



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4324 Name Arthur [unclear] Corps [unclear]

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. |
| 2. What is your full Address? | 2. |
| 3. Are you a British Subject? | 3. |
| 4. What is your age? | 4. Years Months |
| 5. What is your Trade or Calling? | 5. |
| 6. Are you Married? | 6. |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. |
| 9. Are you willing to be enlisted for General Service? | 9. |
| 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. |

I.....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.

.....SIGNATURE OF RECRUIT.
.....Signature of Witness.

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..... on this.....day of.....191

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 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.....191 } Approving Officer.
Place..... }

† 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 services, 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: vis:—(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 Arthur W. [unclear]

Apparent age 20 years 11 months. Height 5 feet 9 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin _____

_____ | Relationship _____

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
| | | | |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|---|---------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from _____ | | | | | | | | | |
| Joined at _____ on _____ | | | | | | | | | |
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| | | | | | | | | | |
| Total Service forfeited as above _____ | | | | | | | | | |

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " _____ [" "] _____ " _____ "



FIRST NEWFOUNDLAND REGIMENT

4334

ATTESTATION OF

No. 4334 Name Arthur Hoff Corps Cy 8

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Arthur Hoff
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years 6 Months
5. What is your Trade or Calling? 5. Seaman
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, Arthur Hoff 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.

N. 28 - 1 - 14 SIGNATURE OF RECRUIT.
Arthur Hoff Signature of Witness.

Arthur Hoff OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, Arthur Hoff do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this day of 191 8
Signature of Attesting Officer W. H. ...

†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 Jan 28 191 8
Place St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Arthur Hoff
 Apparent age 20 years 6 months. Height 5 feet 9 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 Joseph Hoff
London Ave. | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
| | | | |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|---|---------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from <u>28-1-18</u> | | | | | | | | | |
| Joined at <u>Seaway</u> on <u>28-1-18</u> <u>St John's</u> | | | | | | | | | |
| <u>Discharged July 8/19</u> | | | | | | | | | |
| <u>Embarked St. John's train to Halifax N.S. 28-1-18</u> | | | | | | | | | |
| <u>Embarked for Blk. 31-8-18</u> <u>Went ashore 28-9-18</u> | | | | | | | | | |
| <u>Admitted 18th Gen Hosp. General Hospital 29.9.18</u> | | | | | | | | | |
| <u>Admitted 3rd Gen Hospital 29.10.18</u> <u>Transferred to 1st Gen Hosp. 27.11.18</u> | | | | | | | | | |
| <u>Admitted 1st Gen Hosp. 27.11.18</u> <u>to 11th Gen Hosp. 27.5.19</u> | | | | | | | | | |
| <u>Admitted 1st Gen Hosp. 1-6-1919</u> | | | | | | | | | |
| <u>Demobilization St John's 8-7-19</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to 8-7-19 [date of discharge] 1 years 162 days
 Pensions " " " " " " " "

A Hoff

C.R. 4334

~~1890~~

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 Artillery Regt* }
 7. Former Trade or Occupation }
 2. Regtl. No. *1.3.34* 3. Rank..... *Pvt* }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
 4. Name *H. O. F. F.*
 (Surname) (Christian Names)
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
Issu. Med. fingers Left Hand
 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.
wounded in France Sept 28/18
Issu Left Fingers
wound now healed

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | yes | |
| (ii.) Previous active service.. .. . | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. } | no | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial 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.)

Scar on Left middle finger
 extending from Palmer surface
 two inner side of middle finger
 Complaints of no disability
 is able to flex middle
 freely

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.

Repatation

Johnnie G. King

Medical Officer in charge of case.

Station

Date

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

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.

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

Give details:

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

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.

*mgs
 rufes
 mgs
 belly
 dde*

Pay. Master. London. 58 Victoria St.

Handwritten initials/signature

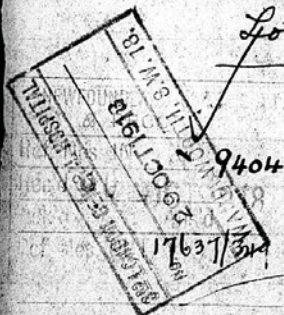
Pay and Record office
London

Please pay on account of no
4334 Pte A Hoff. the sum
of 1 pound. And. Attached from
my. Accredit.

The. British Home
Crown. Lane.
Streatham

London, S.W. 16

Approved



Handwritten signature
at

Handwritten notes:
D.K. £ 1-0-0 P.P. 30/10/18
Receipts

REGISTRY A.M.C.T.
Strd London
WANDSWORTH, S.W.

17637/349

3rd London General
Wandsworth

31st October 8

A. Hoff

4334

Pte

1:0:0

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
59 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

| Regtl. No. | Rank | Name | Amount | Signature. |
|---------------|------|-------|--------|------------|
| 4334 | Pls | W. G. | \$2.50 | |

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date

June 26th 18

~~W. G.~~

No. 12193/1233 ✓

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.



048446

31st July 1918

1 - 8th 1918

Subject: 4334, Pte. A. Hoffe,

With reference to the following telegram (6847) from the Hon. Minister of Militia, received

Pay to 4334 Hoffe £2:18:0

Draft £2:18:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

F. H. Manslead
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Chambers

LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of Two

Pounds Eighteen Shillings on account of
cable remittance from Newfoundland.

A Hoffe

No. 4334 Rank Private

Witness:-
1227 J. Murphy Pte

No. 21638/2520/P&A



2034 7520

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,
Bn. Royal Nfld. Regt.,
Hazley Down Camp,
Winchester.

30th December 1918

Jan. 8 1919.

Subject: 4334 Pte. A. Hoffe,

With reference to the following telegram (1296) from the Hon. Minister of Militia, received

"Pay to 4334 Hoffe, £5. 15. 0.

Draft £ 5. 15. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

for F. H. Marshall
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. B. Martin **LIEUT. COLONEL.**
COMMANDING OFFICER **ROYAL NEWFOUNDLAND REGT.**
Officer Comdg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of Five
Pounds fifteen Shillings on account of
cable remittance from Newfoundland.

Hoffe, A
No. 4334 Rank Pte
Witness C. A. Kelly

Hoff, Arthur.

4334

Ray sept.

C.R. 4334

Extract from Daily Orders West 11 Unit The Royal Welch, Regt.
St. John's, June 24th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 24-6-19.

4338 Pte. A.Hoff.

C.R. 4334

Extract from Daily Orders Part 11 Depot, St. John's,
Date 13/6/19.

4334 Pte. A. Hoff.

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

EX "Corsican"

C.R. 4334

Extract from Daily Orders part II, by Lieut. Col. B.J. BARTON
D. S. O. Officer Commanding 2nd., Battalion dated 23-11-18.

4334 Pte. A. Hoff.

The a/p having reported back from the 1st. Battalion is
taken on the strength and posted to "H" Co. as from 22-11-18.

C.R. 4334

Extract from Committee from Pay & Record Office, London,
dated 4th. Nov. 1918.

The undermentioned was discharged from the 3rd London General
Hospital on 13/11/18 and granted furlough to 22/11/18. ~~All are marked~~
Fit for 1 Duty

4334 Pte. A. Hoff.

Authority: A.Ps. #2016 from 3rd L.G.H.

C.R. 4334

Oct. 16th, 1918

Mr. Joseph Heff
Gander Bay

Dear Sir:-

I beg to inform you that additional information concerning your son, No. 4354, Private Arthur Heff, has been received through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.

Chief Staff officer

C.R. 4334

Extract from War Office. List No. C. 1710 dated 10/10/18.

4334 pte. A. Hoff.

FOUNDED 28-9-18.

23.

C.R. 4334

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia,

| Line Number | Red | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated Oct 5th, 19 18
Joseph Hoff, Gander Bay

To

Regret to inform you that Record Office, London, officially reports No. 43 4, private Arthur Hoff at 3rd London General Hospital, Wandsworth suffering from G.S.W. left hand.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 4334

Extract from Casualties received from Pay & Record
Office, London,

Admitted to 3rd London General Hospital, Wandsworth
2-10-18.

4334 Pte. A. Hoff.

G.S.W. L. Hand.

M.M.

C.R. 4334

Extract from Casualties List No. H.A. 29599.

4334 Pte. A. Hoff.

Admitted to 18 Gen. H. Dannes Camiers 29 Sept.16.

GSW Hand L. Slit.

MM.

C 4334

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.
Commanding 1st Battalion Royal Newfoundland Regiment.
dated 5/9/18.

The following arrived to-day and is posted to the
following Company.

D. COMPANY.

4334, Pte. A. Hoff.

C.R. 4334

Extract from Nominal Roll Draft #51, to B.E.F. Embarked
Folkestone, 31-8-18.

m 4334 Pts. Hoff A.

C.R. 4334

Extract from Nominal Roll Embarked St. John's for Overseas.
Mar. 28, 1918.

4334 Pte. Hoff A.

C.R. 4334.

Extract of Daily Orders part 11, from Unit 4/1st
Royal Newfoundland Regiment, Headquarters, dated
January 30, 1918.

#4334 Pte, E. Hoff.

Attested for General Service with the 1st Newfoundland
Regiment, with effect from 25/1/18.

Casualty Form—Active Service.

Regiment or Corps *Royal Newfoundland*

28-7-1897

Rank *Pte.* Surname *Hoff* Christian Name *Arthur*

Religion *Catholic* Age on Enlistment *20* years *6* months

Enlisted (a) *28/1/18* Terms of Service (a) *Duration* Service reckons from (a) *28/1/18*

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

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and rate.....

Occupation *Fisherman* *27 Hon Cap* Signature of Officer.

| Report | | 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 such case. | Place of Casualty. | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|----------------|-----------------------------|--|---------------------------------------|--------------------|--|
| Date | From whom received | | | | |
| <i>26.8.18</i> | <i>11314 C. B. D.</i> | <i>AI</i> | <i>Embarked ...</i> | <i>31 AUG 1818</i> | |
| | | | <i>Disembarked</i> | <i>31 AUG 1818</i> | |
| | | | <i>ARRIVED D. I. B. D.</i> | <i>2 SEP 1818</i> | |
| | | | <i>Entered Hospital</i> | <i>5 SEP 1818</i> | |
| | | <i>Wounded in Action</i> | | | |
| <i>1/10</i> | <i>202 A</i> | <i>Ad Gov West Trans</i> | <i>28-9-18</i> | | |
| | <i>18th Regt</i> | | <i>3rd Lt</i> | <i>20/1/18</i> | <i>207299</i> |
| | <i>St David</i> | <i>Transferred to England</i> | <i>2nd Lt</i> | <i>24-9-12</i> | <i>P.A. 20549</i> |
| | | | <i>for</i> | <i>20/1/10</i> | <i>213013</i> |
| | | | <i>1st Lt</i> | | |
| | | | <i>3rd Echelon, G, H, U, B, E, F.</i> | | |

Next of Kin: *Father: Joseph Hoff, Grand Bay, U.S.A.*

(4) 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.
(9) Signaller, Shoeing-Smith, &c.



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. & 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

Arthur Hoff

Regiment from which discharged *Royal Newfoundland*

Regimental number *4334*

Intended address *Gander Bay, Fog 0.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Joseph*

Christian name of Mother *Eliza*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Gander Bay, 12 July 1897*

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) *Arthur Hoff*

Y.H.
(Rank)

Station **ST. JOHN'S.**

Date *9-8-19*

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



July 11, 1919

#4334 Pte. Arthur Hoff,

Gander Bay, N.D.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due you
on account of the War Service Gratuity.

Yours truly

Captain,
Paymaster & Officer in Charge Records.

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 *John* 2. Surname *Hoff*
3. Rank *Private* 4. Regt. No. *4334*
5. Address in full to which future payments of gratuity are to be forwarded, *Gander Bay, N.B.*
6. Date of enlistment in the Regiment. *Feb. 17/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
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 Feb 17/18 to Jan 10/19* 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.

15. Have you been issued with a War Service Badge?.....

No

16. Have you, during the present war, served in the Imperial Forces?.....

No

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

No

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

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

No
June 10/19
Newport

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....

France *From Apr. 1918 to Sept 28/18*
Ypres

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.

Arthur Hoff

Signature of Applicant:

Place of Residence: *Gander Bay, N.S.*

Declared before me at: *St John's, Nfld*

This *15th* day of *June* 19*.19.*

John McCarthy

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

POST DISCHARGE PAY.

| | | | | |
|-----------|----------|------------|-------------|------------|
| Date paid | Paid | Paid | War Service | Net amount |
| | Soldier. | Dependent. | Gratuity. | due |

.....

.....

.....

Certified correct.

Paymaster

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4331 Rank Private Name Arthur Hoff
 Date of Enlistment 28.1.18 Address Garland Bay District St. John's
 Occupation Fisherman Classification for Discharge A Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

| | | | | |
|----------|--------|--------|-----------|--------|
| 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 |
| B 179c | B 120 | M 93 | | |

Date 9.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Arthur Hoff

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 J.A. [Signature]

Date 10-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1625 to his home at Gander Bay and Release Certificate No. 2579 issued.

Date 10-6-19 *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 10-6-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for 24-6-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | | |
|----------|--------|--------|---|------------|--------|----------|
| N.F. P36 | B 268 | B 121 | 1 | N.F. Med. | D.F. 1 | 1 |
| F 178 | W 3494 | B 122 | | Board 1st. | " 2 | 1 |
| B 178a | D 400A | B 1915 | 1 | do 2nd. | " 3 | 2 Form 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 | 1 | | " 6 | |
| B 179c | B 120 | M 93 | | | | |

Date 10-6-19 *J.A. Snowball*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 24 1919

R.H. Salt Capt.

Date O. C. Discharge Depot.

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

Date

The Royal Rifles Regiment

DEMOBILIZATION

No. *433* Rank

Name

W. A. ...
Warned for demobilization on

JUN 10 1919

HANMER MILITARY BOND

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

MEDICAL HISTORY

OF

Surname Hoff

Christian Name Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish Gander Bay N.S. Country U.S.A.

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|---|---|------------------|------------|
| | on | day of | on | day of |
| Examined | 28 | Jan. 1918 | | 191 |
| | at <u>St John's (Headquarters)</u> | | at | |
| Declared Age | 20 | years 6 ^{months} _{days} | years | days |
| Trade or Occupation | <u>Fisherman</u> | | | |
| Height | 5 | feet 9. inches | feet | inches |
| Weight | | 151 lbs. | | lbs. |
| Chest Measurement | Girth when fully expanded... 37 inches | | inches | |
| | Range of Expansion... 4 inches | | inches | |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | | | | |
| When Vaccinated | | | | |
| Vision | R.E.—V= | <u>6/6</u> | R.E.—V= | |
| | L.E.—V= | <u>4/6</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>L. Smith Paterson</u> | | | |
| (Rank) | <u>Major</u> | | | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at <u>St John's N.S.</u> | | at | |
| | on | 28 day of <u>Jan</u> 1918 | on | day of 191 |
| Joined on Enlistment | Corps. | <u>Royal Nfld</u> | Corps. | |
| | Regtl. No. | <u>334</u> | Regtl. No. | |
| Transferred to | <u>Capt E. ROYAL NEWFOUNDLAND REGIMENT.</u> | | | |
| 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

