



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3877 Name Samuel Hollett Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. What is your name? | 1. <u>Samuel Hollett</u> |
| 2. What is your full Address? | 2. <u>Grand Bank</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, Samuel Hollett, 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.

Samuel Hollett SIGNATURE OF RECRUIT.

Boardman Smith Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Hollett, 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 Grand Bank

on this 27 day of June, 1915.

Signature of Attesting Officer John C. C. C.

† 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 1st

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

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

Name Samuel Robert
 Apparent age 22 years 3 months. Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Henry Roberts
Heritage, Dove | Relationship Mother

Particulars as to Marriage

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

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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



3877

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3877 Name Samuel Hollett Corps Ornith

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel Hollett
 2. What is your full Address? 2. Grand Bank
 3. Are you a British Subject? 3. Yes
 4. What is your age? 4. 22 Years 3 Months
 5. What is your Trade or Calling? 5. Fisherman
 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
 { Corp
 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? } II. Yes

FOR THE DURATION OF THE WAR

I Samuel Hollett 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.

7/25/17

Samuel Hollett SIGNATURE OF RECRUIT.
Brendan Sinnott Signature of Witness.

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OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I Samuel Hollett 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 interpreted as replied to, and the said recruit has made and signed the declaration and taken the oath before me at
 on this 25 day of June 1917.
[Signature] Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
 If enlisted by special authority, such will be attached to the original attestation.
 Date 191
 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:
 vs:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Samuel Roberts
 Apparent age 22 years 3 months. Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Henry Roberts
Heritage Cove | Relationship Mother
 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>25-6-17</u>									
Joined at <u>St John's</u> on <u>June 25-17</u>									
<u>Stayed in barracks 31/1919</u>									
Embarked <u>St John's R.F. Hospital to Halifax N.S.</u> <u>27</u> Embarked for <u>156th & 7th Garrison Bn</u> <u>2-18</u> <u>Spent 12 months in the field</u> <u>20th 18</u>									
Admitted <u>19th St. Vincent's Bn</u> <u>to 2-18</u> <u>then to 12th 18</u> <u>Admitted St. John's</u>									
<u>4th Bn & Band</u> <u>1-10-18</u> <u>transferred to England</u> <u>4-10-18</u> <u>then the 3 London</u>									
<u>Hospital Band</u> <u>with 4-10-18</u> <u>transferred to 14th Bn</u> <u>Went to 8-12-18</u>									
<u>then transferred for demobilization</u> <u>12-12-18</u> <u>Arrived Newfoundland</u> <u>21st 18</u>									
<u>Demobilization St John's</u> <u>13-3-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>13-3-19</u> (date of discharge)									
Pensions " " " " " "									

C.R. 3877

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S DATED MARCH 18th/19.

The Discharge of the undernoted on Demobilisation
has been CONFIRMED by Officer i/c Records from
noted date.

#3877 Pte. Samuel Hollett.

13/3/19.

C.R. 3877

Extract from Daily Orders part II,
Depot St. John's dated Feb. 14/1919.

The discharge of the undernoted on
Demobilisation have been APPROVED
by O. C. Discharge depot on 6-2-19.

#3877 Bte. S . Hollett.

C.R. 3877

Extract from Memorial "all of repatriation draft No. 79 from
the 2nd., Battalion of the Newfoundland Regiment, which
embarked at Tilbury Docks 12/12/18.

#3877 Pte. S. Hollett.

C.R. 3877

Extract from Daily Orders part 11, Depot St. John's dated Dec. 25rd. 1918

Thou/m returned from Overseas and reported at Depot 21-12-18.

#3877 Pte. S. Hollett

C.R. 3877

Extract from Nominal Roll discharged from 3rd L.G. Hospital
on 7-12-18 and sent to 2nd Battrn. Winchester for immediate
repatriation, in accordance with arrangements made by
Major Timewell, 17-Dec.1918

3877 Pte. S. Hollett.

C.R. 3877

Extract from Daily Orders part II, WINCHESTER, by Lieut. Col.
B. J. BARTON, D. S. O. Officer Commanding 2nd., Battalion
Royal Newfoundland Regiment dated 10-12-18.

The u/m having reported back from the 1st. Battalion is taken
on the strength and posted to "H" Co.,

8-18

#3877 Pte. S. Hollett

C.R. 3877

Oct 16th, 1918

Mrs. Henry Roberts
Hermitage Cove

Dear Madam:-

I beg to inform you that additional information has been received concerning your son, No. 3877, Private Samuel Hellett, through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col ..

Chief Staff Officer.

CR. 3877

EXTRACT FROM WAR LIST. NO. H. A. 39776/

DATED 9 OCTOBER 1918.

3877 PTE. S. HOLLETT.

ADMITTED 56th GENERAL HOSPITAL, BOULOGNE 2nd. OCTOBER 1918
G. S. W., RIGHT HAND SLIGHT.

BC.

77
C.R. 77

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

Line Number	Red	By	Sent	by	Check

Dated **Oct 8th 1918**

To **Mrs. Henry Roberts, Hermitage Cove,**

Regret to inform you that Record Office, London, officially reports **No. 3877, Private Samuel, Hollett at 3rd London General Hospital, Wandsworth suffering from G.S.W. right hand.**

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

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 3877

Extract from Casualties received from Pay & Record
London.

ADMITTED ~~TO~~ LONDON GENERAL HOSPITAL 5-10-18.

3877 Pte. S. Hellett.

G.S.W. R. Hand.

M.M.

C.R. 3877

June 15th, 1918

Mrs. Francis Roberts,
Hermitage.

Dear Mrs. Roberts:-

Your wire of even date has been received, and I am directed to reply and inform you that the 1st Battalion has been out of line for some time, and it is not likely to return for some time.

With reference to your enquiry concerning No. 3877, Private Samuel Hollatt, I may say that there is no record in this Office of this soldier being a casualty, and, therefore, he must be still with the unit in France.

Yours faithfully,

W. H. W.
Lieut.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 50 Sent by

Rec'd by

Check

No. 201

Place from

Hermitage 15
Sept. of 1918

Is the Newfoundland
 kept at firing line can
 you give any information
 regarding no. 3877 lte.
 Samuel Hollett please
 reply. Mrs. Francis Roberts

C.R. 3877

Extract from Nominal Roll of Draft No.37 Embarked Southampton 8/2/18
from 2nd Battn, Royal Newfoundland Regiment, to 1st Battn, Royal
Newfoundland Regiment. B.M.F.

3877 Pte. Hollett S

MP.

C.R. 3877

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Floriel" Aug.4,1917.

3877 Pte. S. Hollett.

C.R. 3877

Extract from Daily Orders Part II Unit The Royal Welch
Regt., St. John's, June 25th, 1917.

3877 Pte. S. Hollett.

Attested this day posted to F. Coy, and assigned to
number as shown.

S. Hollett

C.R.

3877

S.H.O.

5

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,
2. Regt. No. 3877 3. Rank. Pvt
4. Name Hallett
(Surname) (Christian Names)
5. Age last birthday
6. Posted for duty on at
in category (or grade)
7. Former Trade }
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
- (b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (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."

G.S.W right Hand fracture fifth Metacarpal

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.
- This wound now healed not painful discharged from Wandsworth for Repatriation

14. State whether the disabilities are
- | | | |
|-----------------------------------------------------------------|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | <i>Yes</i> | |
| (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 back, elbow, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be obtained 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 Wright in all cases when it is likely to afford evidence of the progress of the disability.)

*Two scars base of fifth Metacarpal not painful
no wasting of muscles power of grip small
therefore unable to use rifle for a couple of months*

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. J. C. Capewell
ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

	(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 part of the soldier

Give details:

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

23. Is the disability in a final stationary condition ? If not

- (a) How long is the present degree of disability likely to last ?

- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all ? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

Station *STAZLEY DOWN CAMP.*

Date *15 DEC 1918*

* 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



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Hollett, Regl. No. 3877

hereby agree, until further notification by me, and in similar official form to make an Allotment of Two 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 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3274	Mother	Mrs. Hannah (Hony) Hollett	St. John's	60
			St. John's, Nfld.	
Total Allotment, \$				60.

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 Company
[Signature]
July 31 1917

(Sig.) Samuel Hollett
(Rank) Sgt

No 3563



41st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Samuel J. Hollett

Regl. No. 3877

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 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 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3274	Mother	Mr. James Henry Hollett	St. John's, Nfld.	60
Total Allotment, \$				60.

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

(Sig.)

JCH Hollett

Officer Commanding

Company

(Sig.)

Samuel Hollett.

(Rank)

Pte

July 31, 1917

1927/374

3rd London Gen. Hosp.
Wandsworth.

25th November 8

3877, Pte. S. Hollett

✓ 51
10055

Pay to 3877 Hollett £0:19:0

FILE	BRANCH
	POST.

