



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 42442 Name Joseph Stenison Corps Inf.

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

- |                                                                                                                                    |                                      |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Joseph Stenison</u>            |
| 2. What is your full Address? .....                                                                                                | 2. <u>St. John's</u>                 |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>Yes.</u>                       |
| 4. What is your age? .....                                                                                                         | 4. <u>19</u> Years <u>1</u> Months   |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <u>Minister</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. ....                              |
| 8. Are you willing to be vaccinated or re-vaccinated? .....                                                                        | 8. <u>Yes.</u>                       |
| 9. Are you willing to be enlisted for General Service? .....                                                                       | 9. <u>Yes.</u>                       |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... }                                     | 10. .... { Name .....<br>Corps ..... |
| 11. Are you willing to 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, Joseph Stenison 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.

12/12/14. Joseph Stenison SIGNATURE OF RECRUIT.  
W. J. Dalrymple Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this..... day of..... 191

W. J. Dalrymple 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 required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date.....191..... } Approving Officer.  
 Place..... }

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

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

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





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4242 Name Joseph Henison Corps 4th Meth. 4242

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

- |                                                                                                                                    |                                    |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Joseph Henison</u>           |
| 2. What is your full Address? .....                                                                                                | 2. <u>Belvedere</u>                |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>Yes</u>                      |
| 4. What is your age? .....                                                                                                         | 4. <u>19</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <u>Boatman</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, Joseph Henison 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.

12/12/14. Joseph Henison SIGNATURE OF RECRUIT.  
Regiment 4th Meth. Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Henison 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 12th day of Dec 1917.  
 Signature of Attesting Officer W. Dalrymple

### †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 compiled with. I accordingly approve, and appoint him to the.....

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

Date.....1917 } Approving Officer.  
 Place..... }

† 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).....

712



# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph Harrison  
 Apparent age 19 years 2 months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded 40 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Harrison  
Belwood | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>12.12.17</u>									
Joined at <u>St John's</u> on <u>December 12.17</u>									
<u>Discharged April 11/1919</u>									
<u>Embarked at St John's SS Hazel to Halifax N.S. 29.1.18.</u>									
<u>Embarked for B.C. 2.7.18</u>									
<u>Disembarked France 5.7.18.</u>									
<u>Joined B.C. in the field 9.7.18</u>									
<u>Wounded 14.10.18</u>									
<u>Admitted to Hospital 5.11.18</u>									
<u>Admitted to Hospital 19.10.18</u>									
<u>Transferred to England 9.10.18</u>									
<u>Admitted to Hospital 26.12.18</u>									
<u>Admitted to Hospital 7.2.19</u>									
<u>Admitted to Hospital 7.4.19</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 7-4-19 [date of discharge] 1 years 17 days  
 " " Pensions " " " " " " " " " " " "



C.R. 4242

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, April 8th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 7-4-19.

4242 Pte. Jos. Hemeon

C.R. 4242

Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.  
St. John's, March 27th, 1919.

The discharge of the undernoted on demobilization has  
been APPROVED BY G.O. Discharge Depot on noted date.

4242 Pte. Jos. Hemeon.

24-3-19.



C.R. 4242

Extract from Daily Orders Part II Unit The Royal Rifles Regt  
St. John's, XI-2-19.

The Undernoted He turned down Overseas and Reported to  
Depot 7-2-19.

Repatriated on A.F. 1179.

4242 Pte. <sup>Jos</sup> Jas. Hemmison.



C.R. 4242

Extract from Nominal Roll of the Royal Nfld. Regt.  
Submitted S.S. Smith, Cornwall, Jan. 30th, 1919.

4242 Hempen. *for.*

C.R. 4242

Extract from Casualties received from Pay & Record  
Office, London, 17 Dec. 1919.

The undermentioned ex Military Hospital Bethnal Green  
17-12-18 reported at the P & R O. and was granted fur-  
lough to 26-12-18 marked fit for i duty.

4242 Pte. J. Hemion.

C.R. 4242

Extract Extractbire, Daily Orders part 11, By Lt. Col. J.  
J. BARTON, commanding 2nd., Battalion of the Royal  
Newfoundland Regiment dated 21-12-18.

