



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1163

Name in full John Benjamin Hicks Age 18

Address Catalna T.B.

Married Height 5'7" Weight 137

Single Color Fair Hair Auburn Eyes Grey

Other distinguishing marks None

Nearest relative (Sister) Dotie

Address Catalna T.B.

Dependents None

Occupation Telegraph Operator Present Wage \$3.00 per month

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment Feb. 18/15

I, John Benjamin Hicks, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

John Benjamin Hicks

Declared before me this 18 day
of March, 1915

[Signature]

37

DEPARTMENT OF VETERANS AFFAIRS

R. Nfld. Regt.

Regt. No. 1163

Pension No. NIL

V.A. No. NIL

NAME AND NEW ADDRESS (Typewritten)

HICKS, John,
c/o D.V.A.,
Bldg. 18,
Buckmaster's Field,
St. John's, Nfld.

PLATE IMPRESSION (H.O. use)

FILE IN REGISTRY "NF" DISTRICT

FOR A DEPENDENT PENSIONER DECEASED SOLDIER'S NAME
MUST ALSO BE INSERTED

Old District Office "NF"

Issued at "NF" District Office

New District Office "NF"

By Baxter Peckham
Signature in Full

Date 30 Jan. 50

858-J.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1228

REGT. No. 1163 RANK PTE NAME JOHN HICKS

Corps served with ROYAL Nfld. REGIMENT.

Date of Medical Board DEC 4, 1929 Disability Nil

Pension for Self \$ Nil per month, for months.

Allee. for Wife \$ per month, for months.

ALLOWANCE FOR CHILDREN:

1st. Child \$ per month, for months,

2nd. Child \$ per month, for months.

 children \$ per month, for months.

(C\$)

TOTAL MONTHLY PENSION \$ Nil per month, for months.

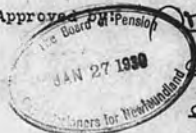
TOTAL authorized amount \$

Pension granted to: JOHN HICKS.

786 Querbes St.

MONTREAL.

Approved Pension



M. Woodell

(Chairman)

E. Kay
(Commissioner)

S. Campbell
(Commissioner)

(Secretary)

Date of Marriage Name of Wife

NAME OF CHILD SEX DATE OF BIRTH DATE ALLEE. EXP.

M. Woodell
20/1/30

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:

ST. JOHN'S, Newfoundland,

Medical Report required; review date:—

Date

AS SOON AS POSSIBLE PLEASE.

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per

Regimental No 1163

Rank Pte.

Name **HICKS** John.Unit **Royal Nfld Regt.**address: 786 Querbes Street,
Montreal.

DESCRIPTION OF PENSIONER:

Apparent Age 32

Height 5'8"

Color of Eyes Grey

Complexion fair Colour of Hair light.

Weight 194

Marks of Identification:

Montreal, December 4th, 1929.

COMPLAINTS:- Pain in left knee, left ankle,

States came on during active service.

History, G.S.W. left thigh, upper 3rd, outer side, involving
the soft tissues only, now well healed.

No signs of inflammation.

Patient states he had an ulcer on the dorsum of the foot,
cause unknown., which was followed by a cellulitis of left,
lower leg.

This came on during active service.

There is a small ~~wound~~ scar now well healed on the dorsum of
left foot.Other than above, left leg is normal, as far as I can make
out.All movements of left ankle and knee full and free. There is
not any grating.

There is no oedema of left leg.

Pain if any, must be due to the scarring of the thigh wound.

No treatment indicated.

C.B. KEENAN. M.D.



3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?.....

(b) Should he continue to do so?.....

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?.....

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?.....

(b) Nature of treatment advised.....

(c) Is pensioner willing to accept treatment advised?.....

(d) If not, is his refusal reasonable?.....

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment (To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Place

Signature

Medical Examiner.

Date

Approved *[Signature]* % for *[Signature]* Months

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9 (a) Has pensioner married since last medical re-examination?

(b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

(b) If so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death)

12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)

Place.....

Date.....

Head of District Office, (or Medical Practitioner)

THE DECLARATION AT BOTTOM MUST BE COMPLETED.

This Form applies to ALL Pensioners.

CLAIM FOR PENSION

TO THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND,
St. John's, Newfoundland.

If your address has been changed, correct this address.

John Hicks
Marconi Stn
Cape Ray
Nfld.

Pension No. 1238 (This space to be left blank.)

I hereby solemnly declare that my name, address and pension number are correctly set forth above and that I am entitled to a pension from the Dominion of Newfoundland for the coming month.
(This declaration applies to female pensioners only.)

I hereby solemnly declare that I have not contracted marriage since my pension was first awarded to me.
(This allowance applies to Pensioners receiving allowances for children.)

I hereby solemnly declare that the undermentioned children are being cared for by me and that I am entitled to receive allowances for them; that the boys are under the age of sixteen years; that the girls are under the age of seventeen years; and that none of the undermentioned children have contracted marriage or have died.

PARTICULARS OF CHILDREN.

	NAME IN FULL	DATE OF BIRTH		NAME IN FULL	DATE OF BIRTH	
		Day, Month	Year		Day, Month	Year
1				6		
2				7		
3				8		
4				9		
5				10		

(This declaration applies to married disabled pensioners only.)

I hereby solemnly declare that I am the wife of the above named pensioner. Wife must sign (or make mark) here.....

If Pensioner cannot write he or she must make his or her mark in the presence of a Postmaster or in the presence of a representative of the Board of Pension Commissioners or before a Commissioner for the taking of Oaths or Bank Manager.

ALL PENSIONERS MUST SIGN (OR MAKE MARK) HERE.....

DECLARATION BY A DISINTERESTED PERSON

I..... of.....
(Name in full) (Street and Number)
..... in the (Province or State) of.....
(City, town or village)

in the..... hereby solemnly declare that: I have known the person who signed the foregoing Claim for Pension for..... years and I verily believe that (he or she) is the pensioner (he or she) represents (himself or herself) to be; that the foregoing claim for Pension was made and signed in my presence by the said pensioner, that I have read the foregoing claim for Pension, that the facts stated therein are true and that the children named therein are all alive.

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.

Declared and subscribed before me
at..... this.....
day of..... 19.....
Signature.....
Address.....
Occupation.....

NOTE—This declaration must be signed THIS MONTH before a representative of the Board of Pension Commissioners or before a person authorised to administer an oath.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1228

Regtl. No. 1163 Rank 1st Lt. Name John Hicks

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Jan 13th 1919

Pensionable disability 20% for Six months

Pension granted:

\$10.00 per month for Six months

or Gratuity granted:

\$ payable in equal monthly insts.

Granted to:

Name John Hicks

Address Catalina

Date case disposed of JAN 27 1919

Approved by:

Members of Board

[Signature] Chairman
[Signature]
[Signature]

Remarks:

Medical Report on an Invalid.

Station Hanley Down Camp.Date December 5th, 1918

1. Unit **Royal Newfoundland**
2. Regimental No. **1168**
3. Rank **L/C.**
4. Name **Hicks.**
5. Age last birthday
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$
7. Former Trade $\left\{ \begin{array}{l} \\ \text{or Occupation} \end{array} \right.$
- 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).***I.C.T. Left foot**Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- On 1-7-18. U.S.W. Left thigh admitted 3rd. L.C.H. Discharged cured 27-9-16. On 5-9-18 at Hanley Down. Admitted 3rd. Canadian General I.C.T. Left foot. Transferred to King George's Hospital 15-9-18. Foot opened up and drained no wound transferred to 3rd. L.C.H. 23-11-18. Discharged 7-12-18. Wound healed with recommendation for repatriation.**

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

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). **Yes.**
- (b) constitutional or hereditary, and not aggravated by service during the present war. **No.**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **No.**

13. What is his present condition? **Healed scar about $\frac{1}{2}$ in. long inferior and slightly anterior to external malleolus. 2nd. small scar anterior to it. wound healed no pain on pressure complains of pain posterior to ankle wound complains of difficulty in walking and can only get about with the use of stick.**
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.
14. If the disability is an injury, was it caused—
- In action?
 - On field service?
 - On duty?
 - Off duty?
15. Was a Court of Inquiry held on the injury?
- If so—(a) When?
- Where?
 - Opinion?
16. Was an operation performed? If so, what?
17. If not, was an operation advised and declined?
18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.
20. Do you recommend—
- Discharge as permanently unfit, or
 - Change to England?

Repatriation.

J. St. P. Knight, Capt., MFLD Regt.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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

Opinion of the Medical Board.

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

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

(iii.) *The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

G.S.W. Thigh I.C.T. Foot. Scar on thigh so und no disability. Foot healed, stiff in ankle complains of pain when walking

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

(i.) Service during the present war;

Yes.

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

No.

(v.) Whether it is constitutional or hereditary.

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

G.S.W. & Accident.

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

23. Is the disability permanent?

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

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

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

20% 6 months.

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

Yes.

(b) Change to England?

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

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

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

Signatures:—

H.S. Fraser.

President.

Station St. John's.

J. Sinclair Tait

Members.

Date Jan 13th. 19.

L. Paterson. Major.

Station



Date

(Sgd.) Cluny Macpherson. Major.
Administrative Medical Officer.

COPY

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1163 Rank ~~Private~~/O Name Hickem John
Intended place of residence, Catalina
2. Occupation Telegraph Operator
Classification of soldier E Medical Category E
3. The above named man is discharged in consequence of DEMOBILIZATION
ELIGIBLE FOR POST DISCHARGE PAY
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
Place ST. JOHN'S (SGD) C. C. DULEY, CAPT
Date Jan 21 1919 for Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
Place and date ST. JOHN'S (SGD) J. HICKS
21-1-19 Signature of soldier
(SGD) C. B. DIXON, CAPT
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
Place and Date ST. JOHN'S (SGD) J. HICKS
22-1-19 Signature of soldier
(SGD) W. J. EATON, S/RQMS
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-2-15 No of days on Military
Discharged from service 22-1-19 plus 14 days Service 1448

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 (SGD) C. C. DULEY, CAPT
for Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
Date Jan. 22nd/19

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
Place
Date
Officer in Charge Records
The Royal Newfoundland Regiment

Address reply to the
Assistant Secretary and
quote No. 1922.



SEARCHED	INDEXED	FILED	15.7.19	W.P.
				CD

Enquiry Department,

General Post Office,

St. John's, Newfoundland.

1928

July 15th 1919.

Dear Sir,

With reference to your enquiry regarding a
letter posted on June 5th addressed to Mr John Hicks,
Catalina,
and
re-addressed Cape Ray.

I am directed to inform you
that this letter was delivered to the addressee
at Cape Ray, on the 9th of June.

W. March

Assistant Secretary

*Main D.
Ack. phone
& file
1919*

July 19/19

H. M. -cl, Secy.,
Asst. Secy.,
Enquiry Dept.,
General Post Office.

Dear Sir:-

I have to acknowledge receipt of your communication of July 16th relative to registered letter addressed to Mr. John Hisk, Catalina, for which I thank you.

Yours faithfully,

Asst. Secy.

LBD.

1228

1228

Jan 22, 1930.

Mr. John Hicks,
786 Querbes St.,
MONTREAL, P.Q.

Dear Sir:

I have been directed to advise you that as a result of your recent Medical Board it has been found that you are not at the present time suffering from any disability which can be said to be due to your war services. It is, therefore, regretted that you are not entitled to receive an allowance.

Yours very truly,

Secretary.

/MS.

Casualty Form - Active Service.

Regiment or Corps NewfoundlandRank Private Surname Dicks Christian Name Jack B. 2536Religion Methodist Age on Enlistment 18 years 2 months.Enlisted (a) at Johns Terms of Service (a) Duration Service reckons from (a) 18/2/15

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____Signature of Officer. James Capt.

Report		Remarks Taken from Army Form B. 212, Army Form A. 26, or other official documents.
Date	From whom received	
		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 212, Army Form A. 26, or in other official documents. The authority to be quoted in each case. Place of Casualty _____ Date of Casualty _____
		Embarked <u>Shampton</u> <u>25.4.17</u> Disembarked <u>Raven</u> <u>26.4.17</u> Joined Battalion <u>7 MAY 1917</u> <u>8213</u>
		<u>WIFE. Bn 30. 12. 17</u> <u>23/10/17</u> <u>Collect Hqs Army of Cpt. Dicks</u> <u>23/10</u> <u>8213</u> <u>7-9-18</u> <u>C. Dicks</u> <u>at Hqs.</u> <u>5-9-18</u> <u>8213</u> <u>10/10/18</u> <u>to Hqs. 1st Bn</u> <u>Bonaparte</u> <u>10/10/18</u> <u>8213</u> <u>11/10/18</u> <u>To Engage</u> <u>15-9-18</u> <u>8213</u>
		<u>What leave for Lt. Col.</u> <u>Officers for 1st Bn. Inf. Det. etc.</u>

(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, etc.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1163 Rank L/Cpl Name Hicks John
 Intended place of residence Catalina
2. Occupation Telegraph Operator
 Classification of soldier B Medical Category E
3. The above named man is discharged in consequence of Demobilization
- ELIGIBLE FOR POST DISCHARGE PAY**
4. His accounts are ^{correctly} balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place St. John's
 Date JAN 21 1919 W. J. Eaton Capt
 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 connection, subject to my Bureau leaving as being required.
- Place and date St. John's 21-1-19
J. Hicks
 Signature of soldier
W. J. Eaton Capt
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date St. John's 21-1-19
J. Hicks
 Signature of soldier
W. J. Eaton Capt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-2-15 No of days on Military
 Discharged from service 22-1-19 Plus 14 days Service 1448 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, 14 days from date.
- Place ST. JOHN'S 14
W. J. Eaton Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
- Date JAN 22 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's, Nfld 13
W. J. Eaton Capt
 Officer in Charge
 The Royal Newfoundland Regiment
- Date February 5/1919 25

22320 791 806

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 for 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 A. F. L. D.*..... 7. Former Trade }
or Occupation }
2. Regt. No. *1163.* 3. Rank. *Lt. Col.*..... 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
4. Name *H. I. C. K. S.*.....
(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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

J. C. 7. left foot

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.

*1-7-06 G. S. W. left thigh admitted
3rd Lt. G. H. discharged March 27-06
on 5th 9-18 at Leghien admitted
3rd Canadian General. J. C. 7. left foot was
transferred to King George Hospital London. 15-9-08.
Foot opened up and drained. No wound. Transferred to
3rd Lt. G. H. 23-11-03: discharged Dec 12-18. Round Medical
discharged Recommendation for reparation*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war *yes* .. *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? }

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

15. What is his present condition? *Healed scar about 1/2 in long inferior and slightly anterior to external malleolus, second small scar anterior to it would be healed, no pain on pressure.*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) *Complains of pain posterior to ankle wound, complains of difficulty in walking and can only get about by aid of stick.*
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
W. J. Capron

ROYAL NEWFOUNDLAND REG.

HAZELEY DOWN CAMP.

Station 5 DEC 18

Date

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.

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

MEDICAL HISTORY

OF

Surname Hicks Christian Name John



Table 1.—GENERAL TABLE.

Birthplace:—Parish Catalina County Trinity Bay

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>19</u> day of <u>Feb</u> 191 <u>5</u>	on	day of	191
	at <u>Catalina</u>	at		
Declared Age	<u>18</u> years	days	years	days
Trade or Occupation	<u>Telegraph Operator</u>			
Height	<u>5</u> feet	<u>7</u> inches	feet	inches
Weight		<u>137</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>31</u> inches		inches
	Range of expansion	<u>35</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		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. Peterson</u>			
(Rank)	<u>Capt.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>	at		
	on <u>18</u> day of <u>Feb</u> 191 <u>5</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st B. F. L. O. 1163</u>			
Transferred to	<u>Royal Newfoundland</u>			
Became non-effective by				
	on	day of	191	on
	day of	191	on	day of
(Signature)				
(Rank)				

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 rd London General Hospital Wandsworth	8	7	16	27	9	16	G. S. W. IX. 1.	82	wounded in France 1/7/16. On admission deep cephalic wound of l thigh - convalescent - Furlong.	W. W. Taylor Capt R.A.M.C.
THE KING GEORGE HOSPITAL No. _____ Date _____ ST. LONDON, S.E.	15	9	18	23	11	18	I. C. T. left foot	69	no wound I. C. T. of dorsum of foot - opened up & drained. Drains discharged 5 th London General	G. H. Mann LIEUT. R.A.M.C.
8 th LONDON GENERAL HOSPITAL WANDSWORTH	23	11	18	7	12	18	do.	14	Slight lameness - now healed	W. W. Taylor

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

Date	Brief Details, and Signature
5 DEC 1918	<p>HAZELEY DOWN CAMP.</p> <p><i>Recommended Re-attestation</i></p> <p><i>WPK</i></p> <p>ROYAL NEWFOUNDLAND REG.</p> <p><i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on demobilisation. Medical category <u>E</u>.</i></p> <p><u>13.1.19</u> Date of S.M.B.</p> <p><i>W. H. H. H. H.</i> Captain Adjutant General Discharge Hospital Newfoundland</p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>St Johns Nfld</i>					




DEPARTMENT OF MILITIA

ST. JOHN'S _____ 19____
NEWFOUNDLAND

No 1163. L. L. J. Hicks is desirous of going home to await result of committee meeting on the 24th inst. There is nothing to prevent his doing so.

Arthur
bakh.

22-1-19

John Hannah


22.1.19

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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. Regt. No. 1163 3. Rank Private 7a. If the soldier claims previous service in Army, he should state—
4. Name HICKS (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ?
- (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When
- (b) Where
- (c) Opinion of Court
- (d) Particulars of Pension or Gratuity (if any)

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 general 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."

I.C.T. left foot

11. Date of origin of disability.
12. Place of origin of disability. on 1-9-18. G.S.W. left thigh
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.
- admitted 3rd L.G.H. Discharged cured 27.9.16. on 5-9-18 left leg broken. admitted 3rd Canadian General I.C.T. left foot. Transferred to King George's Hospital 15-9-18. Foot opened up and drained, no wound. Transferred to 3rd L.G.H. 23-11-18. Discharged 7-12-18. Wound healed. and with been meditated for re-attachment.

OPINION OF THE MEDICAL BOARD.

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

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

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

14. State whether the disabilities are
- | | | | |
|--|-----|-------------------|--|
| (i.) Service during the present war | Yes | (b) aggravated by | |
| (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, dislocation, etc., a specialist's report is to be attached with radiographs where possible and in cases of suspension the exact position should be stated.

15. What is his present condition? *Healed scar of about 1/2 in. long inferior and slightly anterior to external malleolus. 2nd small scar anterior to about it. Wound healed, no pain on pressure. Complains of pain posterior to ankle wound. Complains of difficulty in walking and can only get about with use of stick.*
- (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
Mr. J. A. Brown
Approved*

ROYAL NEWFOUNDLAND REG.
Medical Officer in charge of camp.

Station *HAZELEY DOWN CAMP.*
Date *5 DEC 1919*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered. *G.S.W. High. I.C.T. foot*
- (b) The present condition thereof. *Scar on high found - no disability; Foot healed, stiff in ankle. Complains of pain when walking*

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

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? *G.S.W.*
23. Is the disability in a final stationary condition? If not *Not accidental.*
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

20% less months

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? *Yes*
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalidated at a foreign station)?

Opinion of Military Member in case of disagreement.

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

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

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

29. Does the soldier require:—

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

Signatures:

Station *S. P. ...*

Date *Jan 13/19*

H. H. ... } President or Chairman.
London, Jack }
P. P. ... } Members.

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

Station *...*

Date *JAN 13 1919*

Erny Macpherson Major } Only applicable in cases of Patients in Hospitals.
 Officer in charge, Central Hospital.

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

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

Station *...*

Date *...*

O.C. Discharge Centre.



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 *John Hicks*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *1163*
 Intended address *Catalina*
 Height on discharge *5* Feet *8*
 Color of hair on discharge *light*
 Complexion *Fair*
 Color of eyes *Grey*
 Descriptive Marks _____
 Figure on discharge *medium*
 Christian name of Father *Richard*
 Christian name of Mother *Loyehere*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth *Catalina 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)

John Hicks

(Rank)

Serge

Station

St. John's

Date

10. 1. 19

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



Station

Date

The Royal Newfoundland Regiment

D 1163

DEMOBILIZATION OF

Reg. No. *1163* Rank *Platoon Leader* Name *Hicks John*
 Date of Enlistment *19.2.15* Address *Centenary* District *Trinity*
 Occupation *Telegraph Operator* Classification for Discharge *B* Medical Category *E*
 Recommendation S.M.B. *permanently unfit* Disability Rating *20% G. M. M.*
 Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	<i>3</i>
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 105	ME 2		" 6	
B 179c	B 120	M 93			

Date *18.1.19*

W. M. Carr
O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am *70* in a position to resume civilian occupation.

J. 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 *21-1-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1 R. 576 to his home

at Catalan and Release Certificate No. 849 issued.

Date 21-1-19

C. B. Dicks
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 5-2-19

Date 21-1-19 W. H. Cap
overseas pay etc to be reported - Depot Paymaster.

Discharge approved for 22-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.		
F 178	W 3494	B 122	Board 1st.	" 2.	1	Jan B
R 178a	D 400A	B 1915	do 2nd.	" 3.	2	
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 22-1-19

C. B. Dicks
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 22 1919

Date

R. J. ...
O.C. Discharge Depot.

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

Date Jan 22 1919

W. H. Cap
Depot Paymaster

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

KALIN
JY 15 1911

The Royal Newfoundland Regiment,

Department of Militia,

St. John's Nfld.

Fold Here

Faint handwritten text, possibly "Militia" and other illegible words.

21

— June 20th. 1921 1917.

The accompanying King's Certificate, on his discharge,

(No. 450), is forwarded herewith to

L/Cpl. John B. Hicks

in respect of his service as No. 1163 Rank L/Cpl.

Name John B. Hicks. Corps Royal Mfld Regt.

Receipt of the same should be acknowledged hereon.

Received _____

Signature _____

Date _____

Address _____

C.R. 1163

Extract from Daily Orders part II, Depot St. John's
dated Feb. 7th., 1919.

The discharge of the undernoted on demobilization have been
CONFIRMED by Officer i/c Records on 5-2-19.

#1163 L/C. John Hicks.

C.R. 1163

Extract from Daily Orders part II,
Regt St. John's dated Jan. 24th., 1919.

The discharge of the undemoted on
Demobilization have been approved by
C. G. Discharge decet on 22-1-19.

#1163 Pte. J. Hicks.

C.R. 1163

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

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

#1163 L/C. J. B. Hicks.

Bo .

C.R. 1163

Extract from Nominal Roll discharged from 3rd L.G.H. on
7-12-18 and sent to 2nd Battn. Winchester for immediate
repatriation in accordance with arrangements made by
Major Timewell. 17 Dec. 1918.

1163 L/C. J. Hicks.

C.R. 1163

Extract from Nominal Roll of repatriation draft No. 79 per
S.S. CORSICAN which embarked at Tilbury Docks 12/12/18. 5
from the 2nd., Battalion of the Newfoundland Regiment

#1163 B/C. J.B. Hicks.

C.R. 1163

Extract from Daily Orders part II, Depot Winchester dated 10-12-18
by Lieut. Col., B. J. BARTON, D.S.O. Officer Commanding 2nd., Batt.
Royal Newfoundland Regiment.

The following having reported back from the 1st. Battalion is taken
on the strength and posted to "H" CO. DER-378
- 8

#1163 Pte. J. Hicks.

C.R. 1163

Extract from Casualties received from Pay & Record
Office, London, Nov. 25th, 1918.

1163 L/Cpl. J. Hicks.

Was transferred from King George Hospital to 3rd London G.
Hospital ~~in~~ S.W. on 23-11-18.

C.R. 1163

Extract from Telegram from Synoptical, London dated Sept., 17th 1918.

L/C 1163 Hicks.

King George Hospital I. C. T. Left Foot slight,

C.R. 1163

1768

C. 2.—Casualties.

COLONIAL CONTINGENTS ONLY.

Army Form W. 3026A

(Continuation sheets are supplied separately.)

THE KING GEORGE

HOSPITAL, at

STAMFORD STREET, S. E. 12

Affiliated to

NOMINAL ROLL of Sick and Wounded from the * French Expeditionary Force

admitted on 15/9/18 from Hospital Ship St. Denis, disembarked at

* Here insert which Expeditionary Force.



NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission:

- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**
- (ii) The other direct to the O. I/c of Records of the Colonial Contingent concerned.

* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
 - (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.
- If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty * (See note in large type above).
1163	L/C	Hicks, J. (Sgd) H. G. PARRY,	R. Hfld R. Bt.Lt.-Col., R.A.M.C., Adjutant & Registrar.	I.C.T. L.Foot slight

C.R. 1163

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

NEWFOUNDLAND GUN CORPS AND TANK CORPS

No. H.A. 28605

Adm. 2 Can Gen H Le Treport 5 Sept'18.

125921	Pte Dolphin C.	3 MG Btn.	A.	SW Matt L.
70077	" Ackerman S.	Tank Corps 5 Btn.	A.	V.D.G.
110388	" Ellis S	Tanks Corps 14 Btn.	B.	V.D.S.
508588	L/C Burdock F.	Tanks Corps	3 Sup Co.	Impetigo.
301762	Pte Howard S.	Tanks Corps.	14 Btn A.	Scabies.
146441	" Guyton A.	62 MG Btn R.		Gassed Wd.

Adm. 3 Can Gen H Boulogne 5 Sept'18.

84100	Cpl. Sivell E.C.	MG Cps.	29 Bn.	GSW Rt Shldr.
153190	Pte Burns A.P.	MG Cps.	41 Bn.	P.U.O. Sit.
139310	" Field E.	MG Cps.	34 Btn.	GSW Rt Leg.
84346	Cpl. Clark J.	MG Cps.	1 Bn.	GSW Lt Thigh Knee Ankle Sit
63070	Pte Warren G.H.	MG Cps.	34 Bn.	GSW Legs Rt Thumb. Sit.
145243	" Baird J.	MG Cps.	29 Bn att ASC	P.U.O. Sit.
			E.F.C	

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 28605

Adm. 3 Can gen H Boulogne 5 Sept'18.

1163 L/C. Hicks J. 1 R New'land R. ICT Lt Foot Sk Mild.

No. TWO RECORD OFFICE H.O.U.N.S. I.O.W.

No. H.A. 28605

Adm. 3 Can Gen H Boulogne 5 Sept'18.

23894 Pte Edkins S.H. 1/4 R Susa R. GSW Head Rt Arm.



1753

C.R. 1163

Extract from Daily Orders by Lt.Col. Mⁿthias, D.S.O.,
Commanding 2nd Battn. Royal Wfld. Regt. 5-9-18.

The U-M is admitted hospital.

1163 L/Cpl. Hicks

1-9-18.

C.R. 1163

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, 3rd Echelon, C.H.C., dated
2/3/18.

#1163 Pte. J. Hicks.

Appointed Acting Lance Corporal with pay from 23/2/18.

C.R. 1163

Extract from Nominal Roll of MFLA, Regt. Draft No. 23
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked South-
ampton, 25-4-17.

25-4-17

1163 Pte. J.B. Hicks.

C.R. 1163

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

1163, Pte J. B. Hicks. ✓

Discharged from Hos. and granted furlough from 27/9/16 to 6/10/16
Fit for Light Duty Class B. likely to be fit for service overseas
within 3 months.

C.R. 1163

Extract fo Casualty List received from P. & L R O. Aug. 10th 1916.

1163, Pte J. Hicks. ✓

Transferred from the 3rd London General Hos. to Lammus Aux. Hosp.
Esher.

C.R. 1163

Extract of Casualties received from War & Record Office,
London, dated July 31, 1916.

(Extract from Army Form B 515, from G.C. 1st. B. 10. Regt.
dated 11/7/16.)

#1163 Pte. J.B.Hicks. ✓

Wounded in Action 1/7/16.

C.R. 1163

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&LR.O.
July 17th. 1916.

1163, Pte J.B. Hicks. ✓

1 Newfoundland B Bat. GSW. Thigh. Adm. 26 Gen. Hos. Etaples
3rd July 1916.

C.R. 1163

NEWFOUNDLAND CONTINGENT

Extract of Casualty List receivedn from P.&.R.O.

July 17th. 1916.

1163, Pte J. B. Hicks. ✓

1 Newfoundland Regt. GSW Thigh To Eng. ex 26 Gen. Hos.
6th. July 1916.

C.R.

1163

Extract from Casualties received from Pay & Record
Office, London, Jul. 19th, 1916.

Admitted to 2nd London General Hospital Wandsworth, S.W.
July 8th, 1916.

1163 Pts. J.B. Hicks.

G.S.W. L. Thigh.

C.R. 1163

Extract of Casualty List received from P.&.R.O.
July 10th 1916.

1163, Pte J. B. Hicks. ✓

at 3rd London General Hospital Wandsworth July 8, 1916
G.S.W. Left Thigh.

C.R.

1163

Extract from Table Nominal Roll, 1st Draft to M.B.F.
received from Governor July 8th, 1916.

#1163 Pte. John B. Hicks.

C.R. 1163

Extract from War Office List No. H. 6796.

1163 Pte. Hicks J.B.

1/Hfdl.R. Pharyngitis Dis 18 Sty. Hos. ~~C221~~ 2016/16/18 ex

21 G

C.F. 1163

Extract from War Office List No.H.6620.

1163 Pte. Hicksck

1/Nfld.R. NYD..Adm. ¹⁸ to Sty.H. Suze, 23rd, Feb.1916.

C.R.

1163

Extrac of Reinforcement Draft to 1st Br. N.E.F. Embarked 2
for Gallipoli 14-11-16.

1163 Pte. John B. Hicks.

C.R. 1163

Extract from Nominal Roll Embarked St. John's, for Overseas,
per S.S. "Stephano" April 22, 1915.

Signaller 1163 ~~RM~~ Hichs J.B.

C.R. 1163

John B. Hicks was attested for General service
with the NEWFOUNDLAND REGIMENT on ~~February~~ 18th 1915
Regimental No 1163 was allotted to Pte. **J. B. Hicks**

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

J. B. Hicks

1163

P. + R. G.

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

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

Regt No. 1163 Rank L/Cpl. Name Hicks J.B. Unit 9 Royal Wfld. Regt. who was repatriated
to Newfoundland on 12/12/18 Authority Draft No. 72 Cause _____

STATEMENT OF ACCOUNT

	PARTICULARS	£	s	d		PARTICULARS	£	s	d		
PERIOD: From 8/12/18 To 12/12/18	Balance Dr. from			17	2	Balance Cr. from					
	Allotment 5 days @ 50	2	50	10	4	Pay 5 days @ \$ 1.05	5	25			
	Cash Payments:					Field Allow 5 days @ \$.10		50			
	V. 7134			5	6	Other Allowes days @ \$	5	75	1 3 8		
	Other Debits					Other Credits:					
						<i>W. J. G. 50. 300/9</i>					
						<i>Sent to H. 2. St John's</i>					
						<i>7/1/19</i>					
	Total Debits			1	11	0	Total Credits		1	3	8
	Balance due by Paymaster						Balance due to Paymaster			7	4
			1	11	0			1	11	0	

CHECKED
EB
2-1-19

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

(Place) _____ (Date) 1919 _____
O.C. " " Company
Made up/checked in accordance with information received in the Pay & Record Office _____
and is therefore subject to amendment if and as may be found necessary. _____
London _____ 2 / 1 / 19
Pay & Record Office, London, _____
2 / 1 / 1919 _____
Chief Paymaster & O. i/c Records.

No. 1163 Rank Lepl

Name Hicks J. B.

Pay	F.A.	WKF	Total
1.05	70		71.5
Less Allotment			5.0
Net Rate			66.5

F.W.D./33

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance			6	10	Balance <i>other allowances</i>							1 4 6
Acquittance Rolls	20	16	8		Pay @ Net Rate	21 ¹² / ₁₇	22 ² / ₁₈	63	60	37	80	
Hospital Advances			6	10		23 ² / ₁₈	4 ¹² / ₁₈	287	65	184	55	40 10 9 46 1 11
A.B. 64.												
P.&R.O. Payments		2	0	0	Cr Ball 23-11-1 Cr Ball 23-11-1							
Cost <i>Cheque 11157</i>	6 ¹³ / ₁₈	23	16	0								

£46-18-3

£23-10-4

Temp. a/c.

No. 1163 BANK Private B.A.E.John B Nicks

CO.

1st Dr

ALL

50

Date	P.M.A. etc	Amount	PAY	
	Dr. Balance		Credit Balance	<u>14/3</u> 101
	<u>100</u>	<u>1 100</u>	Balance "	101
			<u>PAY 2 NET RATE</u>	
	<u>A.S. 64</u>		From <u>18/3</u> To <u>29/4</u>	<u>194 days</u> 23 15 24
	<u>Accy Rec.</u>	<u>97.5</u>	<u>60</u>	<u>24 11 7</u>
				<u>116.40</u>
			From _____ To _____	<u>29 16 8 1/2</u>
				<u>39 2 8 1/2</u>
	<u>P. & R.O.</u>	<u>150</u>	From _____ To _____	days
	<u>Unifont.</u>			
		<u>12 25</u>	From _____ To _____	days

M.W.H.

Nicks, John

1163

Ray Sept

February 5th., 1919

#1163 L/Corpl. John B. Hicks,
Catalina, T.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate "c.806."

Yours truly,

Captain,

Paymaster & Officer i/o Records

Enc'l 1.

ORIGINAL

No. 35

NEWFOUNDLAND CONTINGENT

N.F.P./54

No. 7

To: The Hon. the Minister of Militia,
St. John's, Newfoundland.

" " Company.

MEMORANDUM OF STOPPAGES/~~CREDITS~~ on Account of
paymasters Advances.

NOTE:- Charge under Column
Credit pay & Record Office, London, S.W.

Regtl No.	Rank & Name	Particulars and Authority	AMOUNT					
			£	s	d			
1163	L/Cpl. J.B.Hicks,	Amount drawn at P. & R. O. as per Vr.10275,11/12/18,				1	8	
								1 8

CHECKED
E.S.A.
7/1/19

O.K. war

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

1st January 1918

J. D. W. Magelick
Chief Paymaster & Officer i/c Records.

CERTIFIED that the above Stoppages/~~Credits~~ have been made
in the Pay Book " " Company for period / / to / /

Dated at _____

191

O.C. " " Company,
Battalion.

ORIGINAL of this FORM to be COMPLETED and RETURNED INTACT to Chief Paymaster & Officer i/c Records,
Newfoundland Contingent, 68 Victoria Street, London, S.W. 1.
DUPLICATE to accompany PAY BOOK as VOUCHER.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 11763 Rank Pte Name Hicks John
 Date of Enlistment 19 2 15 Address St. John's District Trinity
 Occupation Signal Operator Classification for Discharge B Medical Category 3
 Recommendation S.M.B. permanently unfit Disability Rating 20% 6
 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	5
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 18 1 19

W. H. C. Discharge Depot

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$100.00
 (b) Clothing Supplied Joseph H. ...

Date 21 1 19

O. H. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1R 576 to his home

and Release Certificate No. 849 issued.

Date 21-1-19

Ch. 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 5-7-19

Date 21-1-19

Ch. Dicks Capt.
Depot Paymaster.

Discharge approved for 22 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
E 178	W 3494	B 122	Board 1st	" 2
F 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 1 19

Ch. Dicks
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge,
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 22 1919

Date

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

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

Date

Civil Re-establishment Committee



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

To take a course in
Wireless Telegraphy

J. Hicks

Signature of Man.

Reg. No. 1163

Butler

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

Jan'y 21st

1919



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

No. _____

Line No. 12

Send to _____

Rec'd by _____

Check SPPlace from Cape Ray 15To Capt Howley
Pay master

Royal Newfoundland Regt.

Please send second
installment gratuity
money of \$116.3.

J. B. Hicks

14335
Sent May 15/19
[Signature]


WWE/LO

April 5, 1919.

To:- Capt. Howley, O. I. C. Records.

Form:-Vocational Officer.

J. B. Hicks, 1163. 52 Brazil's Square, CITY.



This is to certify that the man named in the margin
discontinues our Re-training Course to-day.

W. W. Keckell.
Vocational Officer.

5581
Marconi Stn.
Cape Ray
June 27th/19

Capt. Howley.
Pay Master
1st Royal Nfld Regt.

Dear Sir:-

If you have Discharge
Badge then for me please
send it on to the above
address + oblige

Yours Faithfully
Ex 11637c J B Dickson.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th.1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *John B.*... 2. Surname... *Hicks*.....

3. Rank... *LC*..... 4. Regt. No... *1163*.....

5. Address in full to which future payments of gratuity are to ~~be~~ forwarded... *Catalina Trinity Bay*.....

6. Date of enlistment in the Regiment... *18-2-15*.....

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

none.....

8. Relationship of such dependents... *none*.....

9. Address in full of such dependent... *none*.....

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

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

12. Give total length of time which you served on active service, whether in Mfld, or Overseas... *3 years 11 months & 3 days*.....

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

One enlistment

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.....

No.

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.....

No.

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?.....

No.

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

21-1-19

Visibility

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.....

Beaumont Hamel 1-7-16, Greenbuck, 16-8-17

Brookbeck 9-10-17, Cambrai 20-11-17

from 1st Nov 1915 to Aug 17 1916; from April 22 1917 to Sept 5 1918

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. No.

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

Yes

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: *J. B. Hicks*
 Place of Residence: *Catalina*
 Declared before me at: *Saint John*
 This *seventh* day of *March* 1918.

Wm Jewell
 Barrister at Law
 +
 Notary Public

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>6.40</i>	<i>420.00</i>
.....
.....
Certified Correct.			Paymaster.	

DUPLICATE
MAIL COPY

No. 58

NEWFOUNDLAND CONTINGENT

N.F.P./54

Posted. 17 JAN 1919

No. 7

Company.



The Hon. the Minister of Militia,
St. John's, Newfoundland.

MEMORANDUM OF STOPPAGES/CREDITS on Account of

Paymasters Advances.

NOTE:- Charge under

Column

Credit

Pay & Record Office, London, S.W.

Regtl No.	Rank & Name	Particulars and Authority	AMOUNT					
			£	s	d			
1165	L/Cpl. J.B.Hicks,	Amount drawn at P. & R. O. as per Vr. 10275, 11/12/18,				1	8	

CHECKED
E.S.H.
7/1/19

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

1st January 1919

for *F.H.M. Call*
Chief Paymaster & Officer i/c Records.

CERTIFIED that the above Stoppages/Credits have been made
in the Pay Book " " Company for period / / to / /

Dated at _____

191

O.C. " " Company,
Battalion.

ORIGINAL of this FORM to be COMPLETED and RETURNED INTACT to Chief Paymaster & Officer i/c Records, Newfoundland Contingent, 58 Victoria Street, London, S.W. 1.
DUPLICATE to accompany PAY BOOK as VOUCHER.

DUPLICATE. 17 JAN 1919

No. 33

NEWFOUNDLAND CONTINGENT

N.F.P./64

No. 7

" " Company.

Hon. the Minister of Militia,
St. John's, Newfoundland.

MEMORANDUM OF STOPPAGES/CREDITS on Account of

Paymasters Advances.

NOTE:- Charge under

Column

Credit

Pay & Record Office, London, S.W.

Regtl No.	Rank & Name	Particulars and Authority	AMOUNT							
			£	s	d	£	s	d		
1165	L/Cpl. J.B.Hicks,	Amount drawn at P. & R. O. as per Vr.10275,11/12/18,							18	

ES.H.
7/1/19

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

1st January 1919

Chief Paymaster & Officer i/c Records.

CERTIFIED that the above Stoppages/Credits have been made
in the Pay Book " " Company for period / / to / /

Dated at _____

191

O.C. " " Company,
Battalion.

ORIGINAL of this FORM to be COMPLETED and RETURNED INTACT to Chief Paymaster & Officer i/c Records,
Newfoundland Contingent, 58 Victoria Street, London, S.W. 1.
DUPLICATE to accompany PAY BOOK as VOUCHER.

LAST PAY CERTIFICATE

ORIGINAL

REF. 7

To be rendered for all sums on discharge, transfer to other Unit, or on return to Newfoundland in accordance with C.I. 10, 23/5/18

Regt No. 1163 Private Name Hicks, J. B. Unit Royal Nfld. Regt. who was Repatriated

of Newfoundland on 12/12/18 Authority Draft No. 79 Cause:

STATEMENT OF ACCOUNT

DATE	PARTICULARS	DEBITS				CREDITS			
		1	2	3	4	5	6	7	8
7/12/18	Balance Cr. from			17	2				
5 days @ \$ 1.05	Pay	2	50	10	4			5	25
5 days @ \$.16	Field Allowance								50
	Cash Payments: V. 7134			5	6			5	75
	Other Allowances days @ \$								1 3 8
	Other Credits:								7 4
	Other Debits								1 11 0
	Total Debits			1	11	0			1 11 0
	Balance due by Paymaster								1 11 0
	Total Credits								1 11 0
	Balance due to Paymaster								1 11 0

PERIOD FROM 9/12/18 TO 12/12/18.

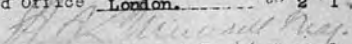
RECEIVED


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

101

and in these respects is in accordance with the information received in the Pay & Record Office London, on 21/1/19

Pay & Record Office, London,
 2nd. January, 1919


 Chief Paymaster & C. i/c Records

LAST PAY CERTIFICATE

**DUPLICATE
MAIL 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. 1163 Rank L/Cpl. Name Hicks J.B. Unit _____ Royal Nfld Regt. who was repatriated to _____ Newfoundland 12/12/18 Authority Draft No. 79. Cause _____

DR. STATEMENT OF ACCOUNT

CR.

DR.	PARTICULARS						PARTICULARS						CR.					
	\$	¢	£	s	d		\$	¢	£	s	d		\$	¢	£	s	d	
					17	2	Balance Cr. from											
					10	4	Pay 5 days @ \$ 1.05	5	25									
		2	50				Cash Payments:											
							Field Allow 5 days @ \$.10		50									
					3	6		5	75	1	3	6						
							Other Allowes days @ \$											
							Other Credits:											
															1	3	6	
					1	11	0	Total Credits								7	4	
								Balance due to Paymaster										
					1	11	0							1	11	0		

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

191.

(Place)

(Date)

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

Pay & Record Office, London,

191

D.C. * * Company,
London
1/19
Chief Paymaster & O. i/c Records.

CHECKED
[Signature]

PERIOD: From 8/12/18 to 12/12/18



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____

Sent by _____

Rec'd by _____

Check _____

Place from _____

To _____



Please send fourth installment
gratuity money ex 1163.

J. B. Hicks

Sent [Signature]

Marconi Stn.
Capt. Ray
16/19

471-
Capt. Howley
Paymaster
Militia Bldg.
St Johns.

Dear Sir:

I called there
week Saturday past for
my war gratuity check
but could not get it
owing to you being so
busy so could you
oblige me by sending
it along first chance
as I am badly in need
of it I remain
yours faithfully
1163 J. B. Hutto


NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 10 Sent by Cape Ray Rec'd by 11 Check 11 No. 11
 Place from Cape Ray
 To Capt Newby of Newfoundland
of Newfoundland

WIN 10 1919

Please send third
 instalment gratuity
 money if on hand
 of A. B.


 J. B. Hecks



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

 Line No. 12 Sent by P Rec'd by H.W. Check 8/- No. 407
Place from Postanchoix

AUG 14 1919

To

Capt Howley Plymouth
Royal Nfld Regt
S John's

please send ~~the~~
 fifth instalment
 gratuity money Ex
 1163.

J B Hicks

pls mailed Aug 19/19

March 8th, 1919

Capt. Howley,

O. I. C. Records.

Please pay to Mr. J. B. Hicks, No 1163, the sum of
nine dollars on account of transportation from Catalina and
charge same to Civil Re-establishment Committee.

[Handwritten mark]
\$9.00

ACCOUNT	<i>C. R. C.</i>
CHK. NO.	<i>1233</i>
INITIALS	<i>[Handwritten initials]</i>
IND. LEDGER	_____
PAY LEDGER	_____
GEN. LEDGER	_____

[Handwritten signature]
Vocational Officer

J. B. Hicks

April 5th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. J. R. Hicks, No 1163
the sum of nine dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension	\$10
Allowance	40
Total	50

W. W. McCall
Vocational Officer.

J. R. Hicks

DEPARTMENT OF VETERANS AFFAIRS

To **Copy for H.O. file.**

P.A.

OTTAWA 4, ONTARIO.
Date FEBRUARY 18, 1966.

Attention of

NAME HICKS John B.

SERVICE 1163 ROY Nfld. C.P.C. No. 261194
NUMBER (REG.T.) W.W.IV.V.A. No.NAVY
ARMY I
R.C.A.F.

The DEPARTMENT has received information from

C.P.C. D.V.A. TORONTO 12, ONTARIO. JANUARY 25, 1966.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death ⁵ OCTOBER 21, 1966
Cause of Death
Place of Death GEORGETOWN, ONTARIO

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~EX-11~~
~~EX-12~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry