



# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 1878 Name John H. Walker Corps \_\_\_\_\_

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

1. What is your name? ..... 1. John H. Walker
2. What is your full Address? ..... { 2. 100 St. John's West.
3. Are you a British Subject? ..... 3. Yes
4. What is your Age? ..... 4. 20 Years 7 Months.
5. What is your Trade or Calling? ..... 5. Labourer
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, John H. Walker 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.

John H. Walker SIGNATURE OF RECRUIT.  
John H. Walker Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at \_\_\_\_\_ on this 20th day of Sept. 1915 Signature of the Attesting Officer. John H. Walker

### † Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the : \_\_\_\_\_ If enlisted by special authority, such will be attached to the original attestation.

Date \_\_\_\_\_ 1915 \_\_\_\_\_  
 Place \_\_\_\_\_ } 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, the Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz.— (Name) \_\_\_\_\_ re-enlisted in the (Regiment) \_\_\_\_\_ on the (Date) \_\_\_\_\_







# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 1878 Name John H. Helliwell Corps \_\_\_\_\_

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

1. What is your name? ..... 1. John H. Helliwell
2. What is your full Address? ..... 2. Wardens St. St. John's West.
3. Are you a British Subject? ..... 3. yes
4. What is your Age? ..... 4. 20 Years 0 Months.
5. What is your Trade or Calling? ..... 5. clean
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, John H. Helliwell 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.

John H. Helliwell SIGNATURE OF RECRUIT.  
St. John's West. Signature of Witness.

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

I, John H. Helliwell 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 West. on this 20th day of Sept. 1915 Signature of the Attesting Officer. St. John's West.

### † Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the :  
If enlisted by special authority, such will be attached to the original attestation.

Date \_\_\_\_\_ 1915 }  
Place \_\_\_\_\_ } 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, the 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) \_\_\_\_\_

# DESCRIPTIVE REPORT ON ENLISTMENT.

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

Name John H. Kellin  
 Apparent age 20 years 7 months. Height 5 feet 5 3/4 inches.  
 Chest measurement { Girth when fully expanded 33 inches.  
 Range of expansion 2 inches.  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Elizabeth Kellin Warberry St. John's | Relationship Mother  
 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	Promotions, 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>27-9-15</u>							Signature of Officers certifying correctness of entries
Joined at <u>St John's</u> on <u>September 27/15</u>							
<u>Discharged July 7, 1919</u>							
<u>Embarked St John's train to St John N.B. 18<sup>th</sup> 15.</u>							
<u>Re-embarked Queen 26-6-16. Joined Battalion 12-7-16</u>							
<u>Report 1<sup>st</sup> 19</u>							
<u>Transferred from Queen 22<sup>nd</sup> 19</u>							
<u>Demobilization 22<sup>nd</sup> 19</u>							
<u>M. H. London Hotel 18<sup>th</sup> 19</u>							
<u>Demobilization St John 7-7-19</u>							

Total Service forfeited as above ... ..  
 Total Service towards Engagement to 7-7-19 (date of discharge) 3 years 284 days  
 " " " Pension " " " " " " " "



REGIMENTAL NUMBER 1878

COMPANY 9



**THE  
1st NEWFOUNDLAND REGIMENT.**

I hereby enlist for service at home or abroad in the King's  
Forces under the following conditions.

For the duration of the present war, or until my discharge.

Subject to the Army Act, the King's Regulations,  
and to such ordinances as may apply or may be  
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act,

5 George V., Chapter IV,

Signed John Hillier

Witness Macintosh

Dated at Ayr

19 June 1916

J. H. Huer.

C.R. 1878

Per. 0



Casualty Form—Active Service.

Regiment or Corps 60th Div 2/1 Inf'd Regt Regimental Number 1878  
 Rank Plt Surname Kellier Christian Name John  
 Religion Methodist Age on Enlistment 20 years 7 months.  
 Enlisted (a) Sept 27/15 Terms of Service (a) Duration Service reckons from (a) June 1916  
 Date of promotion to present rank 14.3.17 Date of appointment to lance rank 7.11.16  
 Extended  Re-engaged June 1916 Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 Signature of Officer i/c Records.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...	<u>Sageh amptee</u>		<u>25.6.16</u>
		Disembarked...	<u>Rouge</u>		<u>26.6.16</u>
		Joined Battalion	<u>12 JUL 1916</u>		
	<u>unit</u>	<u>2nd Coy</u>	<u>New York</u>		<u>0100 417</u>
			<u>WITH BATT 28.1.17</u>		
<u>24.3.17</u>	<u>OC</u>	<u>Promoted Corporal</u>	<u>Unit</u>	<u>14.3.17</u>	<u>018.10.13 c.</u>
<u>18.6.17</u>	<u>W.O</u>	<u>Awarded the Military Medal</u>			<u>London Gazette</u>
		<u>for conspicuous bravery</u>			
<u>10/11/17</u>	<u>of meat</u>	<u>Promoted Sergeant</u>		<u>1/1/17</u>	<u>B 213</u>
		<u>WITH Bn 30-13-17</u>			
		<u>leave to UK - 6/4/18 to 20/4/18</u>			
		<u>Confirmed to rank</u>		<u>2/1 27/11/18</u>	<u>B 213 - 15/2/19</u>
		<u>Arrived in W.K</u>		<u>23/4/19</u>	

*mt*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-smith, &c.  
 (B99139) W 15015-51-6 J. P. & Co., Ltd. Form B.103/2. **[P.T.O.]**

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade } *accountant*  
 or Occupation }  
 2. Regtl. No. *1878* 3. Rank... *Att. Sgt.* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Heller* *John* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. No.  
 5. Age last birthday... *24*.....  
 6. Posted for duty on *Sept 24/15* at *H. Johns*.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. *nil*  
 12. Place of origin of disability. *nil*  
 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.  
*He has been working in indole room since Oct 1916 and has appeared no disability.*



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | }                   | na.               |
| (ii.) Previous active service .. .. .                      |                     |                   |
| (iii.) Climate in pre-war service .. .. .                  |                     |                   |
| (iv.) Ordinary military service before the war .. .. .     |                     |                   |
| (v.) Serious negligence or misconduct on the man's part. } |                     |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*
- no disability.

16. Was an operation performed? If so, when and what was its nature? na.
17. If not, was an operation advised and declined? na.
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? na.
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? na.

20. Do you recommend—

- (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invaded at Foreign Stations.

*Repetition*

*W. Procunier. Capt Ram*  
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *1.19*

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

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

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

- |   |  |
|---|--|
| 1. Unit and Corps... <b>Royal Newfoundland</b> .....              | 7. Former Trade }<br>or Occupation }                                 |
| 2. Regtl. No. <b>1878</b> 3. Rank... <b>S/Sgt.</b> .....          | 7a. If the soldier claims previous service in Army, he should state— |
| 4. Name ... <b>Miller John</b> .....                              | (a) Former Regts. or Corps ;<br>with Regtl. Nos.                     |
| (Surname) (Christian Names)                                       |  |
| 5. Age last birthday.....   |  |
| 6. Posted for duty on..... at.....<br>in category (or grade)..... |  |
| 8. If the disability is an injury was it caused                   |  |
| (a) in action (b) on field service                                | (b) Date of Discharge ;  |
| (c) on duty (d) off duty ?  | (c) Cause of Discharge.  |
| 9. If a Court of Inquiry was held on an injury state :—           |  |
| (a) When  | (d) Particulars of Pension or Gratuity<br>(if any)                   |
| (b) Where   |  |
| (c) Opinion of Court  |  |

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
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.
- He has been working in the Orderly Room since Oct. 1926, & has suffered no disability.**



14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
  - (ii.) Previous active service.. .. .
  - (iii.) Climate in pre-war service .. .. .
  - (iv.) Ordinary military service before the war .. .. .
  - (v.) Serious negligence or misconduct on the }  
man's part. } .. .. .
- 14 (a). If not due to any of these causes, to what }  
specific condition do you attribute it? }

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

15. What is his present condition? **No disability. He has occasional attacks Epistaxis. & some cough.**  
(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.

**(SGD) W.E. PROCENIER, CAPT.**

Medical Officer in charge of case.

Station ..... **H.D.C.** .....

Date ..... **29/4/19.** .....

\* 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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) 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.*

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

**Pulse standing 140. Sitting, 132. No cough short of breath on exertion.**

**Nothing in Lungs.**

22. State whether the disabilities are:—

- (i) Service during the present war .. ..
- (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 .. ..

(a) Attributable to

(b) Aggravated by

**Yes.**

**No.**

Give details:

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

**Mil. Service.**

23. Is the disability in a final stationary condition? If not.

(a) How long is the present degree of disability likely to last?

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

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

**100% 1 Month.**

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

**Yes.**

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?

**REQUIRES COMPLETE REST IN HOSPITAL AND FOR OBSERVATION**

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 :—

**N.S. FRASER.** ..... { President or  
Chairman.

**J.S. TAIT.** ..... {

**L. PATERSON, MAJOR.** ..... } Members.

Station **ST. JOHN'S.** .....

Date **June 16/19.** .....

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

Station ..... (**SGD**). **CLUNY MACPHERSON, MAJOR.** ..... { Only applicable  
in cases of  
Patients in  
Hospitals.

Officer in charge, Central Hospital.

Date ..... No. ....

OR

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

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

Station ..... O.C. Discharge Centre.

Date .....



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

# MEDICAL HISTORY

OF

Surname Hillier Christian Name John N.

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County St. John

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>18</u> day of <u>Sept.</u> 191 <u>5</u>		on        day of        191	
	at <u>St. John St. John</u>		at	
Declared Age...	<u>20</u> years        days		years        days	
Trade or Occupation....				
Height	<u>5</u> feet	<u>5 3/4</u> inches	feet	inches
Weight	<u>122</u> lbs.			lbs.
Chest Measurement {	Girth when fully expanded... <u>33</u> inches		inches	
	Range of expansion... <u>2</u> inches		inches	
Physical Development...				
Vaccination Marks {	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V==	<u>4/6</u>	R. E.—V==	
	L. E.—V==	<u>6/6</u>	L. E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>Lieut. Paterson</u>			
(Rank)	<u>Capt.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John</u>		at	
	on <u>18</u> day of <u>Sept</u> 191 <u>5</u>		on        day of        191	
Joined on Enlistment	Corps. <u>1st St. John Regt</u>	Regtl. No. <u>1878</u>	Corps.	Regtl. No.
Transferred to..				
Became non-effective by				
	on        day of        191		on        day of        191	
(Signature)				
(Rank)				

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
<p>15.10.15  <del>17.10.15</del>                  24/12/15                  19.6.16</p>	<p>Inoculated <del>twice</del> <sup>once only</sup> in G. Co.                  1<sup>st</sup> Inoculation  <del>2<sup>nd</sup> Inoculation</del>                  Vacc.                  Fit for Foreign Service N.Y.W.</p>

It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category

14.6.19  
 Date of S.M.B.

*[Signature]*  
 Captain  
 Discharge Dept. - Newfoundland

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
St. John's Nfld.					



# The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 1878 Rank Sergeant Name McLellan John  
 Date of Enlistment 18-9-15 Address Warburton St District St John's  
 Occupation Clerk Classification for Discharge B Medical Category E  
 Recommendation S. M. B. physically unfit Disability Rating 100% 1 Mos  
 Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 18-6-19 O. C. Discharge Depot. H. M. W. H.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am McLellan 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 \$69.82
- (b) Clothing Supplied J. A. Snowball

Date 19-6-19 O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home  
 at Wartburg St. Johns and Release Certificate No. 2949 issued.

Date 23-6-19

*J.A. Snowball*  
 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

Date 23-6-19

1-7-19  
*J.M. Smith*  
 Depot Paymaster.

Discharged approved for

~~23-6-19~~ 23-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 23-6-19

*J.A. Snowball*  
 O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

JUN 23 1919

Date \_\_\_\_\_

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

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

Date \_\_\_\_\_



## 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.

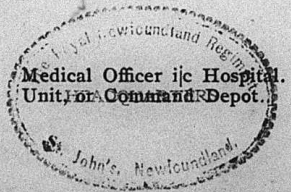
Name in full J. H. Helker  
 Regiment from which discharged Royal Newfoundland  
 Regimental number 1878  
 Intended address Washerry St. St John's. West.  
 Height on discharge 5 Feet 6  
 Color of hair on discharge Dark  
 Complexion Fair  
 Color of eyes Brown  
 Descriptive Marks \_\_\_\_\_  
 Figure on discharge Medium  
 Christian name of Father \_\_\_\_\_  
 Christian name of Mother Elizabeth  
 Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_  
 Christian names of children \_\_\_\_\_  
 Place and date of soldier's birth W. Witbourne. Feb 4<sup>th</sup> 1895  
 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) J. Helker S. Sgt.  
(Rank)

Station **ST. JOHN'S.** Date 13/6/19

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 \_\_\_\_\_

No. 1878 Rank Serjnt Name Heller J.

*Appt'd O/R. Sgt. 24-6-18*

Pay	F.A.	Wks	Total	N.W.P. 73
135	15	20	170	
Less Allotment			60	
Net Rate			110	

*6/18*  
*645-17-3*

DEBITS	Date	£ s d			CREDITS	Period From To	Days	Rate	£ s d			
		£	s	d					£	s	d	
Balance					Balance	21-12-17				5	16	7
Acquittance Rolls		43	8	2	Pay @ Net Rate	22-12-17 23-6-18	184	90	165	60		
Hospital Advances					Pay as O/R. Sgt. 24-6-18	6-11-18	136	110	149	60		
A.B. 64. <i>60 pres.</i>		2	6	0				315	206	15	3	
P.&.R.O. Payments					R.A. 14 days					1	4	6
Other Stopps.		3	1		from B & F.							
Receipt. 9532		70	0	0	Pay	7-11-18 20-11-18	14	110	1540	3	3	3
Cash 9876	20 <sup>th</sup> 18	65	17	3	<del>£ 924</del>							

*£ 71-16-4*  
*£ 25-19-16*  
*£ 74-19-7*



No. 1878 Rank Cpl Name Hillier J

Pay	F.A.	Wtg	Total
110	10		120
Less: Allotment			60
Net Rate			60

11/2/33  
 11/2/33

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d		
						From	To							
Balance					Balance	9/6/17					18	17	4	
Acquittance Rolls		5	13	8	✓ Pay @ net rate	9/6/17	27/8/17	80	60	48	00	9	17	3
Hospital Advances					Ration allowance			29	12-1				17	6
A.B. 34	7 6-8	1	13	0	10 days @ 1/9									
P. & R.O. Payments		22	0	0										
<u>Receipt 3901</u>														
<u>5/9/17. Cash.</u>		1	7	0				9	.60	5	40	1	2	2
					5-5									
					<u>7d</u>									

*[Handwritten scribbles]*

No.  
974

*Jay*

# ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES  
CABLEGRAM

Prefix	Code	At	SENT	FOR STAMPS
WORDS	CHARGE	To	By	
#124	2/2	<b>VIA ANGLO.</b>		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

15/10/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS GEO HILLIER  
WARBERRY STREET  
STJOHNS (Newfoundland)

AM OK

JACK HILLIER



*2 1/2*  
*12*  
*26*

Charge to  
1878 Geo. J. Hillier.

(Authorised)

NOT TO BE  
TELEGRAPHED.

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

Signature

Address 58 Victoria St. S.W. I.

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

To pay master & O/c Records,  
Newfoundland Regt.  
London.

Sir.

Would you kindly wire the  
following message to my mother.

Cable  
29<sup>1</sup> sent Mrs George Hillier  
Warbury Street  
St John's  
Newfoundland.

Amo O.K.

Thanking you in anticipation  
Sincerely

J Hillier, Cpl

1ST N. W. FOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	1815
Rec'd.	APR 18 1917
Ack'd.	
Ans'd.	
File No.	

#1878

FILE	BRANCH	5
	INITIALS	JAH



SUSPENSE

C. C. Nfld. Regt.

Officer Commanding,  
1st Newfoundland Regt.  
B. E. F.

Pay and Record Office,  
18th December 7

1878, Sgt. J. Hillier,

The above N. C. O. was  
written 19/11/17/(7646) res-  
pecting,

- (1) Separation Allowance for  
his Widowed Mother, and
- (2) Orderly Room Clerk's Pay.

With regard to (1); Form  
N. F. P. 81, is enclosed for  
Completion and return.

(2) Orderly Room Clerk's  
pay, \$1.50 pay, 20¢ Field All-  
owance, is issuable only to 1  
N.C.O. employed at the base,  
and one in the Field. Other  
Clerks employed in the Orderly  
Room receive the ordinary pay  
of their Rank, please.

Adverting to (1): If Separ-  
ation Allowance is granted to

To,  
Paymaster & O. i/c Rds.  
Newfoundland Contingent.

B. E. F.  
Jan, 5th 1917.

N.F.P.82 for Sergt. Hillier  
herewith.

This N.C.O. understands that  
application was made in St.  
John's on behalf of his mother  
for Separation Allowance, but  
has had no information yet as  
to whether it has been allowed.

(Sd) C. B. Dicks, Lt.

A/Adjt.  
for Lt. Col.

Commanding 1st Newfoundland Regt.  
2.

As regards matter of increase  
of allotment please forward the  
necessary forms to have this done.

(sd) C.B.D. Lt.

332  
Jan 5/17

his Mother, Sgt. Hillier will be required to increase his Allowment to 68¢ per day, to conform with the requirements of the Separation Allowance Regulations. . .

SUSPENSE

To: Paymaster & C. i/c Records  
New Orleans Office

Major,  
Chief Paymaster & C. i/c Records,

H. W. P. 88 for Sgt. Hillier

Herewith  
This H. W. P. 88 was prepared that  
application was made in 33.  
John's on behalf of his mother  
for Separation Allowance, but  
has had no information yet as  
to whether it has been allowed.

(5d) G. P. 101, Lt.  
A. B. A. J.  
for P. C. J.  
Commanding Lt. New Orleans Regt.

As regards matter of increase  
of Allowment please forward the  
necessary forms to have this done

(5d) G. P. 101, Lt.

W. P.  
Jan 8/14

Officer Commanding  
for New Orleans Regt.  
H. W. P. 88

Pay and Record Office,  
New Orleans

Sgt. Hillier

The above H. W. P. 88 was  
within 30 days of date  
Separation Allowance for  
his mother's pay.  
(1) Separation Allowance for  
his mother's pay.

It remains (1); form  
H. W. P. 88, in enclosed for  
completion and return.  
(2) Ordinary Room Clerk's  
pay, H. W. P. 88, in enclosed  
form, is payable only for  
K. O. C. employed at the base  
and one in the field. Other  
clerk employed in the Ordinary  
Room receive the ordinary pay  
of their rank, please.

Attention to (1); H. W. P. 88  
for Allowance in 33



## MEMORANDUM.

From

From

*O.C. N.F.O. Regt!*

To Officer Commanding,  
1st Newfoundland Regt.  
B. E. F.

PAYMASTER & OFFICER I/C RECORDS,  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET,  
LONDON, S.W. 1.  
ENGLAND.

ANSWER.

Pay and Record Office,

18th December 1917

1878, Sgt. J. Hillier,

The above N. C. O. <sup>h</sup> was  
written 19/11/17 (7646) res-  
pecting,

- (1) Separation Allowance for his Widowed Mother, and
- (2) Orderly Room Clerk's Pay.

With regard to (1); Form  
N. F. P. 81, is enclosed for  
completion and return.

(2) Orderly Room Clerk's  
pay, \$1.50 pay, 20% Field All-  
owance, is issuable only to 1  
N.C.O. employed at the base,  
and one in the Field. Other  
Clerks employed in the Orderly  
Room receive the ordinary pay  
of their Rank, please.

Adverting to (1); If Separ-  
ation Allowance is granted to

NEWFOUNDLAND CONTINGENT  
PAY & RECORD OFFICE

1. Nos. 11  
332  
10 JAN 18 1917  
2. Nos. 001

*N. J. P. 82 for Sgt  
Hillier herewith.*

*This N.C.O. understood  
that a application was  
made in St. John's on  
behalf of his mother for  
separation allowance  
but has had no information  
yet as to whether it has  
been allowed.*

*C.M. Dickson  
A. A. D.*

COMMO. 1ST NEWFOUNDLAND REGT.  
P. T. O.



his Mother, Sgt. Hillier will be required to increase his Allotment to 68¢ per day, to conform with the requirements of the Separation Allowance Regulations.

*F. W. Marshall*  
Major,  
Chief Paymaster & C. I. Records,

2  
As regards matter  
of increase of  
allotment please  
forward the necessary  
forms to home this  
done

*C. S. Dick*  
Lieut.  
Adj.

.....  
COMMS. 1ST NEWFOUNDLAND REGT. LIEUT. COL.

France  
Nov 19617

Dear Ralph  
... being that the  
separation allowance has  
come into force and  
believing that my widowed  
mother will be one of  
the beneficiaries, I thought  
you might let me know  
if there is an application  
or anything required.  
I am the sole support of my  
mother. I have a younger  
sister working and a  
brother of 15 serving his  
time - then there are  
two younger sisters aged  
10 and 8. I think under  
these conditions the  
allowance will be given  
my mother.

If you notice Daily  
Orders Part II of about

Nov 2<sup>nd</sup> you will see  
that I was promoted Sergeant  
dating Nov 1<sup>st</sup>. Billy Eaton  
is still Orderly Room Sgt,  
but I always go to the line  
as there was an Army Order  
made last January that  
the O.R.S. was exempt from  
the line. I just happened  
to notice in a paper that  
the Canadian rate of pay  
for O.R. Sgts and O.R. clerks  
was 150 per day and 70<sup>¢</sup>  
field allow. Will you  
kindly see to this also  
Ralph and let me know.

I wish I could tell you  
a thing or two of what's about  
to happen, but I guess you  
will hear in a day or so.  
Freddie Hegony wishes to be  
remembered to you. Bert Taylor  
is back on 100%. Bert told me  
of your doing while he was in  
London - he says you're the devil -  
Yours very sincerely  
J. Hellier

1878.

Copy to Nfld 11496/95  
19/7/88

SEPARATION ALLOWANCE

- |   |   |
|---|---|
| 1. Regimental No. and Rank  | 1978 Sgt  |
| Name  | John Kellier  |
| Unit  | 1 <sup>st</sup> Newfoundland  |
| 2. Full Name of Dependent (Mother)  | Elizabeth Kellier   |
| 3. Address  | Warberry Street,<br>St John's,<br>Newfoundland.                             |
| 4. Have you made previous claim for Separation Allowance? If so, state particulars.   | Yes - think one was made in Nfld.   |
| 5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere? | Not certain if claim has been accepted in Nfld.                             |
| 6. Date of Marriage.  |   |
| 7. Name and Address of your last Employer.  | R. J. Howwood, Esq,<br>Howwood Lumber Coy. Ltd.,<br>St John's Newfoundland. |
| 8. The amount of your salary or wages immediately prior to Enlistment.                | Forty dollars per month.  |
| 9. Are your wages or any portion being paid by your employer during your absence?     | No.   |
| 10. If paid, what is the amount per month?  | Nil   |
| 11. Name of Corps prior to enlistment in the Nfld Contingent.                         | N/C   |

I CERTIFY that the above is a true statement.

*J. Kellier*

Signature of Officer forwarding this application.

*M. Woodhouse*



Unit  
Date

COL  
GI



No.

291

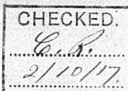
# ANGLO-AMERICAN

WESTERN UNION  DIRECT UNITED STATES  
CABLEGRAM

Prefix _____ Code _____		At _____		FOR STAMPS	
WORDS 14	CHARGE ✓	To _____	By _____	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	
18/4/18		<b>VIA ANGLO.</b>			

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **E. F. M., MRS. GEORGE HILLIER.**  
**WARBERRY STREET**  
**St. JOHN'S. (NEWFOUNDLAND)**

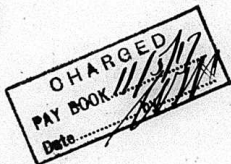


Am O. K.

**J. HILLIER.**  
**VIA. SYNOPTICAL.**

Authorized.

Charge ~~785 Parsons.~~  
1878 Hillier



14 1/2  
28  
35  
2-11 ✓

NOT TO BE  
TELEGRAPHED.

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

Signature \_\_\_\_\_

Address **58, Victoria Street, S.W.**

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

No.  
1287

# ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES  
CABLEGRAM

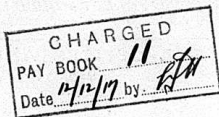
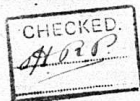
Prefix	Code	At	SENT		FOR STAMPS
WORDS	CHARGE	To	By		
16 ✓	2 1/2	VIA ANGLO.			THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

10/12/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS ELIZABETH HELLIER  
WARBERRY STREET  
STJOHNS (Newfoundland)

NEWMAN AND I ARE OK

16 ✓  
2 ✓  
3 ✓  
4 ✓

JOHN HELLIER  
VIA SYNOPTICAL

Charge to  
1878 Cpl. J. Hellier  
~~1838~~

Authorized.

NOT TO BE  
TELEGRAPHED.

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

Signature

Address

58 Victoria St. S.W. 1.

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

1898 Heller 27/4/18

Dear Ralph

Would you kindly  
send a message to my  
mother saying that  
and I are O.K. at the  
end of the week will  
do to send it.

Well boy I thought I  
was sure of Blighty this  
time but no such luck  
yet I should be thankful  
with my 'can'

I am just waiting now for  
leave which I hope will start  
soon I shall see you soon.  
Hope you are keeping well. Heller



Cable No -  
Date -

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. Nos. in	3841
Rec'd	29 APR 1918
Book'd	And
Ref. Nos. DU1	
Cable No	540
A. TELEPHONE	
For CH. D. BY	
Contd	
W. A.	
R & C.	29/4/18
RF	

Copy sent to Hellic. 29<sup>4</sup>/<sub>18</sub>

*Pay* **WESTERN UNION**  
**ANGLO-AMERICAN**  **DIRECT UNITED STATES**  
**CABLEGRAM**

Prefix <u>1</u>	Code <u>14</u>	CHARGE	At _____	FOR STAMPS
WORDS <u>14</u>	<u>2 1/2</u>		To _____	
			By _____	
<b>VIA WESTERN UNION</b>			THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	

29/4/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **EFM MRS ELIZABETH HILLIER**

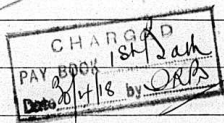
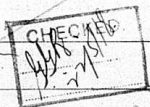
**WARBERRY STREET STJOHNS (Newfoundland)**

**NEWMAN AND I ARE OK**

**JOHN HILLIER**

*15 -*  
*2 1/2 -*  
*30 1/2 = 3 1/2 -*  
*37 1/2*

*Charge 1878 Sgt Hillier*



Authorised.

**NOT TO BE  
TELEGRAPHED.**

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

**58 Victoria St. S.W. 1.**

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

Officer Commanding.

Royal Newfoundland Regt.

The following observations occur in connection with Army Forms B.213 rendered by you:-

1. A.F.B.213.d/- 10-5-18, you show:-  
No.137 Sergt W.J.Eaton, promoted Staff Sergeant.25-4-18.

I would point out that there is not such a Rank or Appointment in an Infantry Battn of the Imperial Forces (of which the Regt forms part)--is it intended that the promotion should be to Colour Sergeant? If so, in whose vacancy, as at that time, the Establishment of Colour Sergeants (Company Quartermaster Sergeants) was complete.

2. A.F.B.213.d/- 13-7-18. 24-6-18.  
No.1878 Sgt J.Hellier, Appointed Orderly Room Sergeant

The Establishment of an Infantry Battalion admits of only 1.(One) Orderly Room Sergeant, and as No.45.Sergt H.J.Dewling, has held this appointment since 3-10-187, under Authy. of O.C. Unit.Memo.d/- 15-3-18. (See Part.2.B.O.No.12D.d/- 23-3-18), I should be obliged if an explanation could be furnished.

3. A.F.B.213.d/- 10-12-18. 27-11-18.  
No.1878 O.R.Sgt J.Hellier, Appointed Acting Staff Sergeant.

Both of the foregoing paras.bear on this case.

24-12-18.

~~Supt~~ Lt Col:R.A..

i/c No.1.Infantry Section.

G.H.Qrs., 3rd Echelon.



5107/231/P&A

O.C. 1/R. Newfoundland  
Regt.,  
B.E.F. France.

31st March 9

1878, S/SGT. J. HELLIER.

With reference to your memo.

N.H.31, 22/3/19 (2360: The rates of pay  
per day for a Staff Sergt. are as follows:-

Pay.....\$1.60.  
Field Allowance:.... 20.

—————  
\$1.80.  
=====

Capt.  
Asst. Chief Paymaster.  
For Chief Paymaster & O.I/c Recds.

WF/FK.

CHIEF PAYMASTER & OFFICER I/C. RECORDS.  
NEWFOUNDLAND CONTINGENT,  
88, VICTORIA STREET,  
LONDON, W. 1,  
ENGLAND.

N.H. 31

Would you kindly let  
me have rate of pay<sup>2360</sup>  
and allowances of 1878  
O.R. S. Sergt Mellier of  
his Co. 5107) R31.

$\frac{12}{3}$   
 $\frac{3}{19}$   
J. W. Waterman Lt for Major  
1st Bn Newfoundland Regt.

To. Mrs Geo. Hillier.

Warbury Street

262

St. John's

Newfld.

Cable ten pounds through  
Melbora

1878. A. Sgt. G. Hillier





## 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 resume former Occupation.

*J. Keeler*

Signature of Man.

Reg. No. 1878

*J. A. Snowball*

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 23-6-19 191

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No. 1578

Name Hillier John A.

Rank Sgt

Address Warberry St.

Present Medical Category F

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

R. H. Lait Major  
O.C. Discharge Depot.

H. Palmer  
Senior Medical Officer

J. W. Borden  
M. O. Depot



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 1878 Rank S. Sergt Name Hellier John  
 Intended place of residence Wabburg St.

2. Occupation clerk  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

### DEMOBILIZATION

### Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUN 23 1919

J. M. Lunt  
 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, ST. JOHN'S

Date

JUN 23 1919

Hellier  
 Signature of soldier

J. M. Lunt  
 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, ST. JOHN'S

Date

23.6.1919

Hellier  
 Signature of soldier

W. J. B. Lunt  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 18-9-15 No. of days on Military  
 Discharged from service 24.6.19 Plus 14 days Service 1889

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date

JUN 23 1919

R. H. Lait Major  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date

July 7/1919

M. Howley Capt  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

20719/2770

SEPARATION ALLOWANCE.

Claimant..... *Hillier, Elizabeth (mother, widow)*  
On account of *John Hillier* No. *1878* Rank *Sgt*

Decision..... *Approved.*  
.....  
.....  
.....

Date..... *June 21/1919*  
*a. e. Newkman*  
*W. F. Rudell Lieut. Col.*  
*M. Bowley Capt*

Instructions.....  
.....  
.....  
.....

Allotment of *60<sup>2</sup>* per day payable to *Elizabeth Hillier*  
his *Mother* from *Dec 19<sup>th</sup> 15* to *Still Current*  
Discontinued on account of

..... *C. B. Jefferson (Che)*

Warberry St.  
St. Johns N.F.

The Paymaster  
Sep. Allowance Branch  
St. Johns N. F.

Herewith claim  
for Separation Allowance  
from September 1915 to  
August 1917.

Elizabeth Hillier

18  

---

6  

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19.

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.  
(Separation Allowance Branch )

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
*John Heiler* *S/Sgt* *1<sup>st</sup> B. R.N.F.* *1878*

2. Age of soldier. Married or Single.  
*24* *Single*

3. Name in full of mother. Age. Occupation. Permanent Address.  
*Elizabeth Heiler* *45*  *Harbory St*

4. Give name of your husband. Age. Occupation Where Employed.  
*g*

5. If your husband is not supporting you state the reason.

6. If your husband is a chronic invalid and totally incapacitated, state nature of and totally incapacitated, state nature of maledy. ( A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband.  
*June 8 1911*  
*St John's*

8. Have you married again since death of above mentioned husband?  
*No*

Names of your other children. Address in full. Age. Occupation Married or Single.

<i>Blanche Heiler</i>	<i>Harbory St</i>	<i>20</i>	<i>Single</i>
<i>George Heiler</i>	<i>St John's</i>	<i>15</i>	
<i>Flavie Heiler</i>	<i>Burford</i>	<i>12</i>	
<i>Elsie Heiler</i>	<i>Harbory St</i>	<i>9</i>	





- 26. If not receiving support from other children, state cause. Explain fully. *E eldest daughter (20) supporting herself.*

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- 27. With whom are you residing at present? *not family*

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- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *no*

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- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? *from militia 25/- per week*

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- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *no*

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- 31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *no*

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- 32. In what capacity and in what place? *no*

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- 33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *no*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant *Elizabeth Wilson*

Place of Residence... *Warberry St. St. Johns, Nfld.*

Declared and subscribed before me at... *St. Johns*  
 this... *12th* ... day of... *June* ... 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *H. E. Smeaton*  
*Parish*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *W. B. Rugglen*

Signature of member of the Patriotic Fund Committee. *R. J. Harwood*