



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5312 Name Peter Hollahan Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Peter Hollahan
2. What is your full Address? 2. Somerville B.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 1 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 RC
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, Peter Hollahan 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: Peter Hollahan
Signature of Witness: Sm. O'Shea

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Peter Hollahan 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 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 2nd day of May 1915.

Signature of Attesting Officer: A. Dicks Lieut.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the:

If enlisted by special authority, such will be attached to the original attestation.

Date 1915 }
Place } Approving Officer.

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

* If so, 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

5312

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

Name Peter Hollahan

Apparent age 19 years months. Height 5 feet 5 3/4 inches

Chest Measurement { Girth when fully expanded 26 1/2 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Hollahan
Somerville, Mass. | 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>22-5-18</u> | | | | | | | | | |
| Joined at <u>St. As</u> on <u>May 22-1918</u> | | | | | | | | | |
| General discharge Aug 5 1919 | | | | | | | | | |
| Reported for duty 5-7-18. | | | | | | | | | |
| Transfer to S. Dep. 1-8-18 Discharged to S. Dep. 13-8-18 | | | | | | | | | |
| Embarked at St. As for Halifax N.S. 22-9-18. | | | | | | | | | |
| to fight for Demobilization 24-6-19 Arrived St. As 1-7-1919 | | | | | | | | | |
| Demobilization St. As 5-8-1919 | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to <u>5-8-1919</u> [date of discharge] | | | | | 1 | years | 31 | days | |
| Pensions [" "] " " " | | | | | | | | | |

C.R. 5312

Extract from Daily Orders Part 11 Unit The Royal RFLA.
Regt. St. John's, July 18th, 1919.

The discharge of the undernoted on disablement has been
APPROVED by C. C. Discharge Depot with effect from 23-7-19.

5312 Pte. Peter Hollihan.

B F V M D E O B D R O M D
C.R. 5312

Extract from Daily Orders Part II Royal
Newfoundland Regiment. Depot St. John's
dated Aug. 14th 1919.

The discharge of the undernoted on demobilisation
has been CONFIRMED by officer i/c records from
5-8-19.

5312, Pte. Peter Hollohan.

C.R. 5312

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 24th 1919.

5312 Pte. P.Hollohan.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5312

Extract from Nominal Roll Entrained at St. John's for Overseas,
Sept. 22, 1918.

5312 Pte. Hollohan Peter.

C.F. 5312

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, dated Sept. 5th, 1918.

The undernoted man proceeded on Special Duty at R.H.Coy. Dry
Dock. St. John's, 2-9-18.

5312 Pte⁷ P. Holohan.

C.R. 5312

Extract from Daily Orders by Major H.S.Sullivan, Commanding
Hfld. Forestry Companies 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Hfld.
Regt. is attached to the strength from this date and posted to
"B" Company for rations.

5312 Pte. P. Hollihan

C.R. 5312

Extract from Daily Orders Part 11 Depot St. John's September 12th 1918.

#5312 Pte. P, Hollohan.

THE ABOVE MENTIONED SOLDIER ~~PREVIOUSLY~~ RETURNED FROM SPECIAL DUTY
AT R. F. CO'S DRY DOCK 9-9-18.

C.R. 5312

Extract from Daily Orders part 11, from Unit The Royal
EFIA Regt. St. John's, dated August 1, 1918.

#5312 Pte. P. Holleran.

M.I.D.

Admitted to ~~Donohoe's~~ ~~San~~ Hospital 1-8-18

C.R. 03/2

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated Aug.14-18.

~~██████~~ Pte. P. Hollahan.

0312

Discharged from MID and admitted to 21 Field St. 13-8-18.

C.R. 5312

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, dated August 23, 1918.

5312 Pte. P. Hollihan.

Discharged from ~~St.~~ Field Street, 23-8-18.

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 23, 1923

5312 Pte. Peter Hollahan.

Attested for General Service with the Royal Nfld. Regt.
from 22.5.18

P. Hollahan

C.R. 5312

P.R.C.

FORM K

No. 6523



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Peter Hollohan, Regl. No. 5312
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
 concerned, viz.:

Allotment begins August 1st 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|----------------------------|--------------------|----------------------|
| 6523 | Father | John Hollohan of Thomas | Summerfelle B B | 60 ⁹ |
| Total Allotment, \$ | | | | 60 |

PAID BY
 NUM. ROLL
 ALLOT. INDEX
 REGISTERED
 EXAMINED
RB 11/12/18
PS 11/11/18

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

(Sig.) Watson Lunt
 Officer Commanding
 Company

(Sig.) Peter Hollohan

(Rank) Private

St Johns
July 15 1918

No. 5414/526e

NEWFOUNDLAND CONTINGENT
13 N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

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

3rd March 1919

March 6th 1919

5312. Pte Hallohan. P.

With reference to the following
telegram from the Minister of
Militia / / (54.)

Receipt hereunder:
Karr
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n.

"Pay to-5312. Hallohan.

Received the sum of £7.4.0.

£7. 4. 0.
Cheque £7. 4. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Seven pound four in respect of
telegraphic remittance from the
Minister of Militia.

P. J. Minahan
Chief Paymaster & O. i/c Records.

P. Hallohan *x his mark*
No. 5312 Rank Pte P. Hallohan
Witness Geo. Perry *dfc*

Hollohan, A

5312

Pay - sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5312 Rank Pte. Name Hollahan Peter
 Intended place of residence Sussexville
 2. Occupation School Teacher
 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 JUL 8 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 8 - 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 8 - 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22.5.18 No. of days on Military
 Discharged from service JUL 22 1919 Plus 14 days Service 441

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 1919

[Signature]
 Officer in Charge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 5 1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 20791 376 A

10
 30
 31
 5

August 5th 1919.

#5312, Pte. Peter Hollohan,
Summerville. B.B.

Dear Sir:

Enclosed please find Discharge Certificate
3365.

Yours truly,

Wapt. c

Officer i/c Records.

RS/.

August 12, 1919

Mr. Peter Hollohan,
Somerville, B.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,

Carrain & Haymaster.

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 20th. 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 MES OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *Peter* 2. Surname *Hollohan*
3. Rank *Pte* 4. Regt. No. *5312*
5. Address in full to which future payments of gratuity are to be forwarded *Somersetville, B.B.*
6. Date of enlistment in the Regiment *May 20/18*
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 Mfld. If so, give dates and particulars of such service *Overseas.*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *From May 25/18 to July 8/19*..... 12

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 Reserves? *No* If not give: (a) Date of discharge *14 Aug 2/19* (b) Reason for discharge *Reservist*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *No.*

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Peter Kellohan*
 Place of Residence: *Somerville, Nfld.*
 Declared before me at: *St. John's, Nfld.*
 This *8th.* day of *July* 19*19*

John M. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 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.

Registrar

The Royal Newfoundland Regiment

Class for Demobilization:—

107

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

1.7.19

Regimental No. *5312*

Name

Hallahan Peter

Address

Summersville B. Bay

Present Medical Category

A-7

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

H. P. ...
Senior Medical Officer

L. W. ...
—M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 12 Rank Plt Name Hollahan Peter
 Date of Enlistment 22-3-18 Address Demerville District Donaire
 Occupation School Teacher Classification for Discharge E 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 7-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

P. Hollahan

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable. 760
 (b) Clothing ~~Supplied~~ Supplied

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 712234 to his home at Southernville and Release Certificate No. 3292 issued.

Date 8-7-19 *J. H. Howcroft*
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 5-8-19

Date 8-7-19 *J. H. Howcroft*
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|----------|--------|--------|-----------|--------|
| N.F. P36 | B 268 | B 121 | N.F. Med | D.F. 1 |
| E 178 | W 3494 | B 122 | Board 1st | " 2 |
| F 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 | | |

2 Form B

Date 8-7-19 *J. H. Howcroft*
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

JUL 22 1919

Date *J. P. Cooper 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.

P. Malohan

Signature of Man.

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. 3312

Place

St Johns

Date

8-7-79

191

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

MEDICAL HISTORY

Surname Hallahan

OF Peter
Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish Somerville B.D.

County Nfld

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|--------------------------------|------------------------------------|--------------------|-----------------|
| | on | day of | on | day of |
| Examined | 22 | May 1918 | | 191 |
| Declared Age | 19 | years | | days |
| Trade or Occupation | School Teacher | | | |
| Height | 5 | feet 3 ³ / ₄ | | inches |
| Weight | 129 | lbs. | | lbs. |
| Chest (Girth when fully expanded) | 36 ¹ / ₂ | inches | | inches |
| Measure-ment (Range of Expansion) | 3 | inches | | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | Arm | | | |
| When Vaccinated | | | | |
| Vision | R.E.—V= L.E.—V= 4/6 | 4/6 not grossly | R.E.—V= 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. M. [Signature]</u> | | | |
| (Rank) | Major | | | |
| Enlisted | at | St. John's | at | |
| Joined on Enlistment | on | 22 day of May 1918 | on | day of 191 |
| Transferred to | Corps | The Royal Newfoundland | Corps | Regtl. No. 5312 |
| Became non-effective by | on | day of 191 | on | day of 191 |
| (Signature) | | | | |
| (Rank) | | | | |

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals 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 |
|------------------------------|----------------------|----------|-----------|--------------------------|----------|-----------|--------------|-------------------------|--|------------------------------|
| | Day | Month | Year | Day | Month | Year | | | | |
| <i>W. S. D. Hospital</i> | <i>31</i> | <i>7</i> | <i>18</i> | <i>12</i> | <i>8</i> | <i>18</i> | <i>Mumps</i> | <i>13</i> | <i>Discharged to billets to finish Quarantine</i> | <i>Alford</i> |



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 Office 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

Hollohan, Peter

Regiment from which discharged **Royal Newfoundland**

Regimental number *5312*

Intended address

Somerhill Bonanza Bay

Height on discharge

5 Feet 4

Color of hair on discharge

Dark Brown

Complexion

Fair

Color of eyes

Black

Descriptive Marks

Figure on discharge

Medium

Christian name of Father

John

Christian name of Mother

Mary

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

Place and date of soldier's birth

Somerhill 17-9-1898

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)

Peter Hollohan (Rank)

Station

St Johns

Date

5-7-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer in Hospital.
Unit, or Command Depot.

Station

Date

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 W. Surrey Land*
2. Regtl. No. *5312* 3. Rank *Plt*
4. Name *Halloham* *Peter*
(Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on at
- in category (or grade)
7. Former Trade or Occupation *School Teacher*
- 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 (if any)
(b) Where
(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."
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? }

*He complains of no
Disabilities*

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

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

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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.S. Procter *Capt. Hamc.*

Station *Wazley Barr.*

Date *9/14/19*

Medical Officer in charge of case.

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

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

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Peter Hollahan

in respect of his service as No. 5312 Rank Pte.

Name P. Hollahan Royal Nfld. Regt.
~~1st Bn. Canadian Corps.~~

Receipt of the same should be acknowledged hereon.

Received ~~Peter~~ War Medal

Signature Peter Hollahan

Date Dec 22nd 1921

Address Peter Hollahan Summersville, B. Bay

[P.T.O.]

RECEIVED.

FOR ISSUE OF BRITISH WAR MEDAL-1914-1919.

C.R. 5312

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

NAME. *5312. C. P. P. Hollahan*

DATE. *Dec. 11th 1919.*

PLACE. *Summersville*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

The Royal Nfld

Number of Sheet

one

Signature of O. C. Company

Osborne Lieut

5312

Regimental Number and Name

No. *5312*
~~5317~~ *Kallahan Peter*

Joined _____ Date _____

Joined _____ Date _____

Joined _____ Date _____

Joined _____ Date _____

Enlistment

Age on *19* years *3* months

Place and Date of Enlistment *St John's 22-5-19*

Period of *1 1/2* years with Colours *3 1/2* years with Reserve

Trade

Schoolteacher

Religion

R.C.

Place of Birth

Dumfriesville NB

Good Conduct Badges, Service pay or proficiency pay

Place

Date of Offence

Rank

Case of Drunkenness

OFFENCE

Name of Witnesses

Punishment awarded

Date of award or of order dispensing with trial

By whom awarded

REMARKS

Demobilized St John's 5-8-19

To be carried over.

Army Form B. 121.

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*
2. Regtl. No. *5312* 3. Rank. *pl*
4. Name *Hollohan, Peter*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *School Teacher*
- 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 (if any)
(b) Where
(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."

11. Date of origin of disability. *not*
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 ? }

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.)

the Complaint of his disability

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

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

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

Repatriation

W.S. Proctor, Capt. R.M.C.
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *2/4/19*

* 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

55312

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5512 Rank Plt Name Hollahan Peter
 Date of Enlistment 22-5-18 Address Comesville District Bona Vista
 Occupation School Teacher Classification for Discharge F 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 7-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am [initials] in a position to resume civilian occupation.

P Hollahan

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 8-7-19 O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2234 to his home at Southernville and Release Certificate No. 3292 issued.

Date 8-7-19

J. A. Howland
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 1-6-19

Date 8-7-19

J. A. Howland
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | | |
|-----------|-----------|-----------|---|-----------|--------|---|
| N.F. P136 | B 268 | B 121 | 1 | N.F. Med. | D.F. 1 | 1 |
| F 178 | W 3494 | B 122 | | Board 1st | " 2 | 2 |
| B 178a | 1. D 400A | 1. B 1915 | | do 2nd | " 3 | 3 |
| B 179 | D 400B | Form L | | do 3rd | " 4 | 4 |
| B 179a | 1. D 400C | Form K | | do 4th | " 5 | 5 |
| B 179b | B 103 | ME 2 | | | " 6 | 6 |
| B 179c | B 120 | M 93 | | | | |

Date 8-7-19

J. A. Howland
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919

N. P. Cooper Capt
O. C. Discharge Depot.

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

Date July 21, 19

[Signature]

Reg. No. *1312* Rank *Ale.* Name *Hollohan*
Attested Address *Summerville*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Canada* Cause *Discharge*

87 A PASSED TO DEMOBILIZATION OFFICER

22 7 19
DISCHARGE APPROVED ON DEMOBILISATION