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks bearing on syphilis, admission of treatment |
|--|----------------------|-------|------|--------------------------|-------|------|------------|-------------------------|---|
| | Day | Month | Year | Day | Month | Year | | | |
| 3 RD LONDON GENERAL HOSPITAL WANDSWORTH. | 20 | 10 | 18 | 13 | 11 | 18 | Gonorrhoea | 42 | |

list in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In case of 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

Slight - Structure

Edwin C. H. Rouse

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 consider 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*
2. Regtl. No. *4334* 3. Rank. *Pvt*
4. Name *H. O. F. F.*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade }
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps;
with Regtl. Nos.
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.
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.

G.S.W. middle finger left hand.

wounded in France.

28/9/18. G.S.W. Left finger

wound healed.

14. 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 man's part.
- (a) attributable to *Yes*
 (b) aggravated by *No*
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *No.*
 15. What is his present condition? } *N. A.*

In all cases such as facial injuries, eye, 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.

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

Scar on left middle finger extending palmar surface to ~~inner~~ ^{outer} side of middle finger about one inch long - painful on pressure. Complains of no disability - his able to flex and extend finger fully.

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— *Repatriation*
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?
 Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Station *Hazley Down Camp*
 Date *10/1/18*

Robert G. Lane
 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.

July 8, 1919

#4334 Pte. Arthur Hoff,

Gander Bay.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 23837

Yours truly

Paymaster & Officer i/c Records.

Capt.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4334 Rank Pte Name Hoff A.
 Intended place of residence Gander Bay
2. Occupation Fisherman
 Classification of soldier E Medical Category AI
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 10 1919 *Jr.* 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
JUN 10 1919
 Signature of soldier Arthur Hoff
 Signature of witness Alfred [unclear]

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 JUN 10 1919
ST. JOHN'S
 Signature of soldier Arthur Hoff
 Signature of witness W J [unclear]

STATEMENT OF SERVICE

7. Enlisted for service 25-1-18 No of days on Military
 Discharged from service JUN 24 1919 Plus 14 days Service 527

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 ST. JOHN'S
 Date JUN 24 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
 Date July 8/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

24B2079/2383

3
28
31
30
30
30
61

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

9.6.19

Regimental No *4334*

Name

Hoff Arthur

Rank

Address

Sander Bay Stags

Present Medical Category

A1

Recommended for:

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

Hoffman
Senior Medical Officer

S.W. Burden
M. O. Depot

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

Signature of Man.

Arthur Hoff

Reg. No. 4324

J. J. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

JUN 10 1919

191

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 6 1921

1921.

The accompanying Victory Medal and/or British War Medal

is/are forwarded herewith to

Arthur Hoff

in respect of his service as No. 4384 Rank Pte.

Name A. Hoff

Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

September

16
19

Signature

Arthur Hoff

Date

1921

Address

Gander Bay

[P.T.O.]

C.R. 4334

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name.. *Arthur Hoff*..

Date.. *Nov. 24. 1919*

Place.. *Gander Bay*..

Receipt for Army Book 64

No. 4334 Name Holt

To Certify that I have received the AB 64 of the above
named soldier.

Name Arthur Hoff

Date 1920

Place Ganderu Bay

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



✓

C.R. 4 334

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

DATE. 1920.

PLACE. Gander Bay.

NO. 4334. NAME. Arthur Hoff.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
H 121.
29.Number of Pages OneRegiment of Royal NewfoundlandSignature of O. C. Company Whaley Jr.

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|--------------------|------------------------------|--|------------------------|---|
| No. | <u>Hoff Arthur</u> | Age on | <u>20</u> years <u>6</u> months | <u>Fisherman</u> | |
| <u>H 33</u> | | Place and Date of Enlistment | <u>St John's Nfld.</u> <u>28-1-13</u> | Religion | |
| Joined | | Date | | <u>C.P.S.</u> | |
| Joined | | Date | Period of | Place of Birth | |
| Joined | | Date | | <u>St John's Nfld.</u> | |
| | | with Colours | <u>1 1/2</u> years. | | |
| | | with Reserve | <u>3 1/2</u> years. | | |

| 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 |
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|-----------------------------------|
| | | | | | | | | | <u>Demobilized St John's 8/19</u> |

To be carried over

INTEGRITY REPORT

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4334 Rank Private Name Arthur Hoff
 Date of Enlistment 9-6-16 Address St. John's District College
 Occupation Teacher Classification for Discharge 1 Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

| | | | | |
|-------------|--------|--------|-----------|---------|
| N. F. P 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 9-6-19 for O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Arthur Hoff

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 *[Signature]*

Date 10-6-19

O i/c. Re-clothing

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3334 Rank Private Name Arthur Hoff
 Date of Enlistment 29.9.15 Address St. John's District St. John's
 Occupation Reverend Classification for Discharge 12 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

| | | | | |
|----------|--------|--------|-----------|--------|
| 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 |
| B 179c | B 120 | M 93 | | |

Date 9.6.19

J. O. C. Discharge Depot.
J. Hoff

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Arthur Hoff

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied J. Hoff

Date 10-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1625 to his home at Gander Bay and Release Certificate No. 2579 issued.

Date 10-6-19 *J.A. Snow Craft*
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 10-1-19
Depot Paymaster.

Discharge approved for 24-6-19
Forwarded with following documents to O.C. Discharge Depot

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.F. P136 | B 268 | B 121 | N.F. Med | D.F. 1 |
| B 178 | W 3494 | B 122 | Board 1st | " 2 |
| B 178a | D 400A | B 1915 | do 2nd | " 3 |
| 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 10-6-19 *J.A. Snow Craft*
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

Date JUN 24 1919
O. C. Discharge Depot.

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

Date June 16/19 *James Keith / i/c for Records*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *A. 1625* to his home at *Garden Bay* and Release Certificate No. *2579* issued.

Date *10-6-19* *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 *10-1-19* *J.A. Snowball*
Depot Paymaster.

Discharge approved for *24-6-19*
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 103 | ME 2 | | " 6 |
| B179c | B 120 | M 93 | | |

2 Form B

Date *10-6-19* *J.A. Snowball*
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

Date *JUN 24 1919* *J.A. Snowball*
O. C. Discharge Depot.

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

Date *June 16/19* *J.A. Snowball*
for Overseas

Reg. No. *1336* Rank *Alie* Name *Staff A.*

Attested Address *Gaudet Bay.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19*

Returned on S.S. *basican* Cause *Anchorage*

9.8.19
24.1.19

DISCHARGE APPROVED ON DEMOBILISATION

Ottawa 4, Ontario.

8 September 1954.

DVA 4334 (WSR 3)

Mr. Arthur Hoffs,
Gander Bay,
Fogo. Dist.,
Nfld.

"WAR SERVICE BADGE"

Dear Mr. Hoffs:

In reply to your letter of recent date, concerning the subject marginally noted, enclosed herewith replacement War Service Badge "Royal Newfoundland Regt." Class "A" No. 177103, together with corresponding Certificate.

Yours truly,

R.T.E.
H.M. Jackson,
Director,
War Service Records.

/MH

Dept. of Veterans Affairs
War Service Records

Referred To.....

1954

Classified To.....

Gander Bay
August - 14 - 1954

To. Department of

Veterans Affairs - offd
Dally Building
Ottawa.

R3

Dear Sir - Has I where
Looking over one paper. So
evening. Telegram - I seen
where. If any ex-service
man. had his badge.
Lost. That he got in
World War - I. which my
Case his - Could secure
one from your Department.
Would you please send
me one if you have
it. . . COD. my Regg-
No - is 4334 :

Kind - Regards

Arthur Hoffe.
Reg. no - 4334 -
Gander Bay.
Yogo District.