



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4215 Name John Hoff Corps C.F.C.

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

- 1. What is your name? ..... 1. John Hoff
- 2. What is your full Address? ..... 2. Yanclor Bay
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 29 Years 5 Months
- 5. What is your Trade or Calling? ..... 5. Labourer
- 6. Are you Married? ..... 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
- 9. Are you willing to be enlisted for General Service? ..... 9. yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. yes

FOR THE DURATION OF THE WAR

I, John 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.

John Hoff SIGNATURE OF RECRUIT.  
James W. Walsh Signature of Witness.

**HIS OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.**

I, John Hoff do make oath, that I will be faithful and bear the 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 Frank Falls on this 3<sup>rd</sup> day of Dec 1915.

Signature of Attesting Officer H. J. Fitzgerald, Esq.

**†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 6/17/15 1915 Place Frank Falls

W. J. [Signature] 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).....



C.R. 4215

Extract from Daily Orders Part 11 Unit The Royal WFLA.

St. John's, 11-7-19.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from 8-7-19.

4215 Cpl. John Hoff

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Reft. France, 21-4-19.

m 4215, L/C. J. Hoff.

to be Copl. 15-8-19.

C.R. 4215

Extract from Daily Orders Part 11 Station "In the Field"

21-419.

4215 L/Cpl. J. Hoff.

To be A/Corporal 15-4-19.

CR

4215

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, 11/7/19.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 8-7-19.

#4215 Pte. Jos. Hoff.

C.R. 4215

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, June 14th, 1919.

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

4215 Cpl. John Hoff.

C.R. 4215

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

REPORTED AT HEADQUARTERS 1/6/19.  
which sailed Liverpool May 22/1919.

4215, Cpl. John Hoff.

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

Extract from Daily Orders Part 11 Depot, St. John's,  
Date



# 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	Recd	By	Sent	by	Check

Dated May 9th 1919.

To Mr. Joseph Hoffe,  
Gander Bay.

#4215, Hoffe at Winchester.

J.R. Bennett,

MINISTER of MILITIA

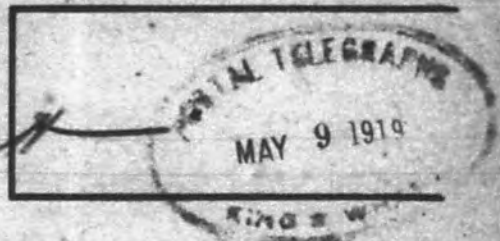
NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 11 Sent by Kop Rec'd by \_\_\_\_\_ Check \_\_\_\_\_ No. \_\_\_\_\_

Place from Fander Bay

To J R Bennett



C. G. Has 4215 Lance  
1 Couple John Hoffe  
arrived at winchester  
Mr Joseph Hoffe

# Newfoundland Postal Telegraphs.

Other Stamp and Date.

MAY 9 1919

KING'S WHARF

Prefix \_\_\_\_\_ SERVICE MESSAGE

Time received \_\_\_\_\_ by \_\_\_\_\_ Time sent \_\_\_\_\_ by \_\_\_\_\_

From

To

*R. Bennett  
Military*

*Under Day ask  
Hopper message date  
Sgd Hopper party.  
waiting  
Postal*

C.R. 4215

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

The undermentioned of the 1st. Battalion left  
Rouen Camps #2/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#4215 A/Cpl. J. Hoff.

C.R. 4215

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND  
REGIMENT IN FRANCE DATED 11/1/19.

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APPOINTED L/Cpl.

#4215 Pte. J. Hoff.

10/1/19.

CP. 4215

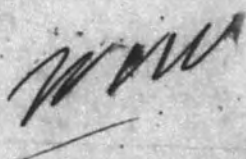
Jan. 17th 1919.

Mrs. Joseph Hoffe,  
Gander Bay.

Dear Madam:-

I am directed by Lt. Col. Rendell to acknowledge receipt of your telegram of January 13th, in which you are enquiring the whereabouts of your son No. 4215, Pte. John Hoffe, and in reply I beg to state that he is now with the 1st Battalion on Active Service. Any further information we get concerning him will be at once communicated to you.

Yours faithfully,



Lieut.

CASUALTY OFFICER.

WVW/MP.