The undermentioned having reported back from the 1st. Battalion  
is taken off the strength and posted to "h" Co., from 26/12-18.

#4242 Ote. J. <sup>E</sup>Hammon.

#4242



C.R. 4242

Nov. 6th, 18.

Mr. Wm. Hemion,  
Botwood, N.D.B.

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. 4242, Private, Hemion, is now progressing favourably.

Yours faithfully,

Lieut. Col.,  
Chief Staff Officer.

C.R.

4242

Extract from War Office List No. C. 1732 dated 1. 11. 18.  
&&&

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#4242 Pte. J. Hemion.

Wounded 10. 11. 18.

BC?.,

C.R. 4242

Extrac from War Office List No. H. A. 30423. dated 24th Oct. 1918

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ADMITTED 53 GEN. H. BOULOGNE BASE 15th OCT. 1918.

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#4242 Pte. J. Hemion.

SHOULDER LEFT. MILD

BC.



C.R. 4242  
Operator No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

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

Line Number	Recd	By	Sent	by	Check

Dated **Oct 22nd, 1918**

To **William Hemion, Botwood,**

Regret to inform you that Record Office, London, officially reports **No. 4242, Private Joseph Hemion at Military Hospital Bethnal Green, London suffering from G.S.W. left shoulder.**

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

**J.R. Bennett**

**Chge Dept of Militia**

Minister of Militia.

**FOR TYPEWRITER**

C.R. 4242

Extract from Nominal Roll of sick and wounded  
from the France Expeditionary Force to the  
Military Hospital Bethnal Green 19/10/18.

#4242 PTE. J. HEMION.

G.S.W. L. SHOULDER.

C.R. 4242

Extract of Nominal Roll to B. E. F. embarked  
Folkestone. 2-7-18

#4242 Pte. J. Hemion.



C.R. 4242

Extract from Nominal Roll Draft "H" Company Embarked  
S.S. Florizel. Jan. 29th, 1918

HEMICK  
4242 Pte. Henion J.

C.R.

4242

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Dec 13th, 1917.

4242 Pte. J. Hemion.

Attested for General Service with the 1st Nfld. Regiment  
with effect from Dec.12-17.

EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY &  
RECORD OFFICE LONDON

4242 Pte. Hemeon, J.

Dr. Bal. 11/3

This transferred to Pay Office 7-4-19



# The Royal Newfoundland Regiment

## CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 4242 Rank Private Name Humeau J  
 Former Occupation Janitor Address Botwood District 247E  
 Class E Medical Category AI Disability Rating

### O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as Student. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 22-3-19

Andrick Capl  
 Demobilization Officer

To be forwarded Orderly Room in Duplicate.

No. 4242 Rank Pte. Name Heinion J.

Pay	F.A.	Wkg	Total	N.F.P/33
110	10		120	
Less Allotment			60	cul.
Net Rate			60	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance					Balance	5/8						12 7 0
Acquittance Rolls		4	11	8	Pay @ Net Rate	6/8	17/8	165	50	82	50	16 19 0
Hospital Advances		9	10	0	K.A.	17/8	26/8	10	2/1			1 0 10
A.B. 64.					Cr Bal £ 5-10-9							
P.&R.O. Payments		13	1	8								
Cash 10366	17/8	5	10	0								

£ 18-12-59

15/8

J. Hemion.

4242

P. + P. G.



NEWFOUNDLAND CONTINGENT

Railway Warrants issued under Authority A.C.I.  
1935 of 1916.

To: No. 4242 *Ph. J. Hemion*  
whilst attached to Pay & Record Office, London.

Date	Ref. No.	JOURNEY		Remarks
		From	To	

REDUCED FARE VOUCHERS ISSUED

Under Authority A.O. I of 1st July 1918 and A.C.I. 758 of 1918

Date	Ref. No.	NUMBER ISSUED		Authority or Remarks
		Single	Return	
26-12-18	13	1		<i>Ad</i>









No. 18018/18

NEWFOUNDLAND CONTINGENT

*Cardon*  
N.F.P/48.

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,

To: Officer Commanding,

Military Hospital,

6th November 1918

Bethnal Green, N.E.

With reference to request of (No) 4242 (Rank) Private  
(Name) J. Hemdon Cheque No. 11077 for  
£ 2:0:0 is enclosed for payment to this Soldier as may  
be deemed fit.

Kindly complete receipt form on back of cheque before  
presenting at a Bank.



*A. A. Minshall Maj.*  
Chief Paymaster & O. i/c Records.

*O.K. £ 2-0-0 M.R. 11/11/18*

Received. Signed. J. Henson (●).

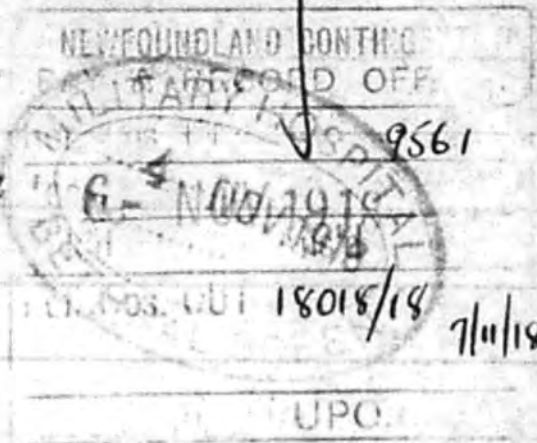


Canclow Wood,  
Bethnal Green  
Military Hospital  
London. E 2.

Nov 1/8

London. E 2.

The Paymaster -  
1st. R. Rifle Regt.  
Pay Record Office  
London



Sir

Please allot me  
the sum of £2.0.0 & charge  
to my account

Well Recd.  
18018/18

Yours Respectfully  
J. Hemeon  
No 4242. Private -  
1st. Royal Newfoundland  
Regiment

Approved  
J. Hemeon

P. Puddamore

O.R. £2-0-0  
W.R. 6/11/8

Registrar, Military Hospital,  
Bethnal Green. N.E.

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.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature:
4242	Pte	Hemon. J	£2.50	

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

Date

28-6-18

J. X. Hemon  
28/6/18

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* 7. Former Trade }  
 or Occupation }
2. Regtl. No. *4240* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
4. Name *HEMION*  
 (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  
 (b) Where (if any)  
 (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."

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.

*U.S. W Shoulder left - scar 2 1/2 in long below spine scapulae not attached to muscle healed.*



14. State whether the disabilities are
- |                                                            | (a) attributable to | (b) aggravated by |
|------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | Yes                 |                   |
| (ii.) Previous active service.. .. .                       | No                  |                   |
| (iii.) Climate in pre-war service .. .. .                  | No                  |                   |
| (iv.) Ordinary military service before the war .. .. .     | No                  |                   |
| (v.) Serious negligence or misconduct on the man's part. } |                     |                   |

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

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? *Movements of shoulder joint free and full complete disability*  
*(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.

*Reputation probably no.*

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station *Hazelton Down Camp.*

Date *18 JAN 1917*

\* 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

Hemen, J.

4242

Ray Sept.

April 7th., 1919

#242 Pte. Joseph Hameon,  
Bo wood.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No.1625."

Yours truly,

Paymaster & <sup>Captain,</sup> i/c Records





# The Royal Newfoundland Regiment

**DEMOBILIZATION OF**

Reg. No. 4244 Rank PL Name Hemery Joseph  
 Date of Enlistment 12-12-17 Address Portwood District St. John's  
 Occupation Seaman Classification for Discharge E Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

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 22-3-19

*H. M. W. H.*  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

*JOS. Hemery*  
Particulars passed to Vocational Officer for information and action.

Date 22-3-19

*P. B. W. Cup*  
O i/c. Re-clothing.

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied Yes

Date 22-3-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K 854* to his home at *Botwood* and Release Certificate No. *1639* issued

Date *22. 3. 19* *J.A. Snowling*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *1-4-19*

Date *22-3-19* *H. W. H.*  
Depot Paymaster.

Discharge approved for *24-3-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	<i>1</i>
F 178	W 3494	B 122	Board 1st	" 2	<i>1</i>
B 178a	D 400A	B 1915	do 2nd	" 3	<i>2</i>
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date *22-3-19* *J.A. Snowling*  
Demobilization Officer.

APPROVED.

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

with following additional documents.

**Eligible for War Service Gratuity**

Date *MAR 24 1919* *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date .....



# The Royal Newfoundland Regiment

Class for Demobilization

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *22.3.19*

Regimental No. *4242*

Name *Joseph Seneon*

Address *Botwood*

Present Medical Category *A-1*

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

Members of Board {

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

*H. Pearson*  
Senior Medical Officer

*D.W. Curdson*  
M. O. Depot

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

CA  
FNT 24

19/10/18

# MEDICAL HISTORY

OF

Surname Hemson

Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Bethwood County —

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>17</u> day of <u>Dec.</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
Declared Age	at <u>Headquarters</u> <u>S. John's</u> <u>19</u> years <u>2</u> <del>days</del>		at _____ years _____ days	
Trade or Occupation	<u>Teacher</u>		_____	
Height	<u>5</u> feet <u>9</u> . inches		_____ feet _____ inches	
Weight	<u>162</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>40</u> inches		_____ inches	
	Range of Expansion... <u>5</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arms _____		Arms _____	
	Number _____		Number _____	
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/6</u>		R.E.—V=_____	
	L.E.—V= <u>6/6</u>		L.E.—V=_____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>L. M. Peterson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>S. John's</u>		at _____	
	on <u>12</u> day of <u>Dec.</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps. _____ Regt. No. _____		Corps. _____ Regt. No. _____	
Transferred to	<u>1st</u> <u>Infantry Regt.</u> <u>ROYAL NEWFOUNDLAND REGIMENT.</u> <u>H 243</u>		_____	
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(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				
Bethnal Green Military Hospital, Cambridge Road, E.	19	10	18	17	14	18	Wound shoulder L.	59	Large flesh wound scapular region.	W. P. H. Keogh, M.D.





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. *4242* 3. Rank... *Pte* } 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *HEMION* } (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) } with Regtl. Nos.  
 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  
 (b) Where (if any)  
 (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. Shoulder (left.)*

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.  
*Scar 3 1/2 inches long below spine Scapula. not attached to muscle, healed.*

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

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

15. What is his present condition? *Movements of shoulder joint free and full. He complains of no disability.*  
*(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.

*Repatriation*  
*Proker, M.O.*

Station *Hazley Lower Camp*

Date *8*

NSYAL NEWFOUNDLAND REG.

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



## 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:

I would like to get  
employment as Fireman.

his  
Joseph X Deaneon  
Signature of Man.

Reg. No. 4242

D. W. Matthews  
Signature of the Vocational Officer or his Representative.

Place

J. John's

Date

March 2nd 1919

April 7th., 1919

#4242 Pte Joseph Henson,

Botwood.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of first payment due  
you on account of the War Service Gratuity. "

Yours truly.

Captain,  
Paymaster & Officer i/c Records

14336

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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... *Joseph* 2. Surname... *Hewson*  
3. Rank... *Private* 4. Regt. No... *4242*

5. Address in full to which future payments of gratuity are to be forwarded... *Batwood, Wellington District, Newfoundland*

6. Date of enlistment in the Regiment... *December 12<sup>th</sup> 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *Phobie Hewson*

8. Relationship of such dependents... *Mother*

9. Address in full of such dependent... *Batwood, Wellington District, Newfoundland*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *Yes*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Not applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *One month in Newfoundland and thirteen months overseas*



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

*not applicable*

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

*not applicable*

15. Have you been issued with a War Service Badge?.....

*No*

16. Have you, during the present war, served in the Imperial Forces?.....

*No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

*not applicable*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

*No*

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

*not applicable*

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

*Mar 22nd / 1919  
re-embodiment*

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.....

*Three months and a half on ypres front*

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

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

*not applicable*

and I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: *Joseph <sup>his</sup> Hemenon*  
 Place of Residence: *Belwood, Durango, Colorado*  
 Declared before me at: *St Johns*  
 This *22<sup>nd</sup>* day of *March* 19*19*

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

*William James Jr.*

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.

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

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
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct. \_\_\_\_\_ Paymaster.

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

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

ST. JOHN'S, Mar 24<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Pte J. Hemion

Billeting Soldiers as undermentioned

from Feb 8<sup>th</sup> /19 to Mar 24<sup>th</sup> /19

4242 Pte J. Hemion 46 50

*Pte J. Hemion  
with family  
Newfoundland*

*J. A. Shaw*  
RECEIVED  
ST. JOHN'S  
MAY 15 1919  
NEW

Certified correct for \$ 46. 50

*J. A. Shaw*  
A.J. Billeting Officer.



**Casualty Form—Active Service.**

Regiment or Corps Royal Newfoundland

12-10-1897

Rank Private Surname Stemion Christian Name Joseph

Religion Catholic Age on Enlistment 19 years 2 months

Enlisted (a) 12-12-17 Terms of Service (a) 12 months Service reckons from (a) 12-12-17

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended  Re-engaged  Qualification (b) .....

Occupation Deporter Corps Trade and rate 28-12-18

*W. H. ...*  
Signature of Officer



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				
		A I	Embarked	2 JUL 1918	
		28-6-18	Disembarked	5 JUL 1918	
			Joined Battalion	Field	9.7.18 BNSd 137/18
				14-10-18	
					200278
					30422
					W 3083

*Handwritten initials*

*3 lines below ...*  
*53 General ...*  
*Plato de ...*  
*For Officer No 1 Infantry Section*  
*3rd Echelon General Headquarters*

(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 2025 212735 20000 417 (35011) C. P. & S., Ltd., Form B/103 E/1007. P.T.O.

NEXT OF KIN: William Stemion Batwood wife

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of 1st. Newfoundland

Number of Men Over

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Hemion Joseph</u>	Age on	<u>19</u> years <u>2</u> months	<u>Steamer</u>	
Joined		Date of Enlistment	<u>St. John's</u> <u>12-12-17</u>	Religion <u>Meth</u>	
Joined		Date	Period of	with Colours <u>117</u> years. with Reserve <u>365</u> years.	
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
				<u>Demobilized St. John's 7<sup>4</sup>/<sub>7</sub></u>					

To be carried over

A.4242

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4242 Rank PL Name Hempson Joseph  
 Date of Enlistment 12-12-17 Address Botwood District Willingale  
 Occupation Teamster Classification for Discharge E Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

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 22-3-19 ..... O. C. Discharge Depot H. M. H.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

JOS. MARK HEMPCSON Went to Bulby

Particulars passed to Vocational Officer for information and action.

Date 22-3-19 ..... P. J. C. C.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6000

(b) Clothing Supplied J. H. Snow

Date 22-3-19 ..... O. i. c. Re-clothing.



3. Transportation and Release Certificate.

The above named ~~has~~ been provided with Travelling Warrant No. *K 654* to his home at *Belwood* and Release Certificate No. *1639* issued.

Date *22. 3. 19* *J.A. Snowford*  
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 *1-4-19*

Date *22-3-19* *H. W. W. W. W.*  
Depot Paymaster.

Discharge approved for *24-3-19*  
Forwarded with following documents to O.C Discharge Depot.

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

Date *22-3-19* *J.A. Snowford*  
Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratuity

MAR 24 1919

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

Received the above noted documents from O. C. Discharge Depot.  
Date *March 29/1919* *R.H. Sait*  
*for records*

Reg. No. 4242 Rank Pte. Name Henion Jos.

Attested ..... Address Batwood

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas 2-19

Returned on S.S. .... Cause Discharge

MAR 22 1919

PASSED TO DEMOBILIZATION OFFICE

24.3.19

DISCHARGE APPROVED ON DEMOBILIZATION.



## 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 *Joseph Hemeon*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4242.*

Intended address *Botwood.*

Height on discharge *5 Feet 9*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy.*

Color of eyes *Blue*

Descriptive Marks *Scar Left Shoulder*

Figure on discharge *Tall.*

Christian name of Father *William*

Christian name of Mother *Shobe*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Botwood. 26-10-1898*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Joseph Hemeon* *Private* (Rank)

Station *St John* Date *22-3-19*

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

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

Station \_\_\_\_\_ Date \_\_\_\_\_