



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5847 Name Hubert Hicks Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>Hubert Hicks</u> |
| 2. What is your full Address? | 2. <u>Bonaventure</u>
<u>B.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years — <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Footman</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, Hubert Hicks 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.

26/7/18 Hubert Hicks SIGNATURE OF RECRUIT.

W. Laughlan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 26th day of July 1918.

Signature of Attesting Officer C. S. Dicks Lieut.

†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 rank of Private.

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

Date 27-7-18 1918

Place St. John's } Approving Officer.

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5847 Name Hubert Hicks Corps Truth

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Hubert Hicks
- 2. What is your full Address? 2. Bombardier
B. B.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 30 Years — Months
- 5. What is your Trade or Calling? 5. Teamster
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Hubert Hicks 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.

26/7/18 Hubert Hicks SIGNATURE OF RECRUIT.
W. Laughlan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 20th day of July 1918.

Signature of Attesting Officer C. S. Dicks Lieut.

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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 1918
Place St. John's } Approving Officer.

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DESCRIPTIVE REPORT ON ENLISTMENT

5847

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

Name Hubert Rich
 Apparent age 20 years — months. Height 5 feet 6 3/4 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Solomon Rich
Bonaville | 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>26-7-18</u>									
Joined at <u>St. Louis</u> on <u>July 26-1918</u>									
Discharged July 9 1919									<div style="font-size: 1.5em; font-weight: bold;">4/1919</div>
Admitted Barracks Hospital 9-8-18									
Discharged from do do to W.H. 10-5-18									
do do W.H. to Escamuse 11-10-18									
Discharged from Escamuse 11-11-18									
Admitted to W.H. Hospital 12-17-18									
Discharged do do 9 1919									
Demobilization <u>St. Louis</u> 9-2-1919									

Total Service forfeited as above _____

Total Service towards Engagement to 9-2-1919 (date of discharge) — years 199 days
 " " Pensions " _____ [" "] " " "

C.R. 5847

Extract of DAILY ORDERS, PART II, Depot St/ John's, dated
14/2/19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records on noted date.

19/2/19.

#5827 Pte. Hubert Hicks.

C.R. 5847

Extract from Daily Orders part 11, Depot St. John's dated Jan. 15th., 1919.

The undernoted discharge on demobilization have been approved by O. C.
Discharge depot from noted date. He is removed from depot strength
and transferred to discharge depot pending confirmation by Officer
i/o Records.

#5847 Pte. Hubert Hicks.

12-1-19/

C.R. 5847

Extract of Daily Orders Part II, dated Jan. 11th 1919.

Hospital.

5847 Pte. H. Hicks

Discharged from M.I.D. Hospital 9-1-19

C.R. 5847
Counter 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 Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Jan. 3rd, 1919.**
To **Mr. Solomon Hicks,**
Bonvista.

Beg to inform you that your son No. 5847 Private H. Hicks,
is now convalescent.

J.R Bennett,
Minister of Militia.

FOR TYPEWRITER

C.P. 5847
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address _____
Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Jan. 3rd, 1919.
To Solomon Hicks,
Bonvista.

In answer to your telegram of Jan. 2nd, beg to inform you that your son No. 5847 Pte. Hubert Hicks is now convalescent and will soon be released from Hospital.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

1 copy
Receiving Form

R. 5847 Form 9

NEWFOUNDLAND POSTAL TELEGRAPHS

Received _____ m. By _____

Sent out for delivery _____ m. By _____

No. 5300 Place from Bonaville No. of Words 18



To Hon. J. R. Bennett
Min. Militia

Very anxious to know how
my son pte Hubert Hicks
5847 is getting on kindly
reply immediately.

Salomon Hicks.

C.R. 5847
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept. of Militia.**

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

Dated Dec. 18th, 1918.
To Mr. Solomon Hicks,
~~St. John's~~
 Bonavista.