NEWFOUNDLAND POSTAL TELEGRAPHS

No. 159

Received \_\_\_\_\_ m. By \_\_\_\_\_

Sent out for delivery \_\_\_\_\_ m. By \_\_\_\_\_

No. 5 Place from Gander Bay No. of Words 9rd 13

To Capt Rendell  
Sydney



Please give information

4215 Re John Hoffe whereabouts

Reply,

Mrs. Joseph Hoffe

C.R. 4215

Extract of Nominal Roll to B. E. F. embarked  
Folkestone. 2-7-18

#4215 Pte. J. Hoff.



C.R. 4215

Extract from Hospital Roll Draft "H" Company

Embarked U.S. "Florissant" Jan. 9th, 1918.

4215 Pte. Hoff J.

C.R. 4215'

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. Dec. 7th, 1917.

4215' Pte. J. Hoff.

Attested at Grand Falls with effect from Dec. 3rd, 1917.  
reported to Hdq's on Dec. 6th, 1917.

J. Hoff

C.R. 4215

PRO

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4215* 3. Rank. *Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Stuff* (Surname) *J.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *26*
6. Posted for duty on *15/11/18* at *St. John's* 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. *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? } *no.*

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.)*

*No complaints of no 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?

*na.*  
*na.*  
*na.*  
*na.*

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

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

*Repatriation*

*W. E. Penner Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hayley Down*  
 Date *29/4/19*

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





038621

No. 8097/685

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.

*D*

23rd May 1918

*May 25<sup>th</sup>* 1918

Subject: 4215, Pte. J. Hoff,

With reference to the following telegram ( 4643 ) from the Hon. Minister of Militia, received

Receipt hereunder.

*Cham*

LIEUT. COLONEL,

COMMANDING OFFICER, ROYAL NEWFOUNDLAND REGT.  
Officer Commanding, Batt'n  
Royal Newfoundland Regiment

pay to 4215 Hoff £5:2:0

Received the sum of Five

Draft £5:2:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*Private J. Hoff* on account of cable remittance from Newfoundland.

*H. A. ...*  
Chief Paymaster & O. i/c Records.

No. 4215 Rank Private

*J. X Hoff*  
Witness  
*Private*



No. 10185/993

*DA 47789*

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 M

26th June 1918

Subject: 4215, Pte. J. Hoffe,

With reference to the following telegram (5777 ) from the Hon. Minister of Militia, received

Pay to 4215 Hoffe £4:19:0

Draft £4:19:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*[Signature]*  
Chief Paymaster & O. i/c Records.

June 28<sup>th</sup> 1918

Receipt hereunder.

*[Signature]*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. Batt'n  
Royal Newfoundland Regiment

Received the sum of Four Pounds

and sixteen Shillings on account of cable remittance from Newfoundland.

*[Signature]*  
No. 4215. Rank Private

Witness. 1227 J. Murphy, etc.

TO, - The Chief Quartermaster,  
Royal Newfoundland Regiment,  
53 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
4215	Pvt.	Hoff. J.	42 <sup>50</sup>	

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

Date 28-6-18

*J. Hoff*  
*Lt. Col.*

Hoff, John

4215

Ray Sept.

July 11, 1919

#4215 Serpl. John Hoff,

Gender Bay.

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

Paymstr & U. i/ c Records  
Captain.

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..... *Corporal* ..... 4. Regtl. No..... *4515* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Gander Bay, N.S.B.* .....

6. Date of enlistment in the Regiment..... *Nov. 6/17* .....

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 Nov. 6/17 to June 15/19* .....

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?..... *No*

19. Are you now serving in the Rest?..... If not give? - (a) date

of discharge..... *June 15/19* (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....

*France, Belgium & Germany - From July 1/18 to Feb. 1919 - 4 yrs.*

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: *John X Hoff*  
 Place of Residence: *Gander Bay, N.B.*  
 Declared before me at: *S. John's, Nfld.*  
 This *15th*, day of *June* 19*19*...

*John M. Goghey*

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 Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.					Paymaster

Signature of Applicant:

Place of Residence:

Declared before me at:

This                                      day of                                      19.....

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

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



July 8, 1919

#4215 Cpl. John Hoff,

Canler Bay

Dear Sir:-

Please find enclosed Discharge Certificate

#2820.

Yours truly

Captain  
Paymaster & O.i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4715 Rank Cpl Name Hoff John  
 Intended place of residence Conder Bay St John's

2. Occupation Lumberman  
 Classification of soldier E Medical Category A1

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  
 for Mess Lieut.  
 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 John X Hoff  
 Signature of witness W B [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 ST. JOHN'S  
JUN 10 1919  
 Signature of soldier John X Hoff  
 Signature of witness James Conerman

### STATEMENT OF SERVICE

7. Enlisted for service 3-12-17 No of days on Military  
 Discharged from service JUN 24 1919 plus 14 days Service 383

### 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  
R H [unclear] Capt  
 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 Med  
 Date July 8/1919  
M Bowley Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment

2982079/2820

# The Royal Newfoundland Regiment

Class for Demobilization:—

*8.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*9.6.19*

Regimental No *4215*

Name *Woff John* Rank

Address *Sander Bay*

Present Medical Category

*A7*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R.H. Lant Capt*

O.C. Discharge Depot.

*J. Peterson*

Senior Medical Officer

*Geo Burden*

M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4215 Rank Cpl Name Hoff John  
 Date of Enlistment 3-12-17 Address London Ont District Yogo  
 Occupation Lumberman Classification for Discharge F1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
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 Mr Hoff O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am ..... in a position to resume civilian occupation. John Hoff  
Mr 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 Amle Lush

Date 10-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *A.1638* to his home  
 at *Yander Bay* and Release Certificate No. *2371* issued.

Date *10-6-19* *J.A. Snowcroft*  
 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 *8-7-19*

Date *10-6-19* *J.A. Snowcroft*  
 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
F 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* *J.A. Snowcroft*  
 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**

Date *JUN 24 1919* *R.H. Sait 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*

*Hottel J.*

Signature of Man.

*J. J. Snow*

Signature of the Vocational Officer or his Representative.

Reg. No. *4215*

Place *St Johns*

Date *JUN 7 1919*

191

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

# MEDICAL HISTORY

OF

Surname Hoff.

Christian Name John.

Table I.—GENERAL TABLE.

Birthplace:—Parish Grand Bay. County Yfcl.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>31<sup>st</sup></u> day of <u>Dec</u> 191 <u>7</u>	on	day of	191
	at <u>Grand Falls</u>	at		
Declared Age	<u>24</u> years	<u>5</u> months	years	days
Trade or Occupation	<u>gunner</u>			
Height	<u>5</u> feet	<u>10</u> inches	feet	inches
Weight		<u>141</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches			inches
	Range of Expansion... <u>4 1/2</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V= <u>4/6</u>		R. E.—V=	
	L. E.—V= <u>2/6</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>Laminus Paterson</u>			
(Rank)	<u>major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>Grand Falls</u>	at		
	on <u>31<sup>st</sup></u> day of <u>Dec</u> 191 <u>7</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1<sup>st</sup> Yfcl</u>	<u>Regt 4515</u>		
Transferred to				
Became non-effective by	on	day of	191	on
			day of	191
(Signature)				
(Rank)				





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

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

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4215* 3. Rank *Cpl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Hoiff, J.* (Surname) *J.* (Christian Name) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *26*
6. Posted for duty on *15.12.17* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
 (a) When  
 (b) Where (d) Particulars of Pension or Gratuity (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. *he*

12. Place of origin of disability. *he*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *he*

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? }

na

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

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

Accompanying for no disabilities

16. Was an operation performed? If so, when and what was its nature?

na.

17. If not, was an operation advised and declined?

na.

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na.

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

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

Repatriation  
 signed W. E. ...  
 [Signature]

Station Hagley Barracks

Medical Officer in charge of case.

Date 29. 4. 19

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

**Casualty Form—Active Service.**

Regiment or Corps Regal Newfoundland

3-7-1892

Rank Private Surname Stoff Christian Name John

Religion C. of E. Age on Enlistment 24 years 5 months

Enlisted (a) 3-12-17 Terms of Service (a) Duration Service reckons from (a) 3-12-17

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

Extended 5 Re-engaged ..... Qualification (b) .....  
or Corps Trade and rate .....

Occupation Seaman Signature of Officer [Signature]

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 each 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				
		<u>A I</u>	<u>Embarked</u>	<u>2 JUL 1918</u>	
		<u>78. 6. 18.</u>	<u>Disembarked</u>	<u>5 JUL 1918</u>	
	<u>Gilman</u>	<u>Joined Battalion</u>	<u>Field</u>	<u>9-7-18</u>	<u>B213 13/7/18</u>
		<u>Appointed Lt/cap. 20. 11. 19</u>			<u>B213 15/11/19</u>
		<u>to be a/cpl</u>		<u>15/4/19</u>	<u>B213</u>
		<u>Arrived in UK</u>		<u>23/4/19</u>	

[Handwritten Signature]

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

NEXT OF KIN — Joseph Stoff, Sande Bay, Nfld.



Gander Bay,  
July ~~the~~ 19 19

5891

Dear Sir Being as i received  
a check of Seventy dollars.  
on the 15. Being as i am  
a full Corporal. and pay  
a dollar and twenty a day  
and my brother being a  
Pte. Received the same which  
i think it were a mistake  
in making out the order.  
Please reply to Corporal  
John Hoff. and tell him  
the trouble.

Yours truly  
Corporal John Hoff.

July 29, 1919

Cpl. John Hoff,  
GANDER Bay.

With reference to your letter  
of July 19, I beg to advise you that all ranks from  
a Private to Company-Sergeant-Major, receives \$70.00  
per month as War Service Gratuity.

Capt.  
For Paymaster.

C.R. 4215

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.

Date *Nov. 24. 1919*

Place *Gander Bay*

Name *John Hoff*

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

John Hoff

in respect of his service as No. 4215 Rank Pte.

Name J. Hoff Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received September 15<sup>th</sup>

Signature John Hoff

Date 1921

Address Gander Bay

[P.T.O.]

Date.....  
Place.....

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

Receipt for Army Book 64

No..... 4215 Name..... Hoff.....

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

Name..... John Hoff.....

Date..... 1920.....  
Place..... Grand Bay.....

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

C.R. 4215

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.

NO. 4215 NAME Cpl. John Hoff

DATE 1920....

PLACE Gander Bay....

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheets 048.

Regiment of 1<sup>st</sup> Newfoundland

Signature of O. C. Company Worley J.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay \
No.	<u>Hoff John</u>	Age on	years	months	
Joined		Date of Enlistment } <u>4 road Barr</u> <u>2-12-17</u>			Religion
Joined					with Colours
Joined		with Reserve	365 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 at John's, 8<sup>th</sup> 19</u>					

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 11215 Rank Cpl. Name Hoff, John  
 Date of Enlistment 3-12-17 Address Grand Bay District Fogo  
 Occupation Lumberman Classification for Discharge F1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3.
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 John Hoff O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

John Hoff  
mi- [Signature]

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 none

Date 10-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A.1638 to his home  
 at Yander Bay and Release Certificate No. 2571 issued.

Date 10-6-19

*J.A. Snow*  
 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. Snow*  
 Depot Paymaster

Discharge approved for 24-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 10-6-19

*J.A. Snow*  
 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

*R.H. Sait Capt.*

Date JUN 24 1919

O. C. Discharge Depot.

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

Date June 17/19

*Amelroth*  
 for O.C. Records

Reg. No. *4212* Rank *ep6* Name *Staff J*

Attested ..... Address *Gander Bay*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29.1.19.*

Returned on S.S. *Courman* Cause *Discharge*

*9.6.19*

PASSED TO DEMOBILIZATION OFFICER

*24.6.19.*

DISCHARGE APPROVED ON DEMOBILIZATION.



# Descriptive Return of a Soldier Discharged on Account of Disability.

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *John Hoff*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4215*

Intended address *Gander Bay*

Height on discharge *5* Feet *11*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

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 *Change Islands, June 6<sup>th</sup>, 1892*

Nature and locality of civil employment required \_\_\_\_\_

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *John Hoff*

Station **ST. JOHN'S.**

Witness *W. J. Underlay* (Rank)

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





Ottawa 4, Ontario.

7 January 1955.

DVA 4215 (WSR 3)

Mr. John Hoffe,  
Bishops Falls,  
Newfoundland.

WAR SERVICE BADGE

Dear Mr. Hoffe:

In reply to your letter of recent date, concerning the subject marginally noted, enclosed herewith replacement War Service Badge "Royal Newfoundland Regiment" Class "A" No. 376998, together with corresponding Certificate.

Yours truly,

H.M. Jackson,  
Director,  
War Service Records.

/MH



R 3  
Bishop - Falls  
Jan.  $\frac{1}{2}$  1955

To Dept of  
Veterans Affairs  
Dally - Building  
Ottawa.

Dept. of Veterans Affairs  
War Service Branch

JAN 5 1955

Dear Sir. I am writing you.  
to ask. Kindly if you would  
send me a Service - Badge  
my. (Reg. No) is .42.15.  
I have. Lost. The one  
I received in 1914. War -

Yours. Sincerely

John. Hoffe  
Bishop - Falls

N. F. S. D.

Reg. no. 42.15. — Canada