OFFICE COPY.

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 5877 Rank Private Name Hollett S. Unit Royal Hfld. Regt. who was repatriated
to Newfoundland on 12 12 18 Authority N. 79 Cause _____

DR. STATEMENT OF ACCOUNT

DR.	PARTICULARS					£	s	d	PARTICULARS					CR.
	£	s	d	£	s				d					
	Balance Dr. from <u>7/12/18</u>			1	4	5			Balance Cr. from					
	Allotment 5 days @ 60	3	00		12	4			Pay 5 days @ £ 1.00	5	00			
	Cash Payments:								Field Allowance 5 days @ £ .10		50			
										5	50	1	2	7
	Other Debits								Other Allowances days @ £					
									Other Credits:					
									<i>N.F.P. 55 300/9</i>					
									<i>Sent to H. 2. St John's</i>					
									<i>7/1/19</i>					
	Total Debits			1	16	9			Total Credits			1	2	7
	Balance due by Paymaster								Balance due to Paymaster				14	2
				1	16	9						1	20	9

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

191

(Place)

(Date)

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

O.C.

Company.

London

to

31/12/18

Pay & Record Office, London,

Dec 31

191

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Chief Paymaster & O. i/c Records.

No. 3877 Rank Pvt Name S. Hollett

Pay	F.A.	Wkg	Total	N.F.P/33
1.00	-.10		1.10	
Less Allotment			60	<i>OK</i>
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d				
		£	s	d		From	To			£	s	d		
Balance					Balance	15.2	18				1	9	5	
Acquittance Rolls		13	15	3	Pay @ Net Rate	16.3	18	297	50	148	50	30	10	3
Hospital Advances			1	0										
<i>Other Stop</i> A.B. 64.			15	1										
P.&R.O. Payments		13	0	0										
<i>on stop</i>			2	4										
Cash	10247	9.12	3	64										

31-19-8
~~2-3-88~~
~~2-3-6-4~~

28-11-0
28-13-4

17568/348

3rd London Gen. Hospital,
Wandsworth,

30th October 8

3877, Pte. S. Hollett

9397

Pay to 3877 Hollett £7:10:0

Please pay to order
Rogier Med Ref
58 Victoria St
London

Please pay to # 3877 of the S. Hollett
the sum of £2 (two pounds)
and deduct from account

OK
2-0-0
see 7/10/67
CV 2/1/68



Red + Hospital
Cheque

Sum 7
30-11-18

Edouard Marlineau
Commandant Q.S.

British Red Cross Society.



Kingston-upon-Thames Division.

TEL. ESHER 44.

HON. SECRETARY
MISS HELEN TALBOT.

RED CROSS HOSPITAL,
ESHER,
SURREY.

Nov 15. 18.

3877. Mr Holtlett. R.N./d Reg^r.

Please cash £1. (one pound) &
debit to above a/c.

S. Holtlett.

approved
Hil. Talbot

OK. £1-0-0
M.R. 15/11/18

P.S.A.

Receipt No 9775
15/11/18

Paymaster
Royal Wtd Regt

Pay 5 # 3877 of A. Holles.

The sum of £. one pound
and deduct from account

O.K. £1-0-0

W.R. 4/11/18

Receipt No. 9496



3rd London Gen. Hoop.

4-11-18

Approved
W.R.

P. Skellett

P.L. 1

To Pay Master
Newfoundland Regt.

Please pay.

No 3877. Pte. Hallett, S.
The sum of one
pound. £ 1.0.0.

3rd London General Hosp.

Oct 25/1918

Receipt
25/10/18
1-0-0
9339

Approved
P. Ash
Majr



Registrar, R.A.M.C.T.
3rd London General Hospital,
WANDSWORTH, S.



Office of Pay & Record Office
58, Victoria Street

Please pay on demand
£877. P.E. Hallett, S.

The sum of one pound
and release same
from his account.

J. S. Linsell General Hosp.

Oct - 18 - 18.

Approved
Sobell
Capt Med

Registrar, R.A.
3rd London General Hosp
WANDSWORTH, S.



OK 1-0-0
Receipt no
18/10/18 9225



*Approved
M. J. [unclear]*

3rd LONDON GENERAL HOSPITAL
No. **24 OCT 1918**
WANDSWORTH, S.W.18.

*Office
Pay & Record Office*

Pay on demand to

£ 38 77 Pte S. Hollert,
the sum of £1.0.0.
and deduct from account.

O.K.

£ 1-0-0

24/10/18 M.R. P. [unclear]

Receipt No. 9319

3rd London General Hospital
London.

24-10-18



[Large handwritten signature]

Officer in Charge Pay & Record.
58, Victoria Street

Please pay an allowance
#3877. PTE. Hallett, S.
Royal Newfoundland Land Regt.

The sum of one pound
and reduce from his
account. OK for £1.00

Receipt No 9104

12-10-18
J. Kelly

3rd London General Hospital

12-10-18

approved
S. Hall
Capt



The Office
1/2 Med Pay Record Off.
O.K. £ 1-0-0 N.R. 31/10/18
Receipt No 9433
Pay on demand to

3877 Re P. Hollett

the sum of
£ 1. (one)

and deduct from account



S. Mark App
S. Mark
Registrar, R.A.M.C.I.
General Hospital,
WANDSWORTH, S.W.

31-10

3rd London

WANDSWORTH, S.W.

P.L.D.

NEWFOUNDLAND CONTINGENT

N.F.P. 45.

To: Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street, London, S.W. 1.

Please remit to

Private Hollett.

the sum of two pounds _____ shillings (£ 2. 0. 0)

on account of any balance that may be due to me.

Regtl No. 3877 Rank pte

Name Hollett S.

Approved Hillalbo

Officer i/c.,

Dated at Esher

Nov 10 1918

Esher Hospital.

P.P.d.

Handwritten notes:
2000
11/18

Large handwritten signature/initials
Receipt No. 9661

To the Paymaster,
Royal Nfld Regt
58 Victoria St.

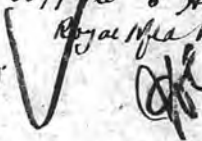
Please pay bearer on
demand the sum of
£1.0.0 (one pound)
and deduct from acct

of

3877 Plt S Hollett.

Royal Nfld Regt

Approved
H. Hollett



Cashier Military Hospital

Nov 19th/18

of £1-0-0
paid 19/11/18
Receipt 9852

P. J. J.

A.K.F 1-0-0 N.R 26/11/8 Escher Red + Hospital,

Receipt No. 9991

To the Chief Paymaster,
Royal Wfld Regt.
58 Victoria St.
London.

Escher
Surrey.

25-11-18.

✓ ~~AK~~

Please pay

~~#~~ 3877 Pte S. Hollett.

the sum of £1.0.0 (One pound)

approved
Hil Salbot

No. *2*

62

Pay

ANGLO-AMERICAN

WESTERN UNION  DIRECT UNITED STATES
CABLEGRAM

Prefix		Code		SENT		FOR STAMPS	
WORDS	CHARGE			At _____			
<i>15</i>	<i>2/1</i>			To _____ By _____			
				VIA ANGLO.			
THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.							

15/10/18.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To E. F. M., MRS. HENRY ROBERTS.
HERMITAGE
HERMITAGE BAY (NEWFOUNDLAND)

PLEASE CABLE TEN POUNDS THROUGH MINISTER MILITIA.

SAMUEL HOLLETT.

Charge to,- 3877, Hollett.



NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

No.
115

Pay

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES
CABLEGRAM

SENT

FOR STAMPS

Prefix Code

At _____
To _____ By _____

WORDS CHARGE

12 ✓

VIA ANGLO.

THIS FORM WILL BE ACCEPTED AT ALL
POST OFFICE TELEGRAPH STATIONS.

15/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

TO MRS HENRY ROBERTS

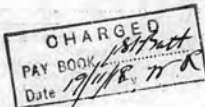
HERMITAGE (Newfoundland)

CABLE SIX POUNDS THROUGH MINISTER MILITIA

S HOLLETT



Charge of
8577 Hollett



Authorised.

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

58 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE
LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Hollett, S.

3877

Ray Sept.

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY
Posted

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 3877 Rank Private Name Hollett S. Unit Royal Hfld. Regt who was repatriated
to Newfoundland on 17 12 18 Authority Staff 79 Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£	s	d	PARTICULARS	£	s	d	CR.			
PERIOD: From 8/12/18 To 12/12/18	Balance Dr. from 7/12/18		1	4	5	Balance Cr. from						
	Allotment 5 days @ 80	3	00		12	4	Pay 5 days @ 1.00	5	00			
	Cash Payments:					Field Alice 5 days @ .10		50				
								5	50	1	2	7
	Other Debits				Other Allces days @ 10							
					Other Credits:							
	Total Debits		1	16	9	Total Credits			1	2	7	
	Balance due by Paymaster		1	16	9	Balance due to Paymaster				14	2	
									1	26	9	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of _____

(Place)

(Date)

1918

O.C. Company

Made up/Checked in accordance with information received in the Pay & Record Office _____ London to 31/12/18
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

R.D. Mulvihill Maj.
Chief Paymaster & O. i/c Records.

Dec 31

1918

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3177 Rank Pvt. Name James Hallett
 Intended place of residence St. John's, Newfoundland

2. Occupation Journalist
 Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of DEMORILIZATION

ELIGIBLE for POST DISCHARGE PAY

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place FEB 3 1919 Commanding Discharge Depot
 Date FEB 3 1919 W. H. Capl
 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 3.2.19
J. Hallett
 Signature of soldier
R. D. H. Capl
 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 Feb. 3 1919 J. Hallett
J. Hallett
 Signature of soldier
R. D. H. Capl
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 25.6.17 No of days on Military
 Discharged from service 6.2.19 plus 14 days Service 606 days

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. H. Capl
 Officer i/c Records
 The Royal Newfoundland Regiment
 Date Feb 3 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's R. H. H. Capl
 Date March 15 1919 Officer i/c Records
 The Royal Newfoundland Regiment

22301911155

7
28
13
19

March 14, 1919

#3877 Pte. Samuel Hollett,

Hermitage Bay.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 1.55."

Yours truly,

Captain,
Quynast r & Co./s Records

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3877 Rank PLC Name Hollett Samuel
 Date of Enlistment 25.6.17 Address St. John's District 1
 Occupation Fisherman Classification for Discharge B Medical Category 4
 Recommendation S.M.B. Permanently unfit Disability Rating Nil
 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	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 3.2.19

W. H. Kelly Capt
O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

S 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 \$6.00
 (b) Clothing Supplied 1 pair of shoes

Date 3-2-19

O i/c. Re-clothing.

3- Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ⁵¹⁴⁸ to his home
Grand Bank and Release Certificate No. ¹⁰⁸⁷ issued.
 Date 3-2-19 *Edwards Capt*
 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 ²⁰⁻²⁻¹⁹
 Date 2-2-19 *Wiley Capt*
 Depot Paymaster.

Discharge approved for 6-2-19

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		

Date 17-2-19 *Edwards Capt*
 Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date

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

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

Date

U.F. 812

Institute

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

MEDICAL HISTORY

OF

Surname Dallett

Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish Grand Bank County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on _____ day of _____ 1917	at _____	on _____ day of _____ 1917	at _____
Examined	on <u>26</u> day of <u>June</u> 1917	at <u>Headquarters</u>	on _____ day of _____ 1917	at _____
Declared Age	<u>22</u> years <u>3</u> months		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>3</u> inches		_____ feet _____ inches	
Weight	<u>123</u> lbs.		_____ lbs.	
Chest Measurement {	Grith when fully expanded	<u>36</u> inches		_____ inches
	Range of Expansion	<u>3</u> inches		_____ inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V= <u>4/6</u>		R.E.—V=_____	
	L.E.—V= <u>4/6</u>		L.E.—V=_____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>		at _____	
	on <u>25</u> day of <u>June</u> 1917		on _____ day of _____ 1917	
Joined on Enlistment	Corps. _____	Regtl. No. _____	Corps. _____	Regtl. No. _____
Transferred to	<u>at 7th Bn. D 3877</u>			
	<u>Regt</u>			
	ROYAL NEWFOUNDLAND REGIMENT,			
Became non-effective by	on _____ day of _____ 1917		on _____ day of _____ 1917	
(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 cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hursley Camp	23	1	18	25	1	18	Septic	6		J. F. Anderson Capt. R.A.M.C.
3 LONDON GENERAL HOSPITAL WANDSWORTH.	4	10	18	7	12	18	G.S.W. Right hand fracture of metacarpal	6 1/2	G.S.W. R hand with fracture of 5th metacarpal bone received in France 1/10/18. Septic admission. Satisfactory progress.	S. W. M. J. G. Capt. R.A.M.C.

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 work at Fishing

J. Hallett

Signature of Man.

Edwards Capt.

Reg. No. 3877.

Signature of the Vocational Officer of his Representative.