Beg to inform you that your son No. 5847 Pte. H. Hicks,
 is now improved.

J.R. Bennett,
 Minister of Militia

FOR TYPEWRITER

C.R. 5847

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 100 Sent by W.S. Rec'd by _____ Check 1600

Place from St. John's

To Hon. G. R. Bennett
Min. of Militia



To 5847 pke ticks,
getting better & is
The serious kindly
reply.

John Abbott
MHA

C.R. 5847
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. Of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Dec. 13, 1918.**
To **Mr. Solomon Hicks,**
Bonvista.

Regret to inform you that your son No. 5847 Pte. Hicks,
was admitted to Military Hospital suffering from Mumps.

J.R. BENNETT
MINISTER OF MILITIA.

FOR TYPEWRITER

C.R. 5847

Extract from Daily Orders part 11, Depot. St. John's
dated December 14th., 1918.

5847 Pte. H. Hicks.

ADMITTED TO M.I.D. HOSPITAL 12-12-18.

C.R. 5847

Extract from Daily Orders Part 11 Unit the Royal Wfld.
Regt., St. John's Nov. 15th, 1918.

5847 Pte. H. Hicks.

Admitted to Barracks Hospital 14-11-18.*

III.

C.R. 5847
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____

St. John's Dept. of Militia.

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 8th, 1918.

To Mr. John Abbott,
Bonavista.

Buy to inform you that ~~your name~~ Pte. Hicks, is now convalescent.

J. R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 5847

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. Sent by Rec'd by Class

Place from

To



Would like to know how
 ple Hubert Hicks no 5847
 is getting on mother
 anxious

John Abbott
 MHA
 now unvalued

A decorative handwritten flourish consisting of several sweeping, connected lines.

C.R. 5847

CONTACT FROM DAILY ORDERS PART 11, DEPOT
ART. JOHN'S DATED OCTOBER 25th., 1918.

#5847 Pte. H. Hicks.

DISCHARGED FROM M. I. D., HOSPITAL 24/10/18
TO REKASINI CONVALESCENT HOSPITAL.

CR. 5847

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated August 12, 1918.

#5847 Pte. H. Hicks.

Discharged from Barracks Hospital and admitted to
M.I.D. Hospital 10-8-18.

Admitted Barracks Hospital p.m. 9-8-18

C.R. 5847

Extract from Daily Orders part 11, from Unit The Royal
H.A. Regt. St. John's, dated July 27, 1918.

#5847 Pte. Hubert Hicks.

Attest ed for General Service with the Royal H.A. Regt.
26-7-18

Nicks, Herbert

5847

Ray Sept.

February 9th., 1919

#5847 Pte. Hubert Hicks,

Bonavista, B.B.

Dear sir:-

Please find enclosed "Discharge
Certificate No. 660."

Yours faithfully,

Captain,
Paymaster & O.i/c Records

Em '1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5847 Rank Plt. Name H. Hicks
 Intended place of residence Bonaville B.B.

2. Occupation Farmer
 Classification of soldier C. Medical Category AII

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

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place St John's
 Date 10-1-19
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date St John's
10-1-19
 Signature of soldier H. Hicks
 Signature of witness C. S. Dicks Capt.

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date Jan 10th 1919
St John's
 Signature of soldier H. Hicks
 Signature of witness C. S. Dicks Capt.

STATEMENT OF SERVICE

7. Enlisted for service 26. 7. 18 No of days on Military
 Discharged from service 12. 1. 19 plus 28 days Service 199 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
JAN 12 1919
 Date
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St John's, Nfld
 Date February 9/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

OB 2079/660

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5847 Rank Plt Name Hicks - Hill
 Date of Enlistment 26.7.18 Address Bona Vista District Bona Vista
 Occupation Fisherman Classification for Discharge P Medical Category AE
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 11.12.18

W. J. C. Hill
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

submit books

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) ~~Clothing Supplied~~.....

Joseph H. Knowlton

Date 10-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 409 R to his home at Bonarata and Release Certificate No. 715 issued.

Date 10-1-19 P. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-2-19

Date 10-1-19 W. S. W. Capt.
Depot Paymaster.

Discharge approved for 12. 1. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	1	John B
E 178	W 3494	B 122	Board 1st.	" 2	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 10. 1. 19 P. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date JAN 12 1919 W. S. W. Capt.
for O. C. Discharge Depot.

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

Date Jan. 13/1919

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

MEDICAL HISTORY

OF

Surname Hicks

Christian Name Herbert

Table I.—GENERAL TABLE

Birthplace:—Parish

Bonaville

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined on 26 day of July 1918 at St John's at _____ day of _____ 1918

Declared Age 20 year _____ days _____ years _____ days

Trade or Occupation Glazier

Height 5 feet 6 inches _____ feet _____ inches

Weight 137 1/2 lbs. _____ lbs. _____ lbs.

Chest Measurement { Girth when fully expanded 34 1/2 inches _____ inches

{ Range of Expansion 4 1/2 inches _____ inches

Physical Development

Vaccination Marks {	Arm	Right	Left	Right	Left
	Number				

When Vaccinated

Vision R.E.—V= 6/10 L.E.—V= 6/10

(a) Marks indicating congenital peculiarities or previous diseases

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) L. Montrose

(Rank) _____ Medical Officer _____ Medical Officer

Enlisted on 26 day of July 1918 at _____ day of _____ 1918

Joined on Enlistment Royal Nfld Corps 5847 Regtl. No.

Transferred to Regt Corps _____ Regtl. No. _____

Became non-effective by on _____ day of _____ 1918 on _____ day of _____ 1918

(Signature) _____

(Rank) _____

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on Syphilis, admissions of treatment
	Day	Month	Year	Day	Month	Year			
M. J. D.							Measles. Mumps		
Hospital	16	8	1824	16	18		Influenza.	76	
Escasona	24	10	1821	11	18			20	

List in case of Warrant Officers treated in quarters

The cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars about out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

H. Paterson

V. Paterson

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work at Fishing

Herbert Hicks

Signature of Man.

As Dicks Cap

Signature of the Vocational Officer or his Representative.

Reg. No. *5847*

Place

St-Johns nfld.

Date

10/1/19.

191

T

Bonavista

The Royal Newfoundland Regiment

Class for Demobilization:—
6

W00A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 28 1918

Date

Regimental No. *5847*...

Name *Hicks, Hubert* (*pk*)

Address *Bonavista*

Present Medical Category *Aⁱⁱ*

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

Members of Board { *R.H. Lant Capt*
O.C. Discharge Depot.
L. Paterson
Senior Medical Officer
Geo Burden
M. O. Depot



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 *Hicks, Hubert*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5847*
 Intended address *Bonavista,*
 Height on discharge *5 Feet 9"*
 Color of hair on discharge *Red*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks *one inch scar in hollow of right Cheek*
 Figure on discharge *Plight*
 Christian name of Father *Soloman*
 Christian name of Mother *Frances*
 Wife's maiden name in full —
 Date and place of marriage —
 Christian names of children —
 Place and date of soldier's birth. *Bonavista 25/12/97*
 Nature and locality of civil employment required *Disherman, Bonavista*

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) *Hubert Hicks*

Station *St John.*

Date *10/12/18*

(Rank) *Pte*

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.

W. Woodley
 Medical Officer in Hospital
 Unit, or Command Depot.

Station

Date

ROYAL NEWFOUNDLAND REGIMENT.

