



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4984 Name Fred A. Hallett Corps Meth.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Fred A. Hallett</u> |
| 2. What is your full Address? | 2. <u>Spencers Cove
Placencia Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>no</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 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. <u>yes</u> |

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.

Fred A. Hallett SIGNATURE OF RECRUIT.
John W. Pittman 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 read and signed the declaration and taken the oath before me at, on this, day of, 1915.

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, 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)

Accepted 24-5-15



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4984 Name Fred M. Hallett ~~Sam~~ Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Fred M. Hallett</u> |
| 2. What is your full Address? | 2. <u>Spencers Cove</u>
<u>Placentia Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Maritime</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 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. <u>yes</u> |

No Report 24-5-18

I, Fred M. Hallett 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.

Fred M. Hallett SIGNATURE OF RECRUIT.
John Pittman Signature of Witness.

Fred M. Hallett 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 Spencers Cove on this 10 day of May 1918.

Signature of Attesting Officer Spencers Cove

†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 1918 } 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 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

4994

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

Name Frederick Hallett
 Apparent age 22 years 0 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Albert Hallett Spencer
Cove Macentia Bay | 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 L'epot	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>10-5-18</u>									
Joined at <u>St John's</u> on <u>May 10 - 1918</u>									
<u>Discharged July 8, 1919</u>									
<u>Report for duty 34-5-1918</u>									
<u>Overseas St John's from to S.S. Eastbourne to Halifax N.S. 22-7-18</u>									
<u>Overseas for 1st Lt. 23-11-18</u>									
<u>Reisenbarker France 23-11-18</u>									
<u>Joined Battalion 5-19</u>									
<u>Left from Rouen 22-7-19 Arrived Newfoundland 25-7-19</u>									
<u>to Newfoundland for demobilization 22-5-19</u>									
<u>Arrived Newfoundland 1-6-19 (6)</u>									
<u>Demobilization St John's 8-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-7-1919</u> (date of discharge) _____ years _____ days									
Pensions _____									

C.R. 4984

Extract from Daily Orders Part 11 Unit The Royal Wfld.

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

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

4984 Pte. Fred Hallett.

C.R. 4984

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

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

4984 Pte. Fred. Hollett.

C.R. 4984

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

4984, Pte. F. Hollett.

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

BZ "Corsican"

C.R. 4984

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

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

#

#4984 Pte. F. Hollett.

C.R. 4984

Extract from Nominal Roll of Draft No. 56, from the 2nd.,
Battalion of the Regiment, Winchester to the 1st., Battalion
of the Regiment, B. E. F. Embarked Southampton 23/11/18.

#4984 Pte. F. Hollett.

C.R. 4984

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

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

#4984 Pte. Fred Hollett.

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 18, 1918.

#4984 Pte. F. Hollett.

Attested for General Service with the Royal Hfld.
Regt from 10.5.18 to report 24.5.18.

J. Hollett

C.R. 4984

~~1110~~

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. *4954* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Sallett* }
(Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *23*
6. Posted for duty on *10.5.18* 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. *hil*
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, &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.) *he complains of no disability*

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 invalided at Foreign Stations.

Repatriation

Major DADMS

Station *Hazeley D. Camp* *sgt. J. S. Knight* *Southorne*
 Date *23. 11. 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

FORM K

No. 4299A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frederick Hollett, Regl. No. 4784
 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} 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 1st June 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4066	Mother	Mrs Albert Albon Albon Mrs Albon (Elizabeth) Hollett	Spencers Lane, P. B.	
			Total Allotment, \$	609

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.) Wm W. H.

Officer Commanding
B Company

(Sig.) Fred Hollett

(Rank) Pte

John's
May 29th 1918

Hallett, Fred

4984

Joseph

July 8, 1919

#4984 Pts. Frederick Hallett

Spencer Cove, F.B.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2796.

Yours truly

Captain
Paymaster & U.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4984 Rank Pte Name Hallett J.
 Intended place of residence Spencer Cove

2. Occupation Fisherman
 Classification of soldier 2 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 JUN 10 1919

Date ST. JOHN'S Jr. Hallett
 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 J. Hallett
 Signature of soldier

JUN 10 1919 Ameloustrick
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S J. Hallett
 Signature of soldier

JUN 10 1919 W. J. Fealey
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-5-18 No of days on Military
 Discharged from service JUN 24 1919 Plus 14 days Service 425

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

Date JUN 24 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld M. Bowley
 Officer i/c Records
 The Royal Newfoundland Regiment

Date July 8/1919

A 7132079/3796

The Royal Newfoundland Regiment

Class for Demobilization:—

K. G.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

9.6.19

Regimental No *1984*

Name *Hallett*

Fred

Rank

Address *Spinnaker Cdr P. B.*

Present Medical Category *A1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. H. Last

O.C. Discharge Depot.

J. O. Cameron

Senior Medical Officer

G. W. Burden

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4984 Rank Pvt Name Aden H J
 Date of Enlistment 10.5.18 Address Spencer, line District Placentia
 Occupation Sergeant Classification for Discharge 16 Medical Category A I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. Pj36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	B 1915	1	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 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. H. H. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am 1 in a position to resume civilian occupation.

H. H. H.

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 W. H. H.

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. 17183684* to his home at *Spencer Cove* and Release Certificate No. *2595* issued.

Date *10-6-19* *J.A. Knowlton*
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* *R. H. M. [unclear]*
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
F 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 *10-6-19* *J.A. Knowlton*
Demobilization Officer.

APPROVED.

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

with following additional documents.

JUN 24 1919 **Eligible for War Service Gratuity**

Date *R.H. [unclear]*
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

J. Hollett

Signature of Man.

J. P. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. *16 9816*

Place **ST. JOHN'S**

Date _____ 191_____

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

MEDICAL HISTORY

Surname Kalcey OF Christian Name Fred

Table I.—GENERAL TABLE.

Birthplace:—Parish Spencers Cove P.A. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	10 day of May 1918	St Johns		
Declared Age	27 years			
Trade or Occupation	Fisherman			
Height	5 feet 7 inches			
Weight	135 lbs.			
Chest Measurement	Girth when fully expanded	34 inches		
	Range of Expansion	3 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V= L.E.—V=	6/10 6/10		
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Lamm Patterson			
(Rank)	Major			
Enlisted	at	St Johns		
Joined on Enlistment	on	10 day of May 1918		
Transferred to	Corps	The Royal Nfld Regt		
Became non-effective by	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. *4984* 3. Rank *Pte* } 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Hallett* } *J.* } (a) Former Regts. or Corps ;
 (Surname) } (Christian Names) } with Regtl. Nos.
 5. Age last birthday *23*
 6. Posted for duty on *10/5/18* 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
 (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."
nil
nil
nil
 11. Date of origin of disability.
 12. Place of origin of disability.
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } na | |
| (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, &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.)

He complains of no disability

16. Was an operation performed? If so, when and what was its nature? u
17. If not, was an operation advised and declined? u
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? u
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? u

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. H. M. J. J. J.
 Capt. R. J. J.
 Medical Officer in charge of case.

Station Hazey's Camp

Date 23. 11. 19.

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



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 Fred Hollett

Regiment from which discharged Royal Newfoundland

Regimental number 4984

Intended address Spencer Cove. P.B.

Height on discharge 5 Feet 7

Color of hair on discharge Dark

Complexion Ruddy

Color of eyes Brown

Descriptive Marks _____

Figure on discharge Medium

Christian name of Father _____

Christian name of Mother Elizabeth

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth Spencer Cove. P.B. 23rd May 1895

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) F. Hollett

Pte.
(Rank)

Station **ST. JOHN'S.** Date 6/6/19.

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 _____

July 11, 1919

#4984 Pte. Frederick Hollett,

Spencers Cove, P.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 i/c 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 *Frederick* Surname *Hollet*

3. Rank *Private* 4. Regtl. No. *4984*

5. Address in full to which future payments of gratuity are to be forwarded, *Spencer's Cove, P.B.*

6. Date of enlistment in the Regiment *May 10/1918*

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 May 10/18 to*

June 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 Regt.?..... *No*..... If not give:- (a) date of discharge..... *June 10/19* (b) Reason for discharge.....

..... *Temporary* *Reassignment*

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 + Germany From Nov. 23/18 to
Apr. 1919

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.

W. Hollett

Signature of Applicant:

Place of Residence: *Spencer's Cove, P. B.*

Declared before me at: *M. John's, Wfld.*

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

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

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frederick Hollett, Regl. No. 4984

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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4066	mother	Mrs. Albert		\$
		Clara Mrs Albon	(Elizabeth) Hollett, Spencer's Cove, P. B.	
			Total Allotment, \$	60 ⁹

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

Sig.) [Signature]
 Officer Commanding
B Company
[Signature]
May 29th 1918

(Sig.) Frederick Hollett
 (Rank) Pte

Arnolds Cove

June 26th 1919

To the Issuing Officer
Dear Sir

Enclosed Please find

Travelling Warrant

Will you please cash it for
me & return it by
Registered letter

I am

Yrs. respectfully
H. A. Hollett

From Fox from
Arnolds Cove to
Spencers Cove.

The Department of Militia.

\$2.00

ACCOUNT	<u>Transey</u>		
CH. NO.	<u>8039</u>	INITIALS	<u>J.H.</u>
IND. LEDGER	---	INITIALS	---
IND. LEDGER	---	INITIALS	---
IND. LEDGER	---	INITIALS	---

The sum of Two Dollars is due
 of H. A. Hollett, Amulos Cove
 for driving
 Reg No. 479 Rank Plt Name Hollett H.
 From Amulos Cove To Spencer Cove

Voucher Attached.

Care of J. H. A. C. R.
J. H. A. C. R. Captain,
 Demobilisation Officer.



No. 684

TRAVELLING WARRANT

Date 10-6-19

The Royal Newfoundland Regiment £200 Escort

General

Please issue 1st Class Passage and Meals for

No. 4784

Rank Plt

Name Hallett G

From ST. JOHN'S

ST. JOHN'S

To Spencer Cove

Harold's Cove

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J.P. Newell

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot - Newfoundland

Mr Henry. A. Hollett

Arnolds Cove

N B

J. Hollett

August 21, 1919

H.A. Hollett,
Arnold's Cove.

A.C.R.

Dear Sir:

With reference to your letter of
June 26, I enclose herewith cheque for \$2.00
amount due you for driving Pte. F. Hollett to
his home.

Yours truly,

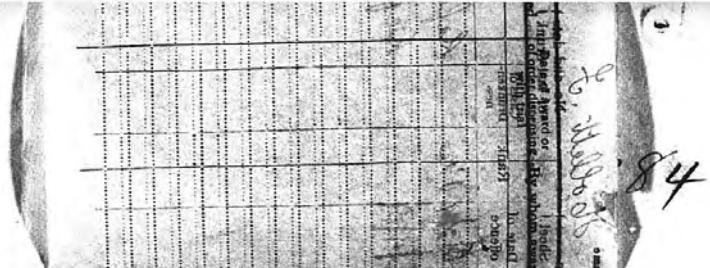
Capt.
Paymaster

LM/

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 *Fred. Hollett*
Date *Nov. 21st. 1920*
Place *Spencers Cove*



No. **4984** Name **Hollett, J** Sqn., Batty., or Company **D.** Corp. **R. Newfoundland** Date of enlistment **10/5/18** O.C. **[Signature]** Service of **[Signature]**

Date of last entry in Company Conduct Sheet **[Signature]** No. and date of last drunk **[Signature]** Period not reckoning towards freedom from extra fine **[Signature]** Sheet No. **[Signature]** Signature O.C. **[Signature]** Company, etc. **[Signature]**

Army Form B. 122.

Place	Date of offence	Rank	Case of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		Deficient of R. rifle	<i>[Signature]</i>	Admonished	29/3/19	<i>[Signature]</i>	<i>[Signature]</i>
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		Deficient of Rifle cover	<i>[Signature]</i>		6/4/19	<i>[Signature]</i>	<i>[Signature]</i>

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

~~3014873~~ Frederick Hollett

in respect of his service as No. 4984 Rank Pte.

Name F. Hollett

Royal Nfld. Regt.

~~and Forestry~~

Receipt of the same should be acknowledged hereon.

Received

British War Medal.

Signature

Frederick Hollett.

Date

Oct 26. 1921.

Address

Spencers. Cove. P. B.

[P.T.O.]

Receipt for Army Book 64

No.....*4984*..... Name.....*Hollett*.....

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

Name.....*G. Hollett*.....

Date.....*1920*.....

Place.....*Spencers Cove*.....

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

W

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Regiment of Royal NewfoundlandNumber of Sheet 1
Signature of O. C. Company Charles Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badge, Service pay or proficiency pay
No.		Age on			
<u>11984</u>	<u>Hallett, Fred.</u>	<u>22</u>	<u>years</u>	<u>Justice</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>St. John's</u>	<u>10.5.18</u>	<u>Method.</u>	
Joined	Date	Period of	with Colours } <u>61</u> years. with Reserve } <u>36</u> years.	Place of Birth	
Joined	Date			<u>Spencer Cove P. Bay</u>	

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</u>	<u>St. John's</u>	<u>8/19</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

1984

DEMOBILIZATION OF

Reg. No. 49514 Rank A/C Name Robert S.
 Date of Enlistment 10.5.18 Address Spencer Lane District Placentia
 Occupation Soldier Classification for Discharge 16 Medical Category A I
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 1136	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 83		

Date 9.6.19

[Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Hollett

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable: \$65.00

(b) Clothing Supplied _____

[Signature]

Date 10-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 11716 to his home at 1239 B. C. St. and Release Certificate No. 123913 issued.

Date 10-6-19 *J.A. Snowcraft*
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 11-1-19

Date 11-1-19
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	A 400C	Form K	do 4th	" 5
B 179b	B 400D	M.F. 2		" 6
B179c	B 120	M.F. 3		

2 Form B

Date 10-6-19 *J.A. Snowcraft*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date JUN 24 1919 *R.H. Saita*
O. C. Discharge Depot.

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

Date June 17/19 *George Records*

Reg. No. 4984 Rank Y6 Name Holler F
Attested Address Spencer Cove
Allotment Allottee ..
Date of Allotment Returned from Overseas 1-6-49
Returned on S S. Coriscan Cause Discharge

9-6-49
2-1-49

PASSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILISATION