



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5725 Name Wm J. Holloway Corps CofE

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

1. What is your name? ..... Wm J. Holloway
2. What is your full Address? ..... Bloomfield B.D.
3. Are you a British Subject? ..... Yes
4. What is your age? ..... 21 Years 11 Months
5. What is your Trade or Calling? ..... Fisherman
6. Are you Married? ..... No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service? ..... Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

William J. Holloway 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.

Wm J. Holloway SIGNATURE OF RECRUIT.  
E. M. Conaghan Signature of Witness

**OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.**  
William J. Holloway 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 on this 4 day of May 1917  
Signature of Attesting Officer [Signature]

**† 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, 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 William G. Holloway  
 Apparent age 21 years 11 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Holloway  
Bloomfield B.B. Relationship Father

#### Particulars as to Marriage

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

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

#### Particulars as to Children

Christian Names	Date and Place of Birth

### STATEMENT OF THE SERVICES

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

3725



# FIRST NEWFOUNDLAND REGIMENT

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No. 3725 Name Wm J. Holloway Corps CofE

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2. What is your full Address? ..... 2. Bloodfield B.B.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 11 Months
5. What is your Trade or Calling? ..... 5. Tradesman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } 11. Yes

I, Wm J. Holloway do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

..... SIGNATURE OF RECRUIT.

S. M. Longbeam Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm J. Holloway 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.

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I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....

on this 4 day of May 1917

Signature of Attesting Officer W. Fraser

### †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.

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

Name William G. Holloway  
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(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
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(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>4-5-17</u>							Lance <u>left 16-11-17</u>		Lt <u>4-2-19</u>  Discharged <u>Jan'y 24 1919</u> Embarked <u>St. Helier St. Helier to Halifax N.S. 4-8-17</u> Embarked for <u>St. Helier 8 2/8</u> Disembarked <u>Rouen 11-2-18</u> <u>Placed 15 days leave to England 22-2-18</u> <u>Wrote to</u> <u>Woy. Winchester 1-3-18</u> <u>Embarked for St. Helier 31-8-18</u> <u>Arrived Rouen from St. Helier 2-9-18</u> <u>to England 12-9-18</u> <u>Wrote to Woy. Winchester 14-9-18</u> <u>Left for</u> <u>demobilization 12-12-18</u> <u>Arrived Southampton 31-12-18</u> <u>Demobilization St. Helier 24-1-19</u>
Joined at <u>St. Helier</u> on <u>May 4<sup>th</sup> 17</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>24-1-19</u> (date of discharge) <u>1</u> years <u>266</u> days									
Pensions " " " " " " " " " " " "									

C.R. 3725

Extract from Daily Orders part 11, Depot St. John's dated Jan. 25th. 1919.

The undernoted discharge on demobilization have been ~~approved~~  
CONFIRMED by Officer i/c Records from 24-1-19.

#3725 Pte. Wm. Holloway.

C.R. 3725

Extract of Daily Orders Part II, dated Jan. 11th 1919.

DEMOBILIZATION

The discharge of the undernoted man has been approved by O.C. Discharge Depot from 10-1-19. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

3725 Pte. Wm. Holloway

C.R. 3725

Extract from Nominal Roll of repatriation draft No. 79 from  
the 2nd., Battalion of the Newfoundland Regiment, embarked  
Per S.S. CORSEICAN at Tilbury Docks. 12/12/18.

#3725 Pte. W. J. Holloway.

C.R. 3725

Extract from Daily Orders part II, Depot St. John's dated Dec. 10

The a/a returned from Overseas and reported at Depot 21-11-16.

#3725 Pte W. J. Holloway.



C.R. 3725

Extract from Casualties received from P.A.R. Office London,  
Sept. 26th, 1918.

The undermentioned Soldier, classified "B" was transferred  
from 1st Bn., B.E.F., 13-9-18, and attached to 2nd Bn.,  
Winchester, 14-9-18.

3725 Holloway, W.J.

MM.

C.R. 3725

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

3725 Pte. Holloway W.

C.R. 3725-

Extract from Casualty List from Pay and Record Office, London,  
dated 28th. Feby 1918.

3725 Pte. W.J. Holloway

Classified "B". Was transferred to England 22/2/18.

Authority: Daily Orders No. 7. D. G.H.Q. 3rd Echelon 23/2/18.

C.R. 3725

7  
Extract of Casualties received from pay & Record Office,  
London, dated February 28, 1918.

#3725 Pte. W.J. Holloway, ✓

also similarly classified was transferred to England  
22/2/18.

C.R. 3725  
Counter No. \_\_\_\_\_

# 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 J.R.B. Bennett Address Dept of Militia.

Line Number	Rcd	By	Sent by	Check

Dated March. 1st, 1918

To Thomas Holloway, Bloomfield, B.B.

Record Office, London reports to-day 3725, Private William J. Holloway transferred to 2nd-Battalion from B.E.F. classified base.

J.R.B. Bennett,

Acting Minister of Militia.

C.R. 3725

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.EF.

3725 Pte. Holloway, W.G.

MP.

C.R. 3725

Extract from Nominal Roll embarked at. John's for Overseas,  
per S.S. "Floribel" Aug. 4, 1917.

3725 Pte. W. Holloway.

C.R. 3725

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt., St. John's, May.4th, 1917.

3725 Pte. W. Holloway.

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



W Holloway

C.R. 3725

PRO

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

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

ROYAL NEWFOUNDLAND REG.

1. Unit and Corps.....
2. Regtl. No. *5755* 3. Rank. *Plt*.....
4. Name *HOLLOWAY*.....  
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade }  
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court . (d) Particulars of Pension or Gratuity  
 (if any)

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."

*Hammer toe.*

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.

*Transferred to England by medical board Rouen B. Category due to Hammer toe, this was operated on, sent to France again & again returned B. Category*

*vide AFB 103*

**OPINION OF THE MEDICAL BOARD.**

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

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

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

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | no                  |                   |
| (ii.) Previous active service .. .. .                      | no                  |                   |
| (iii.) Climate in pre-war service .. .. .                  | no                  |                   |
| (iv.) Ordinary military service before the war .. .. .     | no                  |                   |
| (v.) Serious negligence or misconduct on the man's part. } | no                  |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *Constitutional*

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

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

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation (3)*  
*W. J. [unclear]*

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station *HAZELEY DOWN CAMP.*

Date *30. NOV. 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.

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.





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.

Regtl No. 3775 Rank Pte. Name Holloway. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR. STATEMENT OF ACCOUNT CR.

PARTICULARS	\$					PARTICULARS	\$				
	£	s	d	£	s		d	£	s	d	
Balance Dr. from						Balance Cr. from					
Allotment <del>19</del> days @ 50¢	19	50	11	19	1	Pay 19 days @ \$1.00	19	00			
Cash Payments:						Field Allowance 19 days @ \$ $\frac{10}{100}$	1	90			
1 <sup>st</sup> Pay.				15	0	Other Allowances days @ \$	120	90	1	4	5 11.
2 <sup>nd</sup> do.			1	9	11	Other Credits:					
Other Debits:						Copy sent to oftn 21353/212					
B Damages.					6	R.A. 25-12-18					
Mess Stopp.				1	5						
Stewards & Coy. 22. 11. 18 Dr. 60¢	1	60	1	2	6						
Total Debits			14	8	5	Total Credits			14	5	11
Balance due by Paymaster						Balance due to Paymaster			1	2	6
			14	8	5				14	8	5

CHECKED.  
E.P.  
24/12/18

PERIOD: From 23/11/18, To 24/12/18.

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

F. Co. (Place) 191 (Date)

*J. J. Co.*  
O.C. "F" Company.

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.

Pay & Record Office, London,

191

Chief Paymaster & Officer i/c Records.

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

Sir;-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.  
Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
3725	Pk	Holloway	\$2.50	W J

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

Date-----

3725 Holloway, Pk

No. 20052/2263/P&A

N.F.P./79.

*065812*  
*FC*

From: NEWFOUNDLAND CONTINGENT

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

To:  
Officer Commanding,  
2nd. Bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester, Hants.

6th. December, 1918.

*Decr. 10<sup>th</sup>*



Subject: 3725.L/C.W.J.Holloway.

Receipt hereunder,

With reference to the following telegram (10515) from the Hon. Minister of Militia, received

*Account*

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commanding  
Royal Newfoundland Regiment.