Copy:

Medical Examination held at Bonavista

Date _____ 191

1. Name Hubert Licks Age (a) Declared 20
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None 5847 ✓

3. Height 5' 8" Weight 144

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs Normal.
Measurement (a) Expiration 34 (b) Inspiration 37²

7. Examination of Heart Normal.

8. Examination of Urine "

9. Examination of Mouth—(Defective Speech)
Teeth fair
Throat normal
Nose "
Ears—(Deafness, Otorrhea) "

10. Have you been successfully vaccinated, and when? No.

11. Name and address of next of kin Mrs. Solomon Licks,
Bonavista

REMARKS—

We consider this man { Fit
~~Temporarily unfit for Military Service~~
~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B., 10 A, should be filled and attached).

A. H. Cur.

Ca. Forbes.

Medical Examiners.

FORM K

No 6577



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Hubert Hicks, Regl. No. 5867

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins 1. 9. 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6576	<i>Mother</i>	<i>Mr Sol (Frances) Hicks</i>	<i>Bonavista</i>	60
Total Allotment, \$				60

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

(Sig.) *Alb. Summers*
 Officer Commanding
 Company
St Johns
Aug 2 1918

(Sig.) *Hubert Hicks*
 (Rank) *Pte*

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters on July 26 1918

1. Name Herbert Hicks Age (a) Declared 20
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

lyas long
camp
mark
fair

5847

3. Height 5-6 3/4 Weight 137 1/2

4. Eyesight (a) Left 4/6 (b) Right 4/6

5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~

Measurement (a) Expiration 32 (b) Inspiration 36 1/2

7. Examination of Heart ~

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Sasha Solomon Doxavata

REMARKS—

A 11

Archibald
W. Curdson
Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet

One
O. B. Dick Lieut

Regimental Number and Name		Enlistment		Age	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Herbert Stokes</i>	Age on	<i>20</i> years <i>0</i> months	<i>20</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's</i> <i>26-7-18</i>	Religion <i>Cath</i>	
Joined	Date	Period of	with Colours <i>199</i> years. with Reserve <i>365</i> years.	Place of Birth <i>Bonaville</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>9</i>	<i>2</i>		<i>19</i>

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5847 Rank Pte Name Hicks - Heft
 Date of Enlistment 26.7.18 Address Bonaville District Bonaville
 Occupation Fisherman Classification for Discharge A Medical Category AE
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 14.12.18

W. J. C. Carr
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Hubert Hicks

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) ~~Clothing~~ Supplied Joseph H. Lawrence

Date 10-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 419 R to his home at Bonavista and Release Certificate No. 715 issued.

Date 10-1-19 CB Dick 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 ~~9-2-19~~ 9-2-19

Date 10-1-19 W. Bowley Capt.
Depot Paymaster.

Discharge approved for 12. 1. 19

Forwarded with following documents to O.C Discharge Depot.

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

Date 10-1-19 CB Dick Capt.
Demobilization Officer.

APPROVED.

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

Date JAN 12 1919 W. Bowley Capt.
for O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date Jan. 13/1919 W. Bowley Capt.
O.C.D.

Reg. No. 1847 Rank Pte Name Spicks Robert
 Attested 26-7-18 Address Bonapista
 Allotment 604 Allottee Mrs. Sol Spicks & Mother
 Date of Allotment 1-9-18 Returned from Overseas.....
 Embarked for Overseas..... Cause.....

		<u>1st Ince 2-8-18</u>	
<u>9-8-18</u>		<u>Admitted to barracks Hosp.</u>	
<u>10-8-18</u>		<u>Discharged from " " " " " " " "</u>	<u>to H.S.A.</u>
<u>24-10-18</u>		<u>" " " " " " " "</u>	<u>to H.S.A.</u>
<u>14-11-18</u>		<u>" " " " " " " "</u>	<u>to H.S.A.</u>
<u>12-12-18</u>		<u>Admitted to " " " " " " " "</u>	<u>H.S.A. Hosp.</u>
<u>14-12-18</u>		PASSED TO DEMOBILIZATION OFFICER	
<u>12-1-19</u>		DISCHARGE APPROVED ON DEMOBILISATION.	