Place

St John's

Date

3/2/19

191

ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 3877 Rank Private Name Hollett S. Unit Royal Nfld. Regt. who was repatriated to Newfoundland on 12/12/18 Authority *W/aff 79* Cause _____

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS					PARTICULARS					
\$	¢	£	s	d	\$	¢	£	s	d	
		1	4	5	Balance Cr. from					
Balance Dr. from 7/12/18					Pay 5 days @ \$ 1.00	5	00			
Allotment 5 days @ 60	3	00	12	4	Field Allow 5 days @ \$.10		50			
Cash Payments:						5	50	1	2	
					Other Allowes days @ \$				7	
Other Debits					Other Credits:					
Total Debits			1	16	9	Total Credits		1	2	7
Balance due by Paymaster					Balance due to Paymaster				14	2
			1	16	9			1	26	9

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

191

(Place)

(Date)

U.C.

Company.

Made up/checked in accordance with information received in the Pay & Record Office London 25/31/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Dec 31 1918

A. B. Munnell Maj.
Chief Paymaster & O. i/c Records.

PERIOD: from 8/12/18 to 12/12/18

CHECKED.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 302 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 302 (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 F, 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 Tank Regiment*
2. Regt. No. *5877* 3. Rank..... *Plt*
4. Name *HOLLETT*.....
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation }
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. 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.R. 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"
A. S. R. Right hand fracture metacarpus
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.
R. & T. wound now healed not painful. Dis charged from S. L. G. H for Repatriation

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(i) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

14. State whether the disabilities are
- | | | |
|--------------------------------------------------------------------|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | <i>Yes</i> | |
| (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, dislocation, etc., a specialist's report is to be attached with particulars 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.)

*I was a care house fiftieth
metastasis not painful, no
wasting muscle power of grip
small & therefore unable to
me refer for a couple of months*

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. *G.S.M. right hand*
(b) The present condition thereof. *Scars over inner side of hand well
healed. All movements.*

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?

22. State whether the disabilities are:—

- | | | |
|--------------------------------------------------------------------------|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war | <i>Yes</i> | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the part of the soldier | <i>No</i> | |
- Give details:

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.

*Definitive
M.R. / Coprow*

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?
23. Is the disability in a final stationary condition? If not

G.S.M.

- (a) How long is the present degree of disability likely to last?
(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

HAZELEY DOWN CAMP.

Station

Date 15 DEC 1918

* 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.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures) int
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army? ✓

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? yes
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is graded in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service? no

28. Is treatment being recommended on Army Form B. 179c? -

29. Does the soldier require:—

- (a) As attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *S. Johns* *H. L. Jones* President or Chairman.

Date *Jan 28 1919* *J. Sinclair, Secy* Members.

..... *J. P. Statham, Secy*

Discharge Approved under Para. 392 (xvi) King's Regulations *Ernest Maspherson Mason*

Station *Ernest Maspherson Mason* Officer in charge, Central Hospital.

Date *Jan 28 1919* *Ernest Maspherson Mason*

Discharge Approved under Para. 392 () King's Regulations, or Transfer Approved to Class of the Reserve.

(Insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station O.C. Discharge Centre.

Date



Army Form B. 103.

Regimental Number 3877

Casualty Form - Active Service.

Regiment or Corps 1st New Zealand
 Rank Pte Surname Scott Christian Name James
 Religion Methodist Age on Enlistment 22 years 3 months
 Enlisted (a) 25-6-17 Terms of Service (a) Duration Service reckons from (a) 25-6-17
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended (.....) Re-engaged (.....) Qualification (b).....
 or Corps Trade and Rate.....
 Occupation Fisherman (Sd) J.G. Fisher Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.103, 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.211, Army Form A.36, or other official documents
Date	From whom received				
			Embarked ...	<u>9-2-18</u>	
			Disembarked...	<u>11-2-18</u>	
				<u>20-2-18</u>	
	<u>897a</u>	<u>Ad. Promotion</u>	<u>Fines</u>	<u>16-3-18</u>	<u>E.O. 8878</u>
	<u>17008 (Sd)</u>	<u>Do</u>	<u>"</u>	<u>2-3-18</u>	<u>E.O. 9244</u>
<u>12/4/18</u>	<u>"</u>	<u>To duty</u>	<u>"</u>	<u>13/4/18</u>	<u>E.O. 397</u>
	<u>36ces</u>	<u>Cow Haul</u>		<u>11/18</u>	<u>E.O. 2947</u>
	<u>55ces</u>	<u>Ad. Cow Haul</u>	<u>Boulogne</u>	<u>7/18</u>	<u>RA 29776</u>
	<u>J.S. David</u>	<u>Transferred to England</u>	<u>455.lev. R.P.</u>	<u>7/18</u>	<u>W 3083</u>
		<u>(C.S.W. Haul)</u>			<u>W 3083</u>
			Q 1/6 No 1 Inventory Section, 3rd Echelon, G.H.Q. B.E.F.		

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Editorial-Smith, No (1786.) Wt W 1107 - P 1124. 1,000,000. 615. D.H. Form B/103. (R. 1284.) P.T.O.



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 *Samuel Hollett*

Regiment from which discharged *1st. Newfoundland*

Regimental number *3877*

Intended address *Grand Bank*

Height on discharge *5 Feet 4.*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eye *Brown*

Descriptive Marks *Scar Right Arm*

Figure on discharge *Normal*

Christian name of Father *John*

Christian name of Mother *Francis*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth. *Grand Bank 6-3-1895.*

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)

Station

St. John's Det

Date

S Hollett.

(Rank)

Plc.

28-1-19

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

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

Station

Date

June 12, 1919

#2877 Pte. Samuel Hollett,
Hermitage, H.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.

11497

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 THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name. *Samuel* 2. Surname. *Hollett*
3. Rank. *Private* 4. Regtl. No. *3877*
5. Address in full to which future payments of gratuity are to be forwarded. *To myself*
6. Date of enlistment in the Regiment. *June 6th 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
To my mother Wm Henry Roberts
8. Relationship of such dependants. *Mother*
9. Address in full of such dependants. *Wm Henry Roberts*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
11. Were you on active service only in field, if so, give dates and particulars of such service. *was only in field one month after enlistment*
12. Give total length of time which you served on active service, whether in field or Overseas. *one year and 6 months*
- 13

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

only one enlistment

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.

Have not rec'd any such Discharge

15. Have you been issued with a War Service Badge?.... *No*

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

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?.... *was not drilled*

19. Are you now serving in the Regt.?.... *No* ... If not give:- (a) Date of discharge.... *March 14th* (b) Reason for discharge....

War finished

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 served in America's sector Apr 1918
Sept 28, 1918 in Flanders*

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: *Samuel Hollett*

Place of Residence:

Hermitage

Declared before me at:

Hermitage

This

4th

day of

June

191*8*

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

Benj. Frazer J.P.

POST DISCHARGE PAY.

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

Certified Correct.

Paymaster.

BLANDFORD BOARD

N^o 3563



4th 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Samuel J. Hollett, Regl. No. 3877

hereby agree, until further notification by me, and in similar official form to make an Allotment of Five Dollars and Twenty 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

Identity Certificate No.	Whether Wife, Child, other Relative or friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3274	Mother	<u>Elizabeth (Mary) Hollett</u>	<u>St. John's</u>	<u>60</u>
			<u>St. John's</u> <u>Coast.</u>	
Total Allotment, \$				<u>60.</u>

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

(Sig.) J. C. P. [Signature]
 Officer Commanding Company
St John's
July 31 1917

(Sig.) Samuel Hollett.
 (Rank) Private

No 1079
papers

Hermitage
May 8/19

Am I R Bennett

St Johns

4981

Dear Sir

Just a

line in reference to War Bonus
which were Promised to the
Soldiers I was expecting to
hear from the Militia Dept.
re same but up till now have
no notice of any forthcoming

Will you kindly give them your
consideration & a reply at
your earliest - Will oblige

Yours Truly

P.S.

we were Promised
Discharge badges
and we to get them

Sr H

Pte Samuel Hollett

No 3877

May 16, 1919

Mr. Samuel Hollett,
Hermitage.

Dear Sir:

With reference to your letter of recent date, I enclose herewith form of claim for War Service Gratuity, which kindly have filled in before a Magistrate or Justice of the Peace, and returned.

Yours truly,

Lieut.
For Paymaster

Receipt for Army Book 64

No. 3502 Name B. Skinner

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

Name Ben. Skinner

Date Aug. 16/20

Place Richard Hr

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

WJ

PUSH THROUGH
OCT 27
NEWFND

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

CH
OCT 24
NEWFND

10/24/24

10/24

10/24

SEP 23 1921.

The accompanying Victory Medal and/or British War Medal
is/are forwarded herewith to

Benjamin Skinner

in respect of his service as No. 3502 Rank Pte.

Name B. Skinner Royal Nfld. Regt.
[REDACTED]

Receipt of the same should be acknowledged hereon.

Received Victory Medal & British War Medal

Signature Benjamin Skinner

Date October 10th 1921

Address Richards Her.

[P.T.O.]

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

100
The Royal Nfld Regt.,

100
Dept of Militia;

St. John's Nfld.

Fold Here

St. John's Nfld.



July 6th, 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1208), is forwarded herewith to

~~Benjamin Skinner,~~

in respect of his service as No. 3502 Rank Pyte,

Name B. Skinner, Corps Royal Wfld Bgt.

Receipt of the same should be acknowledged hereon.

Received

King's Certificate

Signature

B. Skinner

MJ

Date

July 29th 1921

Address

Richard's Harbour
Dish Burgo & La Poile

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
22.Number of Sheet FirstRegiment of 1st NewfoundlandSignature of O. C. Company Frank Boyd Esq.

Regimental Number and Name	
No.	<u>3502 Skinner, Raymond</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<u>18</u> years — months
Place and Date of Enlistment	<u>St. John's Nfld. 2. 8. 17.</u>
Period of	with Colours <u>32 1/2</u> years.
	with Reserve <u>36 1/2</u> years.

Trade	<u>Sisterman</u>
Religion	<u>C of G.</u>
Place of Birth	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Grade of Drink course	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's 16 1/19</u>					

To be carried over

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
2a.

Regiment of 1st Newfoundland.

Number of 1st Class
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Kollett. S.</u>	Age on	<u>22</u> years <u>3</u> months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. John's</u> <u>25-6-17</u>	<u>Meth.</u>	
Joined		Date	Period of	Place of Birth	
Joined		Date		with Colours <u>2 1/2</u> years. with Reserve <u>3 1/2</u> years.	

Place	Date of Offence	Rank	Class of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's, 13th 19</u>					

To be carried over

The Royal Newfoundland Regiment

3477

DEMOBILIZATION OF

Name: *Robert James*
 Date of Entry: *1947* Address: *St. John's* District: *St. John's*
 Occupation: *Banker* Classification for Discharge: *1* Medical Category: *1*
 Recommendation: *1* Disability Rating: *1-1-1*
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 2494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 105	ME 2		" 6
B 179c	B 120	M 93		

Date: *3-2-47*

W. J. Kelly Capt.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

S. 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. *\$60.00*

(b) Clothing Supplied *Joseph H. Brown*

Date: *3-2-19*

O. i/c. Re-clothing.

ELIGIBLE FOR POST GRANT

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9148 to his home at Grand Bank and Release Certificate No. 1037 issued.

Date 3-2-19 Edwards Capt
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 No - 2 - 19

Date 3-2-19 Wiley Capt
Depot Paymaster.

Discharge approved for 6-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 261	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board Ist.	" 2	1.
B 178a	D 400A	B 1915	do 2nd	" 3	2. Form 10
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	D 400D	Form J		" 6	
B 179c	B 120	M 93			

Date 4-2-19 Edwards Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date R.H. Sait Capt.
O. C. Discharge Depot.

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

Date July 15 19 James
Post-Release

Reg. No. 3877 Rank *Plt* Name *Hollis J.*
Attested Address *Spurbridge Lane.*
Allotment Allottee
Date of Allotment Returned from Overseas *21-2-28*
Embarked for Overseas Cause *Discharge*

G. Leave from 21-12-18 to 6-1-19.
28-1-19 Rec. Dis. Permanently unfit
FEB 3 1919 PASSED TO DEMOBILIZATION OFFICER
6-2-19 DISCHARGE APPROVED ON DEMOBILIZATION.

DEPARTMENT OF VETERANS AFFAIRS

To  Copy for H.O. File

Attention of

NAME HOLLETT, Samuel

SERVICE
NUMBER

P.A.

3877 ROY. C.P.C. No. 260511
NFLD. REGT. W.V.A. No. 55637
WGLOttawa, Ont.
Date Sept. 25, 1964NAVY
ARMY ~~XXX~~
R.C.A.F.

The DEPARTMENT has received information from

P.A.V.A. ST. JOHN'S, NFLD. TELEK D/ Sept. 25, 1964

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death..... not stated.....
Cause of Death.....
Place of Death..... not stated.....

804406367

Name and Address of next of kin (if known).....
.....Copies to: W.S.R.
V. I.
~~FOOT~~
~~XXX~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry