felstead, E.J.	1/ -00- 01	01 A ow 13 Con Den 6 Jan 18.
1				20/LX.R.	Ulcer Arm RDis.to Reinf Boulogne Cl.A ex 13 Con.Dep.6 Jan.18.
	69166 1	Pte.	George, E.	116/Lab.Co.	Ulcer Arm RDis.to Re inf. Boulogne Cl.A ex 13 Con.Dep.6 Jan.18. GastritisDis.to Reinf. Boulogne Cl.A ex 13 Con.Dep.6 Jan.18.
	000572	Pnr.	Hall, Gr.	303/ -do-	GastritisDis.to Reinf.Boulogne Gl.A ex 13 Con.Dep.6 Jan.18. MyalgiaDis.to Reinf.Boulogne Gl.A ex 13 Con.Dep.6 Jan.18.
	00356	Pt.A.	Kelly.u.	135/ -do-	MyalgiaDis.to Re inf. Boulogne Cl.A ex 13 Con.Dep.6 Jan.18. DAHDis.to Re inf. Boulogne Cl.A ex 13 Con.Dep.6 Jan.18.
	200048	Pta	. I gnt. I oou, Jone	700/ -do-	DAHDis.to Reinf.Boulogne Cl.A ex 13 Con.Dep.6 Jan.18.
	42921	Pte.	Parsons, J.A.	72/ -do-	21 A == 13 Can Don 6 Tan 18.
R. St.				CE /2-2 Co OF	PUODis.to Reinf.Boulogne Cl.A ex 13 Con.Dep.6 Jan.18.
	50702	Pte.	Martin, J.H.	95/Lab.Co.ex	27 A 5 - 13 Can Dan & Jan 18.
				4/R.Fus	Syno. Knee R Dis. to Re inf. Boulogne Cl. A ex 13 Con. Dep. 6 Jan. 18.
	72956	Pte.	Brouten, A.L.	122/Lab.Co.	Syno. Knee R Dis. to Reinf. Boulogne Cl. A ex 13 Con. Dep. 6 Jan. 18. Pains Head Dis. to Reinf. Boulogne Cl. A ex 13 Con. Dep. 6 Jan. 18.
	×73250	Cpl.	Sergeant, J.	123/Lab.Co.ex	27 Can Dan 6 Jan 18
				11/R.Fus. 12/Lab.Co.	Tr.FeverDis.to Rein Boulogne Cl.A ex 13 Con.Dep.6 Jan.18.
4	7063	Pte.	winters, L.	89/ -do-	Tr. FeverDis.to Reinf. Boulogne Cl.A ex 13 Con.Dep.6 Jan.18. Tons ilitisDis.to Reinf. Boulogne Cl.A ex 13 Con.Dep.6 Jan.18.
7	53190	Pte.	Mortin, A.	RF.351 Emp.Co.	Tons ilitis
	310717	Spr.	Gray, v.	Kir. 221 Emp. 200	Cellulitis Thigh L.
				1/Lab.Co.	Cellulitis Thigh L. BronchitisDis.to Reinf Boulogne Cl.A ex 13 Con.Dep.6 Jan.18
	505580	Pte.	Phillips, N.	1/Lab.00.	
				23/Lab.Co.ex	BronchitisDis.to Reinf.Boulogne Cl.A ex 13 Con.Dep.6 Jan.18.
	236608	Pte.	. Daveney, M.	4/Sco.Rifs.	
				194/Lab. Co. Amm.	DebilityDis.to Reinf Boulogne Cl.A ex 13 Con.Dep.6 Jan.18.
	11538	Pte.	. Hassard, P.	Cps.Tps.	
				119/Lab.Co.	Gas Shell WDis.to Reinf.Bulogne Cl.A.ex 13 Con.Dep.6 Jan.18.
	65243	Pte	. Gooton, A.	184/ -do-	
	300373	Pte	. Lee, J.	50/ -do-	DAH
	29474	Pte	. Brown, D.		
	226487	Pte	. Chappell, E.E.	33/ '-do-	R.Ing.HerniaDis.to Reinf.Boulogne Cl.MB.ex 13 Con.Dep.6 Jan.18 BronchitisDis.to Reinf.Boulogne Cl.MB.ex 13 Con.Dep.6 Jan.18
14	126196	Pte	. Fogg, J.	22/ -40-	and the Den & Ten 18
				929/A.E.Co.	DAHDis.to Reinf.Boulogne Cl.A ex 13 Con.Dep.6 Jan.18.
	2793	Pte	. Allrid, K.	SES/ N.E. OU.	

NE FOUNDLAND EXPEDITIONARY FORCE LIST NO. H.A.18365.

3300 Pte. Hearn, P. 1/Newfoundland. GSW.Legs & Back...Dis.to Reinf.Rouen Cl.A ex 13 Con.Dep.6 Jan.18.

Extract of Csualty received from Pay & Record Office, London, dated December 17,1917.

#3300 Pte. P. Hearn. /

Gunshot wound leg and back.

dmitted 6 Con.Dep. Et ples ex 7Canadian Hospital. November 27,1917. Extract of Sick and wounded N.C.Os. and Men of the Expeditionary
Force -----France, List No: H.A. 16894, dated 17th. Dec. 1917.

3300 Pte. P. Hearn

1st Newfoundland Regiment...... Ssw. Legs and Back...........Adm.
6 Con. Dep. Etaples ex #7 Can. Gen. Hes. 27th. Nov. 1917.

C.R. 33 00

Extract from War Office List No. C. 1400 dated 4/12/17.

ALTER OF BEAUTIFURE

#3300 Pte. P. Hearn

WOUNDED

20/11/18

BC.

Entract from Seminal Sell of Braft Se-Sib: Subarked Southampton 11/6517 from S/lot Seminal and Segment Sewton-on-Ayr, to 1/1 of Seminandiand Regiment B. S.-P.

3300 Pte. Hearn, P.J.

Extract from Officers and men Sailed Halifax 17-6-17. Page S. s NORTHLAND Enbarked St. John's 31-7-17.

#3300 Pte. P. Hearn.

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt., St. John's, Dec.5th, 1915

3300 Pte. P. Hearn.

Attached to the strength from Dec.5th, 1916.

Nº 3131



### NEWFOUNDLAND REGIMENT /

	0	ALLOI	MENIS			
. (	Fats	ica Z	can	, Regl. No	3.	300
hereby ag	ree, until further	notification by me, and				
-		Dollars and				
to, and fo	or the benefit of t	he undermentioned Perso	on or Person, su	ch payment to be n	nade on	proof
of identi	ty of, and pro	duction of the relative	Identity Certifi	cates by the Person	or Pe	rsons
concerne	d, viz.: llotment begins	FILE	1710	•		
			11		II	-
Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)		Address	AMO (each 1	UNT person)
2211	Factor	John He	arn Ti	11-6-11		51
9310		Jo mi po	120	ANB		
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				Total Allotment, S		5.

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

Officer Commanding

Officer Commanding

Con

Jan 26 55, 191 Company

(Sig.) Patrick Sec.

### ST. JOHN'S, FEB 2 8 1919

### Royal Newfoundland Regiment.

illeting Soldie om Fet L	rs as un	dermentioned	Fet 28	K /19		
3100 .	16		Hei		7	20
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[P.T.O.

		Casualty Form—Active S	ervice.		
p	Regin	KI	loundle	11 1	<u> </u>
Rank le	Surname		tian Name	The state of the state of	reep
Religion				DELECTION OF CASE OF	months
		erms of Service (a) Duration			
Date of prom	otion to present re	nk Date of app	ointment to lanc	e rank	
Extended		engaged Qualification	on (b)		
lartended		or Corps			
Occupation	Ele	sk JEST	x Captain	Sig	nature of Officer.
	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form	Place of Casualty	Date of Casualty	Remarks Taken from Army Form R 213 Army Form A 36
Date	From whom received	B.213, Army Form A.36, or in other official documents.  The authority to be quoted in each case.		Casuarty	B.213, Army Form A.36, or other official documents
50mm	, n	Embarked	ankton	11.6.17	7
100		Disembarked	Konen	12 617	
916		Joined Battalion	2.	JUL 191-	B 213
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10-1-18	Jellet	Somed dent	Thance	12-1-18	10213. 5
	1895A.	as Ceeu Foot His traus!	ces(cres)	42-18	607144
		Wounded in Antions		13/4/8	821324918
	64ccs	La Gswhere		13/4/18	60,409 14/18

•	Report	Record of promotions, reductions, transfers, casualties,			Remarks
Date	From whom received	Record of promotions, reductions, transfers, casualties, e.g., during active service, as reported on Army Form A.56, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Taken from Army Form B.213, Army Form A.36, or other official documents
J .	381	adul for heel)	Lown	15.4.8	HA'
21.4.18		Transferred to England her Guiefor	L ble:	21.4 18	W'3083 .
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Army For	m B. 103.	Casualty Form—Active Se	rvice. Regin	nental Nu	mber 2 6 6 3
	Regim	ent or Corps 21 hurfound	Cland Red	10	1882
Rank /	T Surname	e Hay tex Christia	n Name	Kalf	h (00/
Religion_	COVE	Age on Enli	istment 20	_years	months.
Enlisted (	a) 1/5/16 T	erms of Service (a) Was	Service reckons	from (a)	CONTIN
Date of p	omotion to present	rank Date of ap	pointment to land	e rank	MO SHILL ONLY ST.
Extended	∫)	Pa angrand J. Qu	alification (b)		POWDOW B.W.
Extended	<u> </u>	Re-engaged {} or	Corps Trade and	Rate	3-JUN 1918
			Signature	of Officer	Myc Repords.
	Report	Record of promotions, reductions, transfers, casualties, &c, during active service, as reported on Army Form B. 213, Army Form A. 38, or in other official documents.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official
Date	From whom received	The authority to be quoted in each case,	*15.5	100	or other official documents
		Embark Embarked	ed Southam	pton	110011916
		Disembarked Disemb	arked ROU	EN	1 2 OCT 1916
		Soined Battalion	22 OCT 1916		
			Mith SATT.	28. 1. 1	
	60 Fa.	admitted (ace). Frac Leg to	f'CCS.	25/1/17	88 9391
	10 J. Story	admitted N. V.D.	Roven.	27/1/	Habss
	29 2.B.g.	Joined Base Septe	st, Rouen.	4.2.14	Non Roll.
10.3.12	o.a. Unit	Joined Battalion 2	the Tield	3805:67	6213
16.4.14	87 F.A.	Ad I trans Bayonet W. R. J	high B. B.S.	14.4.17	EN 3085
28.4.17	20 & Hosp.	Ad. So far	hest amies	15.4.17	H.A. 8634
21.5.17	29981.	formed Base Depot	Rouen	20.5.17	Nom Roll
16.6.17	O.C. Unit	Re- Joined Battalion 2	the Fuld.	JUN 191	1 6 213

<sup>(</sup>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.

	266	13 Porte Hayle	110	1	
Date	Report From whom received	Record of promotions, reductions, transfers, casualtie &c., during active service, as reported on Army For B. 213, Army Form A. 36, or in other official document The authority to be quoted in each case.	s, m s. Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
7.7.17	oc. Unit	Admitted Hopital	!	3.7.17	B 213
7.17	89 F.A.	Ad. Impetigo trans.		3.7.17	Es. 7246
7.17.	od Unit	Rejoined batt from	n Hosp. 10	JULISI	6213
11-iT	43 CCS	Jad. J. G. J. Luga	Par	1/11/1	ED3223
46	2 Courselo	Do		17/12/12	W303U
41/18.	D. S.A. D.	heave to let, from 1/1/18 to	16/1/18		Roce
gi <del>er j</del>	of pecendo	Jours Box Dep	Tool	2/12/17	Rose
9-1-18	Loudou	Ho Hospital Trench fee	ty bugland	17-1-18	Memo
i	59B.p	Rejoined from My by	15	2-4-18	Rou
1/18	579a	ad Bro Hand han	Jan Col	1/1/2	En 164
1	24 Gently	- 1	Elapus	1/4/18	la nos
Will	Le de Krige	Transferred to England	O.V.	16/4/18	W 3083
HA		nf filgall	Smiring Section	/	MS. St. Committee
Mg/			lek his old African		
Y					Lv.
1					146
		Lieute de la companya del companya del companya de la companya de		100	

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

Army Form B. 121.

	Forms R 121.				Regiment of	1 st. House	rimdland.		Number Signature of O. C. Company	of Sheet - R. Dys Gp
	No.  Joined  Joined	Jearn Date	P.S.		Enlistment Age on 20years 10 months Place and Date of Enlistment 5.12.16	Place of Birth	Good Conduct Badges, Service	pay or prof	iciency pay	
	Joined	Date			Period of with Colours 114 years. with Reserve years.	Place of Birth		I Data of I		
1.22.	Place	Date of Offence	Rank	Cases of Drunk- eness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
1 0	9	19-10-18	99-	•	e 1 + 1 - 1 - 1	* Young'y	8 Jan 6 8.	21/18	St. Col Barton	Dan
and the second	Camp	. 19-10-10			good and and dies	+),	, , ,		St. Col Darton,	
					line, my faring cy	m (W.)				
					detection.	18		1		
-						20 (24 c)				
					Demobilizes	& St. John	is 28 19			Δr
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		11			•				A STATE OF THE STA	Omm
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					To be carried over			-	i de la companya di	

# The Royal Newfoundland Regiment 9,300

DEMOBILIZATION OF							
Reg. No. 3300 Rank Pt Namey Hear Palk							
Date of Enlistment. , 27.11.16	Let Cove District Lulyte						
Occupation	Discharge Medical Category E						
Recommendation S.M.B. Permyly surfit	Disability Rating 40 % 6 mos						
Passed to Demobilization Officer with following docum							
N.F. P Seq. H							
B 178a/ D 400A							
B 179 Form L							
B 179a D 400C Form K	do 4th " 5						
B 179b B 103 ME 2							
B 179c B 120 M 93							
	Monly Tuph						
Date24:1:19	O. C. Discharge Depot.						
h particulars fo	R DEMOBILIZATION						
I. Civil Re-Establishment.							
I am	e civilian occupation.						
	Pr. 11						
	Tatrick Seem						
Particulars passed to Vocational Officer for i	nformation and action.						
Date21.11.19	Chause olus						
2. Clothing.							
Certified that Clothing Regulations have bee	of complied with:						
(a) Clothing Allowance payable.	26, 150						
(b) Clothing Supplied	afor A throwfine						
Date							
Date/	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. /824 issued.				
11163 O Al				
Date 14 3-19 10 00 450 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				
121-3-19 William H				
Date				
14/3-10				
Discharge approved for.				
Forwarded with following documents to O.C Discharge Depot.				
N.F. P 37   B 268   B 121   N.F. Med   D.F. 1				
Б 178 , W 3494 В 122 Воагd 1st " 2				
B 178a D 400A B 1915 do 2nd				
B 179 do 3rd " 4 " 4				
B 179a D 400C Form K do 4th " 5				
B 179b				
B 179c				
14. 3. 19 entitles Call				
Date Demobilization Officer.				
A CONTROL OF A CON				
APPROVED.  Documents as above forwarded to:—				
Officer it Records.				
Board of Pension Commissioners.				
with following additional documents.				
INIT				
EL MALE IV				
MAR 14 1919				
Date				
Received the above noted documents from O. C. Discharge Depot.				
the wild				
Date mer 2019 Seros Recoras				

Date men zolig

Reg. No. 33.	Rank Addres	Name Hea	m. /.)	16/30
Attested	Addres	s Vell- W	eoue.	
Allotment				,
Date of Allotm	ent	Returned from C	verseas 21 7	٤,8
Embarked for (	ent Overseas	Cause	schar	9.6
y reace	1 from 41 141	8 to 6	179.	
				*
16.119.10	commended A	ischarg	l Termas	rendly
tu	eommlades A fit:			
21-1-19	PASSED TO DEM	OBILIZATIO	ON OUT ICE	š
14.3.19	DINGHARGE ATRROVED OF		<u> </u>	

### The Royal Newfoundland Regiment

DEMOBILIZATION OF					
Reg No 300 Rank P. 12 Name Heard Palk					
Date of Enlistment 2.7.11.1.6					
Occupation Classification for Discharge Medical Category					
Recommendation S.M.B. Frankly confered Disability Rating to Jo. 6 mos.					
Passed to Demobilization Officer with following documents:					
N.F. Pl364					
B 178a D 400A B 1915 do 2nd " 3					
B 179					
B 179b B 103					
B 179c B 120 M 93					
May 1. 1 Tuble					
Date 74. 1.19. O. C. Vischarge Depot.					
Date. 24 1					
PARTICULARS FOR DEMOBILIZATION					
PARTICULARS FOR DEMOBILIZATION					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.					
PARTICULARS FOR DEMOBILIZATION					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am for from in a position to resume civilian occupation.  Replaced Again.					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am for formation to resume civilian occupation.  Particulars passed to Vocational Officer for information and action.					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am Wordin a position to resume civilian occupation.  Particulars passed to Vocational Officer for information and action.  AMALIA A. 14					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am Mark					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am Wordin a position to resume civilian occupation.  Particulars passed to Vocational Officer for information and action.  AMALIA A. 14					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am position to resume civilian occupation.  Particulars passed to Vocational Officer for information and action.  Date. 2. J.					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am position to resume civilian occupation.  Particulars passed to Vocational Officer for information and action.  Date					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am position to resume civilian occupation.  Particulars passed to Vocational Officer for information and action.  Date. 2. J.					

3. Transportation and Release Certificate.  The above named has been provided with Travelling W	arrant No
at and Release Certificate	No issued.
112-3-10 1 01	P
Date	Capt
The second secon	Demobilization Officer
4. Pay and Allowances.	Service News and Service Service State
The herein named soldier's accounts have been correct	
therewith settled. He has received pay and allowances to	
14-3-19	i HMus H
Date	Depot Paymaster.
14/3-19	(
Discharge approved for	
Forwarded with following documents to O.C Discharge I	Depot.
N.F. P 36   B 268   B 121   N.F. Med	D.F. 1
Б 178 Воагd 1st	1 total
B 178a D 400A B 1915 do 2nd	
B 179 D 400B Form L do 3rd	4
B 179a D 400C Form K do 4th	
B 179b B 103 ME 2	
B 179c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14. 3. 19	entites Call
Date	Demobilization Officer.
	Demodrization Officer.
APPROVED.	
Documents as above forwarded to:—	
Officer i c Records.  Board of Pension Commissioners.	or DAV
with following additional documents.	TO ELEGIE PAY
and the second of the second o	SUMMOP
- WINE TOP . July D.	
E WARLE TO	DHATTELL
Date	17.01.20m
	O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.	n semential gridies (17)
	Company Addition 1811
	••••••
Date	

### The Royal Newfoundland Regiment

	PROCEEDINGS ON DISCHARGE
1.	No. 1300 Rank Provate Name Hearn Parte Intended place of residence. Out Cove Joseph
2.	Occupation Classification of soldier
3.	The above named man is discharged in consequence of DEMORILIZATION.  Eligible for War Service Gratuity
4	His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  Place    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 for Signature of witness
6.	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER  I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  Place and Date ST. JOHN'S!  Signature of soldier  21-1-19.  Signature of witness
	STATEMENT OF SERVICE
	Enlisted for service 27-11-16 No of days on Military  Discharged from service 43-19 Plus 14 clays  Service Staday
	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.  Officer Commanding Discharge Depot The Royal Newfoundland Regiment.  Date MAR 14 1919
9.	The disording of above mentioned solding is hereby confirmed to be being better the solding is hereby confirmed to be being better the solding is hereby confirmed to be being better the solding in the

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DEPARTMENT OF VETERANS AFFAIRS

DEP:

Potrick HEARN

SEP 17 1959

WAR SERVICE RECORDS

N YOUR REPLY REPER TO FILE NO.

SEE SEPERE S

#### RECORD OF SERVICE

#### ROYAL NEWFOUNDLAND REGILENT

2200

Ser	vice Rank and/or Number	Name	
1.	Age on Enlistment:	21 years	
2.	Date and Place of Appointment	5th December, 1916 St. John's, Nfld.	
	or Enlistment:	Newfoundland, - England - France	
3.	Theatres of Service:		
4.	Date and Place of Discharge:	28th Tarch, 1919 St.John's, Nfld.	
5.	Reason for Discharge:	"Demobilization"	
6.	Rank on Discharge:	Trivate	

#### NOTE:

This record is not valid without the imprint of the official stamp of the Department.

Ottawa, Ontario, Canada.

Sentember 17th 19\_\_.

/DF

Director,
War Service Records.