

THE ROYAL NEWFOUNDLAND REGIMENT

7	(0. 5-3/3 Name Ameon Hiscockorps Cof 8.				
	Questions to be put to the Recruit before Enlistment.				
	I. What is your name? I. Impendible				
	2. What is your full Address?				
	3. Are you a British Subject?				
	4. What is your age? Months				
	5. What is your Trade or Calling? 5.				
	6. Are you Married? 6.				
	7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.				
4	8. Are you willing to be vaccinated or re-vac- 8.				
	9. Are you willing to be enlisted for General Service? · · 9.				
	10. Did you receive a Notice, and do you understand to you?				
	11. Are you willing to serve upon the conditions as embedded in the roll of service to be signed by you if you are accepted?				
	I				
	OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. 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, honesty 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 aftered				
	as replied to, and the said regruit has made and signed the declaration and taken the oath before me at				
	on this. 2.7. day of May				
•	Signature of Attesting Officer				
	†CERTIFICATE OF APPROVING OFFICER.				
	I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-				
	quired 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 MM. 3. 1916				
	Place. Approving Officer.				
400000000000000000000000000000000000000	† 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.				
500	• If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of				

DESCRIP Applicable to all an						0313
Name Sumeon A	use	ock				
Apparent age 25 years	most	hs.	Heigh	t 5		feetinche
Chest Measurement $\begin{cases} Girth & \text{when ft} \\ Range & \text{of exp.} \end{cases}$	ansion 4	1/2	inches	ches .		
Instructive marks						
INFORMA		UPPLIED	ZQ5	ECRL	JIT	b
Name and Address of next of kin	0	fuco		4-	77	<u> </u>
whyron		Relation		Sa	m	<i>v</i>
(a) Christian and Surname of Woman		ars as to Ma		(A) E	Nama and	l due of morton
(a) Christian and Surname of Woman (c) Pres	ent address. (a	nitials of Offi	cer verifying	entry.	lace and	(d)
	Particul	ars as to Ch	ildren			
Christian Names				Date	and Pla	ace of Birth
STAT	EMENT	OF THE	SERV	ICES		
Corps in Rgt. or Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not a lowed to reck for fixing th rate of pension	Service on serve no e ed to re on wards G	in Re- ot allow- ckon to- c. C. Pny	Signature of Officers cert fying correctness of entries
	-22	5-18	Years Da	ys Years	Days	
Service towards limits engagement reckous from	May	22-1918				
la ensea	- Ou	ey VI	10	19	-	
General J	T	1		-		
	000	14	2			
Gentarko Astris	15.650	- lette	to The	fax	M.	22-7-18
Combacker for BE 23	11-18	Disembor	he to	fire.	25-11-	18 61
Jin Ball 5-1-19. han	few from	Rower	12-4-1	g Ch	erred .	Hencheter 23-4
to All for demolifyation	22.5	9. Cire	wed to	1-	6-19	9
0	0/1	The same	My	1	2.	1,919
Total Service forfeited as above	3	2000	0		-/	
Tetal Service towards Rugagement to 2-7	1-1919	[date of discha		years 4	2 days	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

IJ

C.R. 53/3

Extract from Baily Orders Part II Unit The Repal Mila. Regt. St. John's, July 4th, 1919.

The discharge of the undernoted on decabilization has been APPROVED by O.G. Discharge Depot with effect from 2-7-19

5313 Pte. Simon Hiscock.

C.R 5313

Extract from Pailty Orders Part 11 Depot, St. John's, Date June 7th 1919

5313 Pte. S. Hiscock.

Reported at Headquarters 1-6-19. which sailed Liverpool May 22/1919.

mr "Corsican"



Extractf rom DailybOrders Part 11 Unit The Royal Nfld. Regt. St. John(s, June 9th.1919.

on demobilization
The discharge/of the undermoted has been approved by O.C.
Discharge Depot, with effect fram 18-6-19.

5313 Pte. S. Hiscock.



Extract from Modinal Roll from 1st. Battalion Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left Rouen Camps 82/4/19, endenked at Karre 22/4/19; disembarked at Southeaptin 83/4/19 and reached Razeley Down Camp 23/4/19.

22 5313 Pte. S. Hiscock.

C.R. 5313

Extract from Beainal Rell of Braft Ho. 56, from the End., Battalien of the Beas andland Regiment, Winehester to the let., Battalien of the Regiment, B. S. F., Smbarked Southampton 23/11/18.

#5313 Pte. S. Hiscock.

Extract from Daily Orders part 11. from Unit The Royal Nfld Regt. St. John's dated July 25,1918.

The following man embarked for overseas on H.M.S. "Golumbella" July 22,1918.

#5313 Pte. Simeon Hiscock.

Extract from Daily Orders part 11, from Unit The Royal Hild. Regt.St.John's.dated May 23,1988

#5313 Pte. Simeon Hiscock.

Attested for General Service with the Royal Hfld Regt.

Stiscock. C.R. 55/3

Medical	Report on an Invalid. Station Careles D. Camp
0.31	Date 30-4-19
1. Unit Popal New found 2. Regimental No. 53/3	7. Former Trade } Isherman
2. Regimental No.	7A. If with previous service in Army, state-
3. Rank Siscock Sim	(a) Former Unit;
4. Name Coiscoet Some	(b) Regimental No.;
5. Age last birthday	(c) Date of Discharge;
6. Enlisted at 22/18	(d) Cause of Discharge.
8. Disability in respe	ect of which invaliding is Proposed.

Statement of Case.

(Other disabilities should be reported upon in answer to question No. 19).

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

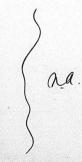
9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

- Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

- 14. If the disability is an injury, was it caused—
 - (a) In action?
 - (b) On field service?
 - (c) On duty?
 - (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?

If so-(a) When?

- (b) Where?
- (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and declined?
- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
- 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present wor.

be complains of no disability-

na

~a

na.

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

W.E. Procumier

bapk R.a. mc

Officer in medical charge of case.

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

except †

Date

Station Hogely D. Camp

Officer in charge of Hospital.

•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.

Nº 4699



1ST. NEWFOUNDLAND REGIMENT

-	Whether Wife, Child other Relative or Friend	field 1 19 NAME (in full)	Address	AMOUNT (each perso
342	mother	mor fact	Wintertown	6
		(Elizabeth) His evel	2 Bary.	
			Total Allotment S	
		completed by the Officer Commanding	Total Allotment, S Company, signed by the Volunt to the Paymaster as authority	

Nº 4699



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

		the undermentioned Person and or Perduction of the relative Identity		
			ed, viz.:	concerne
	18	July 1 19	Uotment begins	:A
Amount (each pers	Address	Name (in full)	Whether Wife, Child, other Relative or Friend	Identity Certificate No.
	Windertown	ma forest	mother	342
	7 Bang	(Elizabeth) His work		
6	Total Allotment, \$			
eer, count to make t	Company, signed by the Volunt to the Paymaster as authority	ompleted by the Officer Commanding Commanding Company and handed application.	his form must be c gned by the Officer equired payments o	S1
de	Simeon Idesco	ficer Commanding Company Rank	Óf	

No. 6440/929 From. NEWFOUNDLAND officer Commanding. Chief Paymaster & O.i/c Records. Newfoundland Contingent, 2nd Bast. Ryl. Nord. Regiment Pay & Record Office. 58, Victoria Street, hester London, S.W. 1. 29th April 1919 5313 Pte S. Hiscock Receipt hereunder. With reference to the following telegram from the Minister of Militia / (.155) Officer Commdg. / Batt'n. "Pay to5313 Hiscock E.S. £10-0-0 Received the sum of Jen .. Cheque 10-0-0 is enclosed. Roundo (£ 10.0 dn respect of for payment to this Soldier. Kindly obtain his receipt hereon. telegraphic remittance from the Minister of Militia. Allewade May. Chief Paymaster & O. i/c Records. No. 53/3 Kank 936

Sisseock, S 5313

Pay Dept.

#5313 Pte. Simcon Hiscock.

interton, T.B.

Dear Sir :-

Please find enclosed "Discharge

Certiferate No. 2351."

Yours truly

*aymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE		
I. No. 5313 Rank Phi Name Hissorik S- Intended place of residence. Wuiterfor		
2. Occupation Justine Classification of soldier Medical Category AI		
3. The above named man is discharged in consequence of		
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations. Place S.T. JOHN'S. Date JUN 4 1919 Comanding 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 Newtoundland Regiment, of all financial responsibility in my connection.		
Place and dateST. JOHN'S. Cimes Signature of soldier		
JUN 4 1919 Course 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 S.T. J.O. H.W. S. Signature of soldier 4-6-19 Signature of witness		
STATEMENT OF SERVICE		
7. Enlisted for service 2-2-5-'(8. No of days on Military Discharged from service 18-6-19. Plus 14 days Service 4.09.		
APPROVAL OF DISCHARGE		
8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records, The Royal Newfoundland Regiment, twenty-eight days from date.		
Place Officer Commanding Discharge Depot The Royal Newfoundland Regiment.		
Date		
ONFIRMATION OF DISCHARGE 9. The discharge of above mentioned soldier is hereby confirmed Moscoley East Place Place Office it Records Date May 2/19/9 The Royal Nawton add and Regiment		

ank 1099/ 23 V-1

The Royal Newfoundland Regiment

s for Demobil- ization:—
E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment				
		Date		
Regimental No 5.3.1.3	coel	Smire Pte		
Address	Winterton			
	···/			
Present Medical Category	<i>H</i> 7			
	Recommended for:—	(a) Immediate discharge (b) Standing Medical Roard.		
	Members of Board	O.C. Discharge Depot. Senior Medical Officer		
		Sw Lurden		

The Royal Newfoundland Regiment

DEMOBILIZATION OF				
Reg. No. 5313 Rank Mr. Name Reserve Surgely				
Date of Enlistment 2.2.3. 1. M. Address Wintertagn District South				
Occupation Frederica Classification for Discharge I Medical Category I.				
Recommendation S.M.B				
Passed to Demobilization Officer with following documents:—				
N.F. P 36				
B 178 W 3494 B 122 Board 1st " 2				
B 178a D 400A B 1915				
B 179 D 400B Form L do 3rd " 4				
B 179a D 400C Form K do 4th " 5 " 5				
B 179b B 103 ME 2 " 6 " 6				
B 179c				
Date. 5.19. 6. C. Discharge Depot.				
PARTICULARS FOR DEMOBILIZATION				
r. Civil Re-Establishment. I amin a position to resume civilian occupation.				
Simon Hiseock				
Particulars passed to Vocational Officer for information and action.				
Date				
a. Clothing.				
Certified that Clothing Regulations have been complied with:				
(a) Clothing Allowance payable.				
(b) Clothing Supplied				
Date46				

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No. 1. 1898 9. 547 to his home
at
1. b-10 (Mailed II)
Date 4 - 0 19 Comme Con Sur
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
4-1-19
Date
Depot Paymaster.
Discharge approved for 15 - 0 - 19
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36 B 268 B 121 N.F. Med. D.F. 1
Б 178 W 3494 В 122 Board 1st " 2 Д Т.
B 178a. / D 400A B 1915 do 2nd
B 179
B 179a D 400C
B 179b B 103 ME 2 " 6 " 6
B 179c
11 6-19 A than Call
Date
Demobilization Officer.
APPROVED.
Documents as above forwarded to:—
Officer ilc Records.
Board of Pension Commissioners. with following additional documents.
with following additional documents. Eligible for War Service Gratuity
A comment of the second of the
JUN 18 1919 R. H. Jait Call.
Date 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 fellows:

To resume youner Occupation

freg. No. S. Hiscock

Place pt Johns'

Date H-6-19 1911919

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

MEDICAL HISTORY

Surname

Hisevel

Christian Name

Suncon

Table I.—GENERAL TABLE.				
Birthplace:—Parish	W intestin Coun	ry Ufla		
	SPECIAL RESERVE	REGULAR ARMY		
	on May of May 1918			
Examined	at of phus	at		
Declared Age	years days	years days		
Trade or Occupation	I sherman,			
Height	5 feet I tuches	feet inches		
Weight	135° lbs.	lbs.		
Chest Girth when fully expanded	36 % inches	inches		
ment (Range of Expansion	W inches	inches		
Physical Development				
Vaccination Marks	Right Left	Right Left		
(Number				
When Vaccinated	1 11,			
Vision	RgV = 96 6	R.E.—V= L.E.—V=		
	(a)	(a)		
(a) Marks indicating congenital peculi- arities or previous disease				
A graph of the state of	(b)	(6)		
(b) Slight defects but not sufficient to cause rejection	ं । १५% न म् , ,,,,			
Approved by (Signature)	Lame of Som			
(Rank)	man			
	Medical Officer.	Medical Officer.		
Bulisted	at Di Juhus	at		
	on 2 day of Mac 191 8 Corps. Regtl. No.	on day of 191 Corps Regtl. No.		
Joined on Enlistment	The Amal	ACKU. NO.		
	Allaker 5313			
Transferred to	Juney on			
	4			
Recame non-effective by		The second secon		
Became non-effective by	on day of 191	on day of 191		
(Signature				
(Rank)				
	and the same of th	[P.T.O.		

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.

giv	ar rippirances, rarticula	ars of Bentar Treatment, &c.			
Date TOOM	Lands to other pits to	Brief Details, and Signatures			
•					
23-5-18	Vace. yp	•			
13-6-18	Revace 10				
13-6-18	TABY				
20-6-18	FAB &				
27-6-18	TAB) B				
		It is hereby certified that this soldier			
	1	7 6			
		() () () () () () () () () ()			
1		F. frinschutzam			
		tion. Medical collegery			
		Date of T.M.B. M. Discharge in the factor of the Affect of			

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
F					5400
				100	

Medical Report on an Invalid.

	Station	Hozeley born
		30/4/19
1.	Unit Moyal Newfountland	7. Former Trade } Lakeoman
2.	Regimental No. 5'3/3	7a. If with previous service in Army, state—
3.	Rank ple-	(a) Former Unit;
4.	Name Hiseock Someon	(b) Regimental No.;
5.	Age last birthday	(c) Date of Discharge;
	Enlisted on may 23/18 at Holm	(d) Cause of Discharge.

Disability in respect of which invaliding is Proposed. (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nie nie nie

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

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., misconduct, &c.



L3.	What is his present condition? $\mathcal{H}_{\mathcal{A}}$	Complains of no disabil
	Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.	
14.	If the disability is an injury, was it caused—	
	(a) In action?	
	(b) On field service?	
	(c) On duty?	
	(d) Off duty?	
	2 Manual Line Control	
5.	Was a Court of Inquiry held on the injury?	
	If so—(a) When?	
	(b) Where?	
	(c) Opinion?	
16.	Was an operation performed? If so, what? \cdot	h a
17	If not, was an operation advised and	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11.	declined?	n a
18	In case of loss or decay of teeth. Is the	
	loss of teeth the result of wounds,	N a
	injury or disease, directly* attributable to active service?	
19.	Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.	h a
	wai.	
		Repatration
		10 habitates
		grepar
20.	Do you recommend—	
	(a) Discharge as permanently unfit, or (b) Change to England?	
		0
	< 0	WE Dresses Copy Rame
	Seja	2 6 9.1
	PI	\ Officer in medical charge of case.
	and.	
	I have satisfied myself of the gen	neral accuracy of this report, and concur therewith,
exc	cept†	
Sta	ation Stazely bour.	
		Officer in charge of Hospital.
	2-1.110	
Da	te	



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.

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 \mid e Records together with the remainder of the man's documents.
Ghanges occurring in the description subsequent to the date of admission to pension should be noted in red ink.
Name in full Himson Hiscock
Regiment from which discharged Royal Pewfoundland
Regimental number 53/3
Intended address W interton IB.
Height on discharge 5 Feet 10
Color of hair on discharge Light Complexion Fair
Complexion + air
Oolor of eyes Blue
Descriptive Marks ——
Figure on discharge Normal
Christian name of Father Christian name of Mother Chrysland Christian name of Mother Christian name of Mother Christian name of Mother Christian name of Father Christian name of Mother n
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 Winterton 13 May 24, - 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) Simeon Hisarck (Rank) Oto
4 6
Station At John M. Date 19
I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

(a) In the case of a man who has re-engaged for, or enlisted in Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signalleno Shoejna-Smith. &c (17691.) WE W 1887-P 1194. 1,000,000 6/18, D. & S. Porm B/103. (E. 1398.)

[P.T.O.

July 2,1919

#5313 Pte. Simson Hiscock.

winterton, T.B.

Dear Sir:-

Referring to your application

I enclos cheque for seventy dollars (\$70.00),
being amount of first payment due you on
account of the war service Gratuity.

Yours truly

Captain, saymaster & Officeri/o necords.

W

DEPARTMENT OF HILITIA. WAR SERVICE GRATULTY.

St. John's, Newfoundland.

Decleration required of Officers and man 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 mestion in this Declaration There must be no blonks and no dephes. If any questions are not appliable, the words "NOT APPLICABLE" must be written out. On ecaphodian this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, OR JURNES. Christian name. Rumeon 2. Samme discoo ta.no...5.3/3 5. Address in full to which future payments of greatulty are to be forwarded. 16. 5.31.3 Simen Hissoch Winteston 6. Date of enlistment in the Rogiment ... 2.3. 5. 11.8... 7. Name of dependent, if any, to when Separation Allowance is being issued or was being issued irredictely prior to your discharge 8. Relationship of such dependents ... Jather 9. Address in full of such dependents. Mr. Jacob .. Hineves 10. Is said dependent, now, or was said dependent at my time in receipt of Separation Allowance on account of mother soldier? 11. Were you on active service only in Rfld, El so give dates and 12. Give total length of time which you served on active service. whether in Mfld.or Oversees.... 12. Manths.....

3. Have you had more than one enlistment? If so, give particulars
districts and under what regimental numbers.
Mr. only ance enlistment.
14. Have you already received any payment of Post Discharge pay or
Nar Service Gretuity? If so, state amount you and your dependents
have already received and by whom paid. M

15. Have you been issued with a War Service Badge?
To Here you during the present war, served in the Imperial Boldes
are were entitled to receive, or have you received any Grandley
c part Discharge Pay from the Inperial Forces, 11
so, state amount received, or to which you are entitled. The
18.Did you revert Overseas to a rank lower than the substantive
renk hold by you on your arrivel in England? . No
(b) If so, was such reversion in consequence of Misconduct or
inefficiency? Not. Applicable
19. Are you now serving in the Rost? . yea. It not give? - (a) date
19.Are you now serving in the Rogter.
of discharge(b) Reason for dascharge.
20. Did you at any time serve at the front in an actual theatre of
of places and dates of such service.
Did. not, serve in actual.
11101
21.(a) Are you receiving treatment from the Givil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowances from
WB
And I she this solumn 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: Pt Simer Hisevels

Place of Residence: Winterton Trink Bay

Declared before me at: St Johns, refer

This 5 ft. day of may 13,5...

This 5 ft. day of the Soften Market of the

Signature of Barrister of the Supreme Court, Stipendary Hegistra to Hotary Toblic, Massice of the Peace, or Commissioner of effidevits.

POST DISCHARGE PAY.

Date paid Faid Paid Gratuity.

Cortified correct.

Paymester

FORM K

- Nº 4699



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOU (each pe	
342	mother	mor facol	Windertown		1
		Elegebally) Hirovel	1 2 Bans		
		<u> </u>	_		
			Total Allotment, S		1
8	This form must be igned by the Office equired payments	r Commanding Company and han	Total Allotment, S ing Company, signed by the Volunt ded to the Paymaster as authority	eer, co	u se

5313

I partify toom I have received an issue of 2 triches of Riband of British was Month-1914-1919.

MIN 5313. Ex P. A. A. Hisovek

2018. 20/11/19.... 2. Bay

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records.

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

spenthi

Fold Here

OCT	1 5 1921	
UCI		1921

Royal Nfld. Regt.

The accompanying Victor, Medal and/or British War Medal

Simeon Hiscock

in respect of his service as No. 5313 Rank Pte/

Name S. Hiscock

Receipt of the same should be acknowledged hereon.
Received British Was medal
Signature Simeon Hiseoch
Date Oct 20 /21
Address Winterton J. Bay
[P.T.O.]

Receipt for Army Book 64

named Soldier.

Nome S. Idiscock

N.B. For completion and return to the Department of Militia insert in corner of envelope "AB 64"

37

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms B 121. Signature of O. C. Company Good Conduct Badges, Service pay or proficiency pay Regimental Number and Name Enlistment Trade No. months Place and Date | of Enlistment Joined Date Joined_ Date Joined Date Joined. Date Date of award or of order dispensing with trial Name of Date of Place Rank Punishment awarded By whom awarded REMARKS OFFENCE Offence Witnesses To be carried over.

15313

Demobilization

The Royal Newfoundland Regiment

DEMOBILIZATION OF				
Reg. No. 53/3 Rank Name Susce Similary				
Date of Enlistment 2.2. 5. 18 Address Wanter tryn District South				
Occupation				
Recommendation S.M.B				
Passed to Demobilization Officer with following documents:—				
N.F. P 36				
B 179				
Date. # 5.19 # O. C. Discharge Depot. PARTICULARS FOR DEMOBILIZATION				
r. Civil Re-Establishment.				
I amin a position to resume civilian occupation.				
Limeon Hisavck				
Particulars passed to Vocational Officer for information and action.				
Date				
a. Clothing.				
Certified that Clothing Regulations have been complied with:				
(a) Clothing Allowance payable.				
(b) Clothing Supplied CMMC Con Star				
Date 4-6-19 Oilc. Re-clothing.				

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No. 1. 1570. 2
at
1-10 11.0.1
Date + - 0 - 14
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
therewise section. The has received pay and anowances to
Date
Depot Paymaster.
Discharge approved for.
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 Form 18.
B 178a
B 179
B 179a D 400C Form K do 4th " 5
B 179b B 103
B 179c
4-6-19 A montaff
Date
APPROVED.
Documents as above forwarded to:—
Officer ic Records. Board of Pension Commissioners.
with following additional documents. Eligible for War Service Gratuity

JUN 1 8 1919 - F. H.
Date
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
has es
hunt
Date 1 11919

Reg. No. 13/3. Rank Lis Name Hisselfs. A. Attested Address Wurderlow	
Reg. 10	
Attested Address	
Allottee	1
Date of Allotment	7
Sanieru Siellaras	40000
Date & Allotment Returned from Overseas 19.1.10 Returned on San Louiselaw Cause Sinklange	•••••
A CONTRACTOR OF THE PROPERTY O	
36-19 MESED TO EMOBILIZATION OFFICER	
18679. DEGHARGE APPROVED ON DESCRIPTION.	
A TION.	1
	1
1	