Pay to 3725 Holloway - £2:13:0

Received the sum of Two

Draft £2:13:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*pounds* Chuter *holloway* of cable remittance from Newfoundland.

*A.A. Minwell Maj.*  
Chief Paymaster & O. i/c Records.

Holloway  
No. 2725 Rank Pte

Witness \_\_\_\_\_

*7.*



No. 13071/1323 ←

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

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

14th, August 191 8

Subject: 3725, L/C., Howlloway

With reference to the follow-  
ing telegram (7287) from the Hon.  
Minister of Militia, received

"Pay to 3725 Howlloway £3. 0. 0

Draft £3. 0. 0 is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

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

August 17<sup>th</sup> 1918

Receipt hereunder.

*Cham*  
LIEUT. COLONEL,  
ROYAL NEWFOUNDLAND REGT.  
Batt'n  
Royal Newfoundland Regiment

Received the sum of Three  
Pounds on account of  
cable remittance from Newfoundland.

W. Halloway  
No. 5725 Rank Pte

1  
Airlines

NEWFOUNDLAND CONTINGENT,  
PAY & RECEIPT OFFICE.

Ref. Nos. 10841

Rec'd 18 DEC 1918  
37  
Honorables Lieutenant

Ans'd  
Corp. W. Holloway  
Per. Nos. 001

AC

PA.

P &

R. & C

B. & E

P. S.

*[Handwritten signature]*

8 Newmarket St  
Oxy

Nov. 13 1918

I am expecting  
money forwarded from  
Newfoundland.  
Could I have it  
sent on to above  
address. When it

No. 10016/970

NEWFOUNDLAND CONTINGENT

N.F.P./70.

From

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

To

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

Subject 24th June 1918

27 JUN 1918 191

Subject: 3725, L/Cpl. W. Holloway

With reference to the following telegram (5610) from the Hon. Minister of Militia, received

Pay to 3725 Holloway £5:0:0

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

*J. H. Marshall*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.  
*Ham*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Comdg. 2nd Bn  
1st Newfoundland Regiment

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

Holloway W  
No. 3725 Rank Nte  
Witness, C. H. Cludge

N.B.—This Form must accompany any inquiry respecting this Telegram.

# POST OFFICE TELEGRAPHS.

Office Stamp.



If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount paid for its transmission, any fraction of 1d. less than 1/2d. being reckoned as 1/2d.; and if it be found that there was any amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Origin and Service Instructions.

NEWFOUNDLAND  
PAY & RECEIPT OFFICE.  
Charges to pay } d.  
CENT.

Ref. Nos. in  
Handed in at 5/24/18  
Received here at 7/16/18

TO { Reply pd. Raymond  
Ray Records office 58 Victoria St  
Reje 3725. London

Please let me know if money has been sent on 3725  
to Corp Wm Holloway & Newmarket  
St Apr

P.T.O

Draft Sent 28 November 1861  
third inst.

No. 3725 Name Holloway, Wm. } Sqn., Batty., } Corps 1st Newfoundland Regt } Date of enlistment } 4-5-17 } G.C. Badges } Service or Proficiency Pay }  
 Date of last entry in } No. and date } Period not reckoning towards } Sheet No. } 1 } Signature O.C. } J. B. T. J. Lt Capt } Character } grad  
 Company Conduct Sheet } of last drunk } freedom from extra fine } Company, etc. }

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

Army Form B. 129

Holloway, J<sup>W</sup>

3725

Ray sept.

January 24th., 1919

#3725 Pte. William J. Holloway.

Bloomfield, B.B.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 702."

Yours faithfully,

Paymaster & O. i/c Records  
Captain,

Enc'l 1.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3725 Rank C.26 Name Wm Holloway  
 Intended place of residence Bloomfield P.B.

2. Occupation Joiner  
 Classification of soldier B. Medical Category F.

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

**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 St John's Date JAN 9 1919  
 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 9-1-19  
 Signature of soldier W Holloway  
 Signature of witness C. Dubs Cpl.

### 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 Jan 9<sup>th</sup> 1919  
 Signature of soldier Wm Holloway  
 Signature of witness Raymond Sgt

### STATEMENT OF SERVICE

7. Enlisted for service 4-5-17 No of days on Military  
 Discharged from service 10-1-19 plus 14 days. Service 636 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.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
JAN 10 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St John's  
 Date January 24/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

20 B 2079/702

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3725 Rank Plt Name Holloway Wm  
 Date of Enlistment 4.5.17 Address Bloomfield District Bonarda  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Probably 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 9.1.19

*Wm Holloway Capt.*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*W Holloway*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable.....

(b) Clothing Supplied.....

*Joseph H. Bloomfield*

Date 9.1.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 456 to his home  
 at Bloomfield BB and Release Certificate No. 705 issued.

Date

9-1-19

AS Dicks 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

Date

9-1-19

W. H. Cup  
 Depot Paymaster

Discharge approved for

10-1-19

Forwarded with following documents to O.C Discharge Depot.

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

Date

10-1-19

AS Dicks Capt  
 Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer in Charge  
 Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

Date

JAN 10 1919

BB Butler Capt  
 for O. C. Discharge Depot.

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

Date

Jan. 13/1919



## 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 *William Holloway*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3/25*

Intended address *Guernsey town*

Height on discharge *5* Feet *5*

Color of hair on discharge *dark brown*

Complexion *fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Normal*

Christian name of Father *Thomas*

Christian name of Mother *Amelia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Guernsey town 24-6-1892*

Nature and locality of civil employment required

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

(Soldier's signature in full)

Station

*W Holloway pte*  
(Rank)

Date

*5-1-19*

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.

1  
Medical Officer i|c Hospital.  
Unit, or Command Depot.

Station

Date

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.

Regtl No. 3725. Rank Pte. Name Holloway. H.J. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			CR.			
		£	s	d	£	s	d	
PERIOD: From <u>23/11/18</u> To <u>20/12/18</u>	Balance Dr. from				Balance Cr. from			
	Allotment 19 days @ 50¢	9	50	1 9 1	Pay 19 days @ \$ 1 <sup>00</sup>	19	00	
	Cash Payments:				Field Allowance 19 days @ \$ . <sup>10</sup> / <sub>100</sub>	1	90	
	1 <sup>st</sup> Pay			15 0	Other Allowances days @ \$	20	90	4 5 11
	2 <sup>d</sup> do.			1 9 "	Other Credits:			
	Other Debits:				Total Credits			
	B Damages.			6	Balance due to Paymaster			
	Mess Stopps.			1 5				
	Total Debits							
	Balance due by Paymaster			4 5 "				4 5 11

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

J. Co.

HAZELEY DOWN CAMP.

(Place)

Dec. 11<sup>th</sup> 1918.

(Date)

*[Signature]*  
O.C. "F" Company.

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

Pay & Record Office, London,

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

# MEDICAL HISTORY

Surname Holloway OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Bloomfield County S.D.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>4<sup>th</sup></u> day of <u>May</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>21</u> years <u>11</u> days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>5</u> inches		_____ feet _____ inches	
Weight	<u>116</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded <u>35</u> inches		_____ inches	
	Range of Expansion <u>3</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	Left	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>4/6</u>		R.E.—V=_____	
	L.E.—V= <u>6/6</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>Lamont Peterson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>		at _____	
	on <u>4<sup>th</sup></u> day of <u>May</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4/1<sup>st</sup> Regt.</u>	<u>5725</u>	_____	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	_____		_____	
(Rank)	_____		_____	



## 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 as Mechanic

his wit. J E Sinclair  
William \* Holloway P. T. E.  
mark. Signature of Man.

Reg. No. 3725.

Signature of the Vocational Officer or his Representative.

Place

St-Johns Nfld.

Date

2/4/19.

191



# 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 as Mechanic

his wit. J E Sinclair  
William Holloway P. T. C.  
mark. Signature of Man.

Reg. No. 3725

W. D. C. Case

Signature of the Vocational Officer or his Representative.

Place St-Johns Nfld.

Date 2/1/19. 191

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.

- ROYAL NEWFOUNDLAND REG.
1. Unit and Corps.....
  2. Regtl. No. *3758* 3. Rank *Pte*
  4. Name *HOLLOWAY*  
(Surname) (Christian Names)
  5. Age last birthday.....
  6. Posted for duty on..... at.....  
 in category (or grade).....
  7. Former Trade or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regtl. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)
  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

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."

*Hammer Toe.*

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.  
*Transferred to England by Medical Board Rouen. B. Category  
 Due to Hammer Toe. This was operated on. Sent to France again, and again returned B. Category  
 vide A.F.B. 103.*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | <i>no</i>           |                   |
| (ii.) Previous active service .. .. .                              | <i>no</i>           |                   |
| (iii.) Climate in pre-war service .. .. .                          | <i>no</i>           |                   |
| (iv.) Ordinary military service before the war .. .. .             | <i>no</i>           |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | <i>no</i>           |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

*Constitutional Hammer toe cured Unable to walk long distances.*

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.)

*long distances.*

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 (3)*  
*MR. CAPTAIN*

ROYAL NEWFOUNDLAND REG'T

Medical Officer in charge of case.

Station .. *HAZELEY DOWN CAMP, .. .*

Date .. *30 NOV 1919* .. .

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

**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of:—

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

*loss of 2<sup>nd</sup> toe (hammer toe)*

22. State whether the disabilities are:—

- (i) Service during the present war .. ..  
 (ii.) Previous active service.. ..  
 (iii.) Climate in pre-war service .. ..  
 (iv.) Ordinary military service before the war .. ..  
 (v.) Serious negligence or misconduct on the part of the soldier .. ..

(a) Attributable to

(b) Aggravated by

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Give details:

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

*constituted* .. ..

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.

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).

(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?

*operation performed*

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*

Opinion of Military Member in case of disagreement.

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)?

Only to be answered when the soldier is placed 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) An attendant for his journey home? *no*

(b) Transport from railway station to his home? *no*

(c) The constant attendance of another person in his own home? *no*

Signatures

*[Signature]*

President or Chairman.

Station .....

*[Signature]*

Members.

Date .....

*[Signature]*

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *JAN 7 1919* .....

Date No. ....

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

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

(insert sub-para. Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

O.C. Discharge Centre.

Date .....





**TABLE II.—Only for admissions 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 of 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Dunlop Camp	25	3	15	15	4	15	Hæmorrhæ	22	Transferred to Magdalen Camp W.	<i>W. S. ...</i>
	15	4	18	9	5	18	Do.	25	Partial amputation of toe. Healed. - returned to duty now fit to join unit.	<i>W. S. ...</i>



LAST PAY CERTIFICATE

DUPLICATE N.F.P./94.  
MAIL COPY.

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.

Regtl No 3725 Rank Private Name Holloway Unit Royal Nfld. Regt. who was Repatriated  
to Newfoundland on 12 12 18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			CR.				
		£	s	d	£	s	d		
PERIOD: FROM 23/11/18 To 11/12/18	Balance Dr. from				Balance Cr. from				
	Allotment 19 days @ 50¢	9	50	1	19	00			
	Cash Payments:				Field Allowance 19 days @ £1.00	1	90		
	1st Pay			15	0				
	2nd Pay			1	9	11			
	Other Debits				Other Allowances days @ £	20	90	4 5 11	
	Barrack Damages				6				
	Misc Stoppages			1	5				
	Observation F Coy 22/11/18 dr. 60¢	60		2	6				
	Total Debits			4	8	5			
Balance due by Paymaster			4	8	5				
			4	8	5				
						4	5	11	
							2	6	
							4	8	5

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

Hazley Down Camp December 1918  
(Place) (Date)

Made up/checked in accordance with information received in the Pay & Record Office London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.  
Pay & Record Office, London,  
Dec. 1918

J. NUMMS Captain "Company."  
A. D. Munnell Chief Paymaster & O. i/c Records.

UNCHECKED  
8-7-19  
24/12/18



*Amended statement*  
**LAST PAY CERTIFICATE ORIGINAL.**

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.

Regtl No. 3725 Rank Private Name Holloway Unit Royal Nfld. Regt. who was Repatriated  
 to Newfoundland on 12/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

**STATEMENT OF ACCOUNT**

	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d	CR.
PERIOD: From 23/11/18 To 11/12/18  CHECKED. B.F. 24/12/18	Balance Dr. from						Balance Cr. from						
	Allotment 19 days @ 50¢	9	50	1	19	1	Pay 19 days @ \$ 1.00	19	00				
	Cash Payments:						Field Allce 19 days @ \$.10¢	1	90				
	1st Pay				15	0		20	90	4	5	11	
	2nd Pay			1	9	11	Other Allces days @ \$						
	Other Debits						Other Credits:						
	Barrack Dammages					6							
	Misc Stoppages				1	5							
	Observation F Coy 22/11/18 dr. 60¢		60		2	6							
	Total Debits				4	8	5	Total Credits			4	5	11
Balance due by Paymaster							Balance due to Paymaster				2	6	
				4	8	5				4	8	5	

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

Hazeley Down Camp December 1918  
 (Place) (Date)

J. NUNNS Captain  
 O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Dec. 19/18 1918.

*OK/WR*

*[Signature]*  
 Chief Paymaster & O. I. Records.

April 16, 1919

#3725 Pte. William J. Holloway,

Bloomfield, B.B.

Dear Sir:-

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

Yours truly

Captain  
Paymaster & Officer i/c Records

15873

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 question 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 *William J* 2. Surname *Holloway*

3. Rank. *private* 4. Regtl. No. *3725*

5. Address in full to which future payments of gratuity are to be forwarded. *Bloomfield Bonavista Bay*

6. Date of enlistment in the Regiment. *May 4. 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.

*Mrs. Amelia Holloway widow 12 dollars per week*

8. Relationship of such dependents. *Mother*

9. Address in full of such dependent. *Bloomfield Bonavista Bay*

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. *None*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas. *I went to France 28 Feb 1917*

*came back in March. went out again August 2. I served 4 months in France*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers *None*  
.....  
.....  
.....

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. *I haven't got any since I got my discharge & paid by Capt Hawley... Mrs. Annelia Holloway received 12 dollars.*

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

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. *none*.....  
.....

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 *January 24, 1919.* (b) Reason for discharge *disability*  
.....  
.....

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.....  
*I was at the front in France twice and sent back again on Oct. 2nd then 4 months*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.  
(b). If (b), are you in receipt of full pay and allowances from that Committee. *none*.....

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: *William James Holloway*  
 Place of Residence: *Bloomfield Bonaville Pa.*  
 Declared before me at: *Musgra Pa*  
 This *8* day of *April* 19*19*.

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

*R. S. Aldford J.P.*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>4 mos</i>	<i>\$280.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

By: *[Signature]*  
 Registrar.



U.K. Bloomfield  
4047 for range  
Pitt  
BB  
Feb 10 1919.  
appears  
put through

I am writing  
to you to see if  
there is any chance  
of getting a discharge  
badge for me I would  
like to get it  
soon as I am going  
away to Canada soon  
I would like to get  
one before I go.  
I don't so sure I  
am writing to the  
right man or not  
but I hope you will  
see in to it for me  
please I remind my  
discharge a week ago

there should be some  
back money coming to  
me which I would like  
to get as well.

will you please let  
me know about it

yours truly:

3725 1/2 W D Holloway.

William J. Holloway,

Bloomfield

B B.



4443

Bloomfield  
Bonavista  
Braz  
March 29. 1919

Sir

I am writing  
to you to know if I  
can get my money  
that or coming to me  
the told me when I  
was there the would  
send it but I haven  
to get it yet will you  
please let me no when  
I can get it. as I am  
not able to get to  
it now at present I have  
not been will see I

came home so I would  
like to find out when  
I can get it or not  
I would like to get  
a discharge badge if  
there or any given.

I remain yours truly  
3725 W J Holloman

Bloomfield  
Bonaville  
Bany

H.F.P./54

NO.44

From Pay & Record Office.London

To Minister of Militia, St. John's, #11d.

#3725 Pte.W.Holloway

Ration Allowance credited in E/Bn.Pay Book but not on

H.F.P./94 £1.0.10.

LM-

May 26, 1920

William J. Holloway  
Bloomfield,  
B.B.

3725

Dear Sir:

I enclose cheque for \$5.06 representing balance found to be due you, on the closing of the books of the London Pay & Record Office.

Yours truly,

Major  
Paymaster

LM-

St. John's,

JAN 6 1919

# Royal Newfoundland Regiment.

Billeting Account,

To W. W. Holloway

Billeting Soldiers as undermentioned

from Dec 23<sup>rd</sup> / 18 to Jan 4<sup>th</sup> / 19

Frank Brown

3725 - W. W. Holloway 13 80

ACCOUNT	<u>13411</u>	INITIALS	<u>EW</u>
CH NO	<u>7922</u>	INITIALS	
IND LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

Certified correct for \$ 13

Joseph H. Lawrence  
Billeting Officer.  
Holloway W

**Casualty Form—Active Service.**

Regiment or Corps Royal New Zealand  
 Rank Pte Surname Holloway Christian Name William  
 Religion C.P. Age on Enlistment 21 years 11 months  
 Enlisted (a) 12-4-17 Terms of Service (a) Duration Service reckons from (a) 12-4-17  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation Fisherman Signature of Officer. [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.113, 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.113, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked .....		<u>9 FEB 1918</u>	
		Disembarked...		<u>11 FEB 1918</u>	
<u>23-2-18</u>	<u>D. I. B. D.</u>	<u>Transferred to Coy</u> <u>Classified "B"</u> <u>[Signature]</u>	<u>Rouen</u>	<u>20 Feb 1918</u>	<u>Recd</u> <u>Aut. SAC 1850/27. d/24.1.18</u>
		<u>C. I/c No. 1</u>	<u>Infantry Section</u>		



(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shipping Office, &c.  
 W. 11824—M1143 7900in 1/17 (12227) S.P. & Co., Ltd., Forms B./103/4 E./354. I.P.T.O.

**Casualty Form—Active Service.**

Regiment or Corps 1st Royal Newfoundland

Rank Pte. Surname Holloway Christian Name William J

Religion C of E Age on Enlistment 21 years 11 months

Enlisted (a) 4/12/17 Terms of Service (a) Duration Service reckons from 4/12/17

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended {    } Re-engaged {    } Qualification    or Corps Trade and Rate   

Occupation Fisherman Signature of Officer [Signature]



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked ...	81 AUG 1918	
			Disembarked...	81 AUG 1918	
			ARRIVED I. B. D.	2 SEP	
13-9-18	"S" I.B.D.	To England "B" Rowen		13-9-18	Roll
			[Signature]	LIEUT. FOR	
			Officer i/c 1 Section		
			I. Q. B. EX.		

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

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

Number of Sheet First  
Signature of O. C. Company W. R. Lupton

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Holloway, Wm J.</u>	Age on	<u>21</u> years <u>11</u> months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St John's</u> <u>4-5-17</u>	<u>Cof. B.</u>	
Joined		Date	Period of	Place of Birth	
Joined	Date	with Colour <u>26</u> years.	with Reserve <u>36</u> years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized at St John's, 24/19</u>					
				To be carried over					

Army Form B. 121.



# The Royal Newfoundland Regiment

D 37

## DEMOBILIZATION OF

Reg. No. 3725 Rank Plt Name Holloway Wm  
 Date of Enlistment 4 5 17 Address Bloomfield District Bona Vista  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Assembly report 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
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 9.1.19

W. Miley Capt.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

W Holloway

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable £ 10-00

(b) Clothing Supplied Joseph H. Bloomfield

Date 9-1-19

O i/c. Re-clothing.

JAN 1 0 1919

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 4576 to his home at Bloomington, Ill. and Release Certificate No. 705 issued.

Date

9-1-19

C. B. Dicks 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 24-1-19

Date

9-1-19

W. H. Bowley Capt.  
Depot Paymaster.

Discharge approved for

10-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date

10-1-19

C. B. Dicks 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

JAN 10 1919

W. H. Bowley Capt.  
for O. C. Discharge Depot.

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

Date

Jan. 13/1919

W. H. Bowley, Capt.  
O.C.D.

Reg. No. *371 A* Rank *PL* Name *Kellonay, W. J.*

Attested ..... Address *Bloomfield B. D.*

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

Date of Allotment ..... Returned from Overseas *21-12-18*

Embarked for Overseas ..... Cause *Discharge*

*G. leave from 4-12-18 to 6-1-19.*

*SMB 7-1-19*

*Recommended Dis as Permanently unfit*

*9-1-19*

PASSED TO DEMOBILIZATION OF "CET"

*10-1-19*

DISCHARGE APPROVED ON DEMOBILISATION.