



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4476 Name Ernest Knicker Corps CofE

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Ernest Knicker
2. What is your full Address? 2. 75 Long Hill
St Johns
3. Are you a British Subject? 3. yes
4. What is your age? 4. 24 Years 1 Months
5. What is your Trade or Calling? 5. Clerk
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, Ernest Knicker 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.

Ernest Knicker SIGNATURE OF RECRUIT.
John W. Pittman Signature of Witness.

a-18-4-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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 Johns on this 18th day of April 1918

Signature of Attesting Officer James Hunt

†CERTIFICATE OF APPROVING OFFICER.

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

Date.....1918
Place.....
Approving Officer. James Hunt

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

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

Attested 1-6-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Ernest Wiscoak
 Apparent age.....years.....months..... Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded..... 37 inches
 { Range of expansion..... 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary A. Wiscoak 75 Long Hill | 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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>18-4-18.</u>									
Joined at <u>St. John's</u> on <u>April 18-1918</u>									
<u>Discharged June 29/19</u>									
				<u>Reported for duty 1-6-1918.</u>					<u>1st Lieut.</u> 10-6-18.
				<u>Admitted to U.S. Hospital</u>					<u>2d Lt.</u> 16-7-18.
				<u>to Bully's 1st Army Camp with</u>					<u>Sergt.</u> 22-9-18.
				<u>5.7.18.</u>					<u>Sgt.</u> 26-9-18.
				<u>Embarked on S.S. train to Halifax N.S.</u>					<u>Repair Co. Supt.</u> 12-11-18.
				<u>to Newfoundland for demobilization</u>					<u>Inf. Capt.</u> 22-4-19
				<u>22-5-1919.</u>					
				<u>Arrived Newfoundland</u>					
				<u>1-6-1919.</u>					
				<u>Demobilization at St. John's</u>					
				<u>29-6-1919</u>					
Total Service forfeited as above.....									
Total Service towards Engagement to <u>29-6-1919</u> [date of discharge] <u>1</u> years <u>73</u> days									
Pensions " " " " " " " " " " " " " "									

C.R. 4476

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
RE CONFIRMED by Officer i/c Records from 29-6-19.

4476 Cpl. Ernest Hiscock.

C.R. 4476

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 16th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 15-6-19.

4476 Cpl. E. Hiscock.

C.R.I

4476

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 14-6-19.

4476 Cpl. E. Hiscock.

Reported at Headquarters 1-6-19. Ex. "Gorscian" which
sailed Liverpool 22-5-19.

C.R. 4476

Extract from Orders Part II by LT. COL. B.J. Barton, D.S.O.
COMMANDING 2ND BATTALION ROYAL NEWFOUNDLAND REGIMENT.

22/4/19.

The undermentioned N.C.O. is confirmed in rank as from
22/4/19.

4476, L/C. (A/Cpl.) E.R. Hiscock as Corporal.

C.R. 4476

Extract from Orders, by Lt. Col. B.J. Barten, D.S.O., Commanding
2nd. Bn. Royal Newfoundland Regiment, dated 12/11/18.

The undermentioned who arrived at this station on the 11/11/18
reverts as follows:

4476 Q.M.S. E.Hiscock

reverts to A/Corporal.

C.R. 4476

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's, dated August 9, 1918.

4476, Crpl. Hiscock, E.

Discharged from Billetts to Duty, 9/8/1918.

C.R. 4476

Extract from Daily Orders part 11, from Unit The Royal
KCLB, Regt. St. John's, dated July 19th, 1918.

#4476 Corpl. E. Hiscock.

Admitted to M. I. D. Hospital July 17, 1918.

C.R. 4476

Extract from Nominal Roll for Overseas Entained at St. John's
Sept. 22, 1916.

4476 A/Cpl. Hiscock Ernest.

C.R. 4476

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 16, 1918.

#4476 L/Cpl. Hiscóck.

To be Acting Corporal from 16-7-18

C.R. 4476.

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated June 10, 1918

#4476 Pte. E.R. Hiscock.

to be Lance Corporal from 10.6.18

C.R. 4476

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 20, 1918.

#4476. Pte. E. Hiscock.

Attached for General Service, with the Royal Newfoundland
Regiment, from 15/4/18. to report. 1/6/18.

E. Huscock

C.R. 4476

PRD

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 Corp.* } Former Trade or Occupation } *Colerick*
2. Regtl. No. *4876* 3. Rank... *Corp.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Disicon* *Ernest* } (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) *26* (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 (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 s (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. *nil*

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? }

All Complaints Due Disability

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?
(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?

Repatriation

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.

W.E. Proctor. Ramr.

Station *Hayley Down*
 Date *2/4/19*

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Ernest R. Hiscock*, Regl. No. *4476*

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

Allotment begins *1-7-15*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4454</i>	<i>Mother</i>	<i>Mr & Mrs A. Hiscock</i>	<i>75 Long's Hill St. Johns</i>	<i>70</i>
			Total Allotment, \$	<i>70</i>

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

(Sig.) *[Signature]*
 Officer Commanding Company
Inf'd Regt B
Jan 26th 1915

(Sig.) *Ernest R. Hiscock*
 (Rank) *L/0*

21687/2541/R.&.C.

C.P. & O. i/c Records,
Newfoundland Contingent.

Officer Commanding,
2nd Bn.,
R. Newfoundland Regt.,
Winchester.

Pay & Recrd Office.

31st December, 8.

4476 GPL. E. HISCOCK.

Can you spare the
services of the above-named
man, please, who would prove
useful in this Office?

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

HA/NV

No. 2764/369.

b
067384
FEB 1919
N.F.P./79.

FROM. NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Bn. Ryl Wld Regt.
Winchester.

17th February 1919

Feb. 19th 1919

~~4476. A/Cpl. Hiscock. E.R.~~

With reference to the following
telegram from the Minister of
Militia / / (31.)

Receipt hereunder.

"Pay to - ~~4476. O. Hiscock.~~

A. J. Barton

LIEUT. COLONEL,

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£.10.0.0.

Cheque £10.0.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of £10.0.0.

Ten Pounds. in respect of
telegraphic remittance from the
Minister of Militia.

A. J. Minusell Maj.
Chief Paymaster & O. i/c Records.

No. Spl. Rank 4476

Witness Geo. Perry Lie.

No. 3952/600

N.F.P./79.

From: NEW FOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regt.
Winchester.

12th March 1919

4476 a/Cpl. Hiscock E. R.

With reference to the following
telegram from the Minister of
Militia / / (75)

"Pay to-4476 Hiscock
£10. 0. 0.

Cheque £10. 0. 0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

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

March 14th 1919

Receipt hereunder.

J. Campbell
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2^d Batt'n.

Received the sum of £10.0.0.

Ten pounds in respect of
telegraphic remittance from the
Minister of Militia.

E. R. Hiscock Cpl.
E. R. Hiscock Cpl.
No. 4476 bank Cpl.

Witness *Geo. Perry Jr.*

No. 6585/1004

FROM: NEWFOUNDLAND

CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Batt. Ryl. Nfld Regiment

Winchester

2nd May 1919

May 5th 1919

4476 Cpl. Hiscock E.R.

With reference to the following telegram from the Minister of Militia / / (160)

Receipt hereunder.

"Pay to 4476 Hiscock E.R.
£4-0-0

E. Kane
Officer Commanding
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.
LIEUT. COLONEL
Batt. R.

Cheque £ 4-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of £4.0.0 in respect of

telegraphic remittance from the Minister of Militia.

Chief Paymaster & O.i/c Records.

E.R. Hiscock
No. 4476 Rank Cpl.

Witness R. Grimes Col. Sgt.

Handwritten signatures and initials:
3
9
19
P.D.
21



No. 6808/1107.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & Officer in Charge Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Bn Royal Newfoundland Regiment.
Winchester.



N.F.P. / 70.

9th May 1919

May 10th 1919.

4476 A/Cpl Hiscock E.R.

With reference to the following telegram from the Minister of Militia / / 19 (176):

Receipt hereunder.
J. Seymour **LIEUT. COLONEL,**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding Batt. H.

"Pay to- 4476 Hiscock.

£5:0:0:

Received the sum of Five pounds
(£5.0.0) in respect of
telegraphic remittance from the
Minister of Militia.

-Cheque £5:0:0: is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. H. Mansel
Chief Paymaster & Officer in Charge Records.

E. R. Hiscock
No. 4476 Rank Spl
Witness: *R. Fruits, Col. Sgt.*

Throck, E

44/6

Ray Sept.

ST. JOHN'S, June 1st / 19

Royal Newfoundland Regiment.

Billeting Account,

To Ch. E. Hiscock

Billeting Soldiers as undermentioned

from June 1st / 19 to June 15th / 19

4476 - Ch. E. Hiscock 15 50

ACCOUNT

CH NO

23302

IND LEDGER

PAY LEDGER

50

Certified correct for \$

J. P. Snow Capt.
Billeting Officer.
E. H. Hiscock

June 29, 1919

#4476 Corpl. Ernest Hiscock,

#75 Longs Hill,

City.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2438.

Yours truly

Captain,
Quartermaster & G. I. - c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 476 Rank Cpl Name Hiscock E
 Intended place of residence 75 Longs Hill ST John's

2. Occupation Black
 Classification of soldier E Medical Category A 1

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 JUN 12 1919

Date ST. JOHN'S *Wms H.*
 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

11-6-19 *E. B. Hiscock*
 Signature of soldier

Wm. Lester
 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 10-6-19 *E. B. Hiscock*
 Signature of soldier

ST. JOHN'S *James O. Newman*
 Signature of witness SN

STATEMENT OF SERVICE

7. Enlisted for service 18-4-18 No of days on Military

Discharged from service JUN 15 1919 plus 14 days Service 438

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 *R. H. Lant Major*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

Date JUN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's Nfld *W. Howley Capt*
 Officer in Charge Records

Date June 29/1919 The Royal Newfoundland Regiment

A 4182079/2438

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4476 Rank Cpl Name Hiscock E
 Date of Enlistment 18-4-18 Address 75 Long Hill District St Johns
 Occupation Clerk Classification for Discharge B Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

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 10-6-19 O. C. Discharge Depot. #11111111

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

ER Hiscock

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 _____

Amle Loust

Date 11-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home
at 75 Longs Mill St Johns and Release Certificate No. 2609 issued.

Date 12-6-19 *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 24-6-19

Date 12-6-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2 Forms B
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				

Date 12-6-19 *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

Date JUN 15 1919 *R.H. Salt 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 resume former occupation

E. B. Hancock

Signature of Man.

Reg. No. *4476*

J. A. Crawford

Signature of the Vocational Officer or his Representative.

Place

At Joshua

Date *12-6-19*

191

The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.6.19

Regimental No 4476

Name Hiscock, Ernest Rank Cpl.

Address 75 Long Hill

Present Medical Category A1

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

Members of Board

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

L. Paserson
Senior Medical Officer

Gen Burden
M. O. Depot

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

MEDICAL HISTORY

Surname Muscovert OF Christian Name Ernest

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 18 th day of Apr 1918	at St Johns	on _____ day of _____ 191	at _____
Declared Age	24 years _____ days		years _____ days	
Trade or Occupation	Pleasant			
Height	5 feet 7 1/2 inches		feet _____ inches	
Weight	137 lbs.		lbs.	
Chest Measurement	Girth when fully expanded...	39 inches		inches
	Range of Expansion..	4 inches		inches
Physical Development				
Vaccination Marks	Arm	at 14 yrs		
	Number	1200		
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	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>Lambert</u>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at St Johns	on 18 th day of Apr 1918	at _____	on _____ day of _____ 191
Joined on Enlistment	Corps. <u>The Royal Nfld Regt</u>	Regtl. No. <u>4176</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
[Signature]				
[Rank]				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions & of treatment
	Day	Month	Year	Day	Month	Year			
M. J. D. Hospital	17	7	18	29	7	18	Mumps	12	Disch

tal or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged to Biele's to furnish guarantee

[Signature]

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
1-6-18 14. 9. 18.	Vacc. # T.A.B. #
<p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>6</u> for Discharge on Demobilisation. Medical category <u>AT</u></i></p> <p> 10.6.19 Captain <i>J. W. Wood</i> Discharge Agent </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



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 *Ernest Huxford*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4476*

Intended address *75 Longs Hill*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *Mary A.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Trinity St. John's, April 27th, 1893*

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)

E. Huxford

OPL

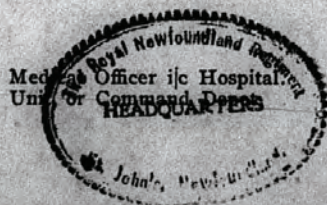
ST. JOHN'S.

(Rank)

Station

Date *9-6-19*

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

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4776 Rank Sgt

Name Nescol E

Warned for demobilization on

JUN 11 1919

RECORDED
INDEXED

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. (1), 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 Suffolk Land* } Former Trade or Occupation } *clerk*
2. Regtl. No. *4476* 3. Rank. *Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Miscroth Ernest* (a) Former Regts. or Corps with Regtl. Nos.
- (Surname) (Christian Name)
5. Age last birthday. *26*.....
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 (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.
- nil*
nil
nt

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 ? }

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 Complaints of no Disability

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.

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 ?

Repatration

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.

W.E. Procmies. Japf Rame
 Medical Officer in charge of case.

Station *W. J. Day Down*

Date *12. 11. 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.

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 questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

Christian name *Ernest* 2. Surname *Hiscock*

3. Rank *Cpl* 4. Regtl. No. *4476*

5. Address in full to which future payments of gratuity are to be forwarded. *75 Long's Hill, St. John's*

6. Date of enlistment in the Regiment. *Apr. 18/18*

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

8. Relationship of such dependents. *Mother*

9. Address in full of such dependents. *75 Long's Hill, St. John's*

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

11. Were you on active service only in Nfld, if so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or overseas. *From Apr 18/18 to June 12/19*

..... 1. *2*

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

..... *No*

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?.....

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?.....

19. Are you now serving in the Regt.?..... If not give- (a) date of discharge..... *No*

June 12/19 (b) Reason for discharge..... *Temporary Demobilization*

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....

..... *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

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: *E. R. Hiscock*
 Place of Residence: *75 Long's Hill, St. John's*
 Declared before me at: *St. John's, Nfld.*
 This *12th* day of *June* 19...*19...*

John W. Carthy

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

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratitude.	
.....
.....
.....
Certified correct.			Paymaster	

THE NATIONAL ARCHIVES

(Separation Allowance Branch)

NOTICE.

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

This 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.

- Revised*
1. Name in full of soldier. Rank Reg't. Reg. No.
Ernest R. Nicock Cpl. Royal Nfld. 4476
 2. Age of soldier. Married or single.
24 Widower
 3. Name in full of Guardian *Mrs. Mary A. Nicock.*
 4. Address in full. *75 Long's Hill, St. John's.*
 5. By what authority are you acting as Guardian? (If not Verbal enclose written document)
At request of Hon. Child's mother dead.
 6. Name of Child(ren) Age last Birthday Occupation Married or Single.
Mary L. Nicock 3 years.
 7. Are all the above children in your care, and living with you? Explain fully. *Yes.*
Aliment about 70 cents per day commencing July 1st 1918 BBS
 8. Are any of the above children suffering from Mental or Physical incapacity *No.*
 9. Give names of children of soldier not in your care. } Age last Birthday Occupation Permanent Address
None



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ernest R. Hiscock, Regl. No. 4476

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

Allotment begins 1-7-15

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4454	Mother	Mrs. Mary A. Hiscock	75 Long's Hill St. Johns	70
			Total Allotment, \$	70

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

(Sig.) Francis M. ...
 Officer Commanding
 Company
nfld Regt B Co
June 26th 1915

(Sig.) Ernest R. Hiscock
 (Rank) L/C

75 Longs Hill,
City.

3623

Dec. 30th, 1918.

Hon. J. R. Bennett,
Minister of Militia.

Dear Sir:

Kindly pardon my writing you in this manner, but I would be very glad if you would arrange to have fixed up for me my son's, #476 Cpl. E. R. Huscock, Separation Allowance. It is due now since July 1st last, and although I have made several enquiries at the Department, I have not yet received it, and I would be very glad indeed if you would give this matter your kind attention.

Again apologizing for troubling you in this matter,

I remain

yours very truly

(Mrs.) M. A. Huscock.

75 Leaps Hill,
St Johns.

Nov. 11th 1918.

3185

Capt J. M. Howley
Militia Dept.

Dear Sir:

In reply to your letter
with regard to application
for Seperation Allowance, I
beg to say that my son's
wife is dead.

Yours very truly,

Mrs. R. Niccock

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

4424

*Attachment would be 26
for 70.4*

NOTICE:

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. Reg't. No.
Ernest R. Hiscock Corporal Royal Nfld. Regt. 4476

2. Age of soldier. Married or single.
24 Married.

3. Name in full of mother. Age. Occupation. Permanent address.
Mary A. Hiscock 65 — 75 Longs Hill St. John's

4. Give name of your husband. Age. Occupation. Where employed.

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

6. If your husband is a chronic invalid and totally incapacitated, state nature or malady (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.)
Attachment would be 26 per day commencing 11/8

7. If you are a widow, state date and place of death of your husband.
Husband died at Trinity, in June 1898.

8. Have you married again since death of above mentioned husband?
Have not married again.

9. Names of your other Children. Address, in full. Age. Occupation. Married or single.
Louise Hiscock 75 Longs Hill 25 Stenographer Single.

10. State amount earned by (a) Yourself *not earning*
(b) Your husband *benefits*

11. State amount and source of any other income. *none*

12. State value of real property belonging to your husband. *none*

13. State value of personal property belonging to you and your husband. *none*

14. If husband is dead, state value of real and personal property left by him. *none*

15. Actual amount contributed by soldier during the year prior to enlistment. *\$468⁰⁰*

16. Was this amount contributed weekly or monthly. *weekly*

17. Did this amount include payment of son's board, etc. *no.*

18. State your son's trade or occupation prior to enlistment. *Clerk.*

19. State amount of his wages per week. *\$16⁰⁰*

20. State name and address of his last employer. *Com. J. Clouston,
Water Street,
St. Johns.*

21. State amount of monthly support from son since enlistment *\$21.70 per month*

22. State amount of allotment received by you from son monthly. *\$21.70 per month.*

23. State from what date did you receive allotment. *From July 1st, 1918.*

24. Actual amount contributed by other children. *Weekly. Monthly.*
\$250⁰⁰ per year weekly.

25. Are any of these children in the employ of you or husband?

26. If not receiving support from other children, state cause. Explain fully?

27. With whom are you residing at present?

28. Have you made a previous claim for Separation Allowance? If not, Why? Give particulars

29. Are you already in receipt of Separation Allowance from any source? If so, how much?

No.

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much?

No.

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government?

No.

32. In what capacity and in what place.

33. Is he in receipt of a salary as such while serving in the Royal Nfld. Regt., If so, how much?

~~XXXXXXXXXXXX~~ 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..... *Mary A. Husock*

Place of residence... 75 Long Hill St. John's, Nfld.

Declared and subscribed before me at... *St. John's Nfld*

this... *19th* ... day of... *Sept* ... 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace } *[Signature]*

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... *Jacob Brinton*

Signature of Member of Patriotic Fund Committee... *[Signature]*

Non Treasurer

Approved 17/11/19
[Signatures]

ST. JOHN'S, Nfld.
OCT 26 1951

Fold Here

ON HIS MAJESTY'S SERVICE

ST. JOHN'S, Nfld.
OCT 26
10:30 AM
1951

To the Officer in Charge of Records,

BUY
MADE IN
NEWFOUNDLAND
GOODS

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal~~ ~~and/or~~ British War Medal
is/are forwarded herewith to

Ernest R. Hiscock

in respect of his service as No. 4476 Rank A/C. Sgt.

Name E. R. Hiscock Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

Oct 18/21 British War Medal

Signature

E. R. Hiscock

Date

Oct 18/21

Address

75 Leys Hill

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39

Regiment of

Royal Newfoundland

Number of Sheet

one

Signature of O. C. Company

A. James Hunt

Regimental Number and Name	
No.	<i>476 Ernest H. H. Cook</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>24</i> years — months
Place and Date of Enlistment	<i>St. Johns 18. 11. 18</i>
Period of	with Colours <i>73</i> years.
	with Reserve <i>365</i> years.

Trade	
Trade	<i>Clerk</i>
Religion	<i>R.C.</i>
Place of Birth	<i>St. Johns</i>

Good Conduct Badges, Service pay or proficiency pay
10-6-18 Promoted Lance Corporal
16-7-18 Promoted To Corporal (alt)
Confirmed Corporal 22-11-19

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<i>Demobilized St. Johns 29/19</i>

To be carried over

Army Form B. 121.

24476

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 11476 Rank Cpl. Name Hiscock E.
 Date of Enlistment 18-11-18 Address 75 Long Hill District St. John's
 Occupation Clerk Classification for Discharge By Medical Category H1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 10-6-19

for #11476
for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E.R. Hiscock

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied _____

Amle Loust

Date 11-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home
 at St Johns and Release Certificate No. 2609 issued.

Date 12-6-19 *J.A. Lumb*
 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 12-1-19

Date 12-1-19 *J.A. Lumb*
 Depot Paymaster.

Discharge approved for 15-6-19
 Forwarded with following documents to O.C. Discharge Depot.

N.F. P[36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 12-6-19 *J.A. Lumb*
 O. C. Discharge Depot.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity
R.H. Sait Capt.
 O. C. Discharge Depot.

Date 11/15/1919

Received the above noted documents from O. C. Discharge Depot.
 Date June 20/19 *J.A. Lumb*
 O.C. Records

Reg. No. *4576.* Rank *1st Lt.* Name *Hessock, E.*

Attested Address *25 King S. Rd.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Leopold* Cause *Discharge*

11-6-19
15-6-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION.