

4471



4 THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4471 Name Thomas Hounsell Corps Cof E.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thomas Hounsell
2. What is your full Address? 2. Penistone Island
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. Seaman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
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

Thomas Hounsell 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.

Thomas Hounsell SIGNATURE OF RECRUIT.
J. [Signature] Signature of Witness.

Thomas Hounsell 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 Penistone on this 18 day of April 1918
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 April 18 1918
Place Penistone
Signature of Approving Officer [Signature]

* 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)

Report on return of SS. Hounsell.

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas Hunsell
 Apparent age 21 years 0 months 0 Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr George Hunsell
Rondando Island | Relationship Father

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-4-18</u>									Lance Cpl. 16-1-19. Corporal 16-4-19.
Joined at <u>St. John's</u> on <u>April 18-1918</u>									
<u>Discharged July 7 1919</u>									
To Report on return <u>St. John's</u>									
Embarked <u>St. John's</u> steam to <u>Halifax N.S.</u> <u>11-6-1918</u>									
Embarked for <u>N.S.</u> <u>26-10-1918</u>									
Joined <u>Battln.</u> <u>3-11-1918</u>									
Arrived in <u>U.K.</u> from <u>N.S.</u> <u>23-4-19</u>									
To <u>Newfoundland</u> for demobilization <u>22-5-1919</u>									
Arrived <u>Newfoundland</u> <u>1-6-1919</u>									
<u>Demobilization</u> <u>St. John's</u> <u>7-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-19 [date of discharge] 1 years 81 days
 " " Pensions " " " " " " " " " " " "

C.R. 4471

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn
3-11-18.

The following joined the Bn. 3-11-18.

4471 Pte. T. Hounsell

A Coy.

CR. 4471

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt. St. John's, July 10th, 1919.

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

4471 Cpl. Thos. Hounsell.

C.R. 4471

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Depot St. John's, June 12th, 1919

2 The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 23-6-19.

4471 Cpl. T. Hounsell.

C.R. 4471

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

Date 11-6-19

4471 Cpl. T.Hounsell.

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

C.R. 4471

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

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

4471 A/CPL. F. Hounsell.

C.R. 4471

Extract from Daily Orders Part 11 Unit The Royal Wld. Regt.
Frans: 21-4-19.

Promotions.

4471 L/C, T. Hounsell

to be A/Cpl. 16-4-19.

C.R. 4471

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT
IN FRANCE DATED 31/1/19.

APPOINTED L/Cpl.

#4471 Pte. L. Hounsell.

16/1/19.

C.R. 4471

Extract from Nominal Roll Re-inforcement Draft No. 55, Embarked Folkestone
26/10/18, from 2nd Batta. Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4471 Pte.Hounsell, T.

MP.

C.R. 4471

Extract from Daily Orders Part 11. from Unit The Royal Nfld.
Regiment, St. John's, dated June 14th 1918.

4471 Pte T. Hounsell

Embarked for Overseas with draft 11-8-18.

C.R. 4471

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 18, 1918.

#4471 Pte. T. Hounsell.

~~Report~~ Attested for General Service with the Royal
Newfoundland Regiment, from 18/4/18. To report later.

No. 441 Name Hounsell, T. Sqn., Batty., or Company A Corps ROYAL NEWFOUNDLAND REG. Date of enlistment 1874/1/1 G.C. Badges 2 Service or Proficiency Pay 1/2

Date of last entry in Company Conduct Sheet 1874 No. and date of last drunk 1874 Period not reckoning towards freedom from extra fine 1874 Sheet No. 441 Signature O.C. Company, etc. J. M. [unclear] Character 1874

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>Roman</u>	<u>15-4-19</u>	<u>2pc</u>		<u>deficiency of kit - /50</u>	<u>CQMS Wardlaw</u>	<u>pay for same</u>	<u>15-4-19</u>	<u>Major [unclear]</u>	<u>R 56</u>

Army Form B. 122

[P.T.O.]

T. Hounsell

C.R.

4477

1870

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. 9th Royal Newfoundland 7. Former Trade or Occupation } Fisherman
2. Regtl. No. 447 3. Rank. Bo. Sgt. 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name Sounsell Thomas
(Surname) (Christian Names)
5. Age last birthday. 23
6. Posted for duty on Apr 15/18 at St. Johns
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Where (d) Particulars of Pension or Gratuity (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. nil
12. Place of origin of disability. nil
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. nil
nil

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }

} na

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

na

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

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

No complaint of the disability

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

na

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

na

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

na

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

na

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Repatriation

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

W. S. Proemier Capt R.A.M.C.
Medical Officer in charge of case.

Station Stanley D. Camp

Date 29-4-19

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

1ST. NEWFOUNDLAND REGIMENT**ALLOTMENTS**I, Thomas Downell, Regl. No. 4471

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Ten 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 June 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4030	Father	George Downell	Rinkards	
			B. B	50
			Total Allotment, \$	50

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. J. Downell
1 Officer Commanding
Company A

St. John's.

29-5 1918(S) Thomas Downell(Rank) Pte

FORM K



No 4263 a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Howsall, Regl. No. 4471
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 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 June 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4030	Father	George Howsall	Pineheads Inland B.B.	50
			Total Allotment, \$	50

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.) [Signature]
 A Officer Commanding
 A Company
St. John's.
29 - 5 1918

(Sig.) Thomas Howsall
 (Rank) Private

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

Sir:-

Please charge the amount not opposite my name to my account and pay
it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments
for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4471	Lt	Horsnell, J.	\$ 250	J. Horsnell

I have the honour to be, Sir,
Your obedient Servant.

J. Horsnell

date

July 1/18

21174/2407

2/Bn. R. Newfoundland Regt.,
Winchester.

20th December, 8

4471 Pte. T. Hounsell

✓ 11033

Pay to- 4471- Hounsell- £8:4:0-

No. 21174/2407

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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

20th December 1918

191

Subject: 4471, Pte. T. Kennell,

With reference to the following telegram (11033) from the Hon. Minister of Militia, received

Pay to 4471 Kennell £8:4:0

Draft £ 8:4:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of

 on account of
cable remittance from Newfoundland.

No. Rank

Witness

*Cancelled
Card*

..E1174/2407

2/Bn Royal Nfld. Regt.
Winchester.

20th December 8

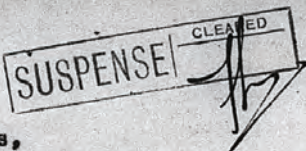
. 4471, Pte. T. Kennell,

11033

Pay to 4471 Kennell £8:4:0

8:4:0

79/4/P&A.



G.P.&O.1/c Records,
Newfoundland Contg.
58, Victoria Street, SW1

Officer Commanding,
1st. Bn. R. Nfld. Regt.,
B.E.F.

WF/MN

Pay & Record Office.

3rd. January, 8

File

4471. PTE. T. HOUNSELL.
ROYAL NEWFOUNDLAND REGIMENT

With reference to the
following telegram from the
Minister of Militia (11033)
dated 20/12/18,-

"Pay to 4471 Hounsell £8:4:0"

This amount has been
placed to the above named
Soldier's credit with our No.2
Account, pending reply from you
as to its disposal.

Major
Chief Paymaster & O.1/c Records

79/4/P&A

Form
C. 348
63

ACO

MEMORANDUM.

From C.P.&.O.i/c Records,
Newfoundland Contg.
58, Victoria Street, SW1

To Officer Commanding,
1st. Bn. R. Nfld. Regt.,
B.E.F.

WF/MN

From *O.C. 1st Royal Newfoundland Regt*

CHIEF PAYMASTER & OFFICER I.C. RECORDS,
NEWFOUNDLAND CONTINGENT,
To 58, VICTORIA STREET,
LONDON, S.W. 1.
ANSWER: C. S. D.

Pay & Record Office.

3rd. January, 1918

16-1 1918

4471. PTE. T. HOUNSELL.
ROYAL NEWFOUNDLAND REGIMENT

With reference to the
following telegram from the
Minister of Militia (11033)
dated 20/12/18,-

"Pay to 4471 Hounsell £8:4:0"

This amount has been
placed to the above named
Soldier's credit with our No. 2
Account, pending reply from you
as to its disposal.

M. A. Dunsell

Major
Chief Paymaster & O.i/c Records

*This soldier wishes this
amount placed to his
credit please*

723
21 JAN 1918
G. Mathias
LT. COL.
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.
[Signature]

Hounsell, T.

4471

Ray Sept.

THE ROYAL NEWFOUNDLAND REGIMENT.

TO 4471. Pte. T. Hounsell.

MAY 24th. 1918. BOARD & LODGING.

\$4.00¢

(While on home leave).

(Waiting for Train)

CERTIFIED CORRECT

~~C. James Bent~~

C. J. Bent
7144
J. H. H. H.

Pte. T. Hounsell
June. 8/18

No. 40

PORT BLANDFORD, NFLD.,

May 24th 1918

~~RECEIVED FROM~~ A. M. STARES,

Pte T Haunell
for one day Board and lodging
one dollar

Depot The Royal Newfoundland Militia
St. John's, Nfld.

A. M. Stares
Cash

\$ 1.00
xx

Times Print.

No. 31

PORT BLANDFORD, NFLD.,

May 12th

1918

~~RECEIVED FROM~~ A. M. STARES,

Received from Pte T Hounsell 4471

The Sum of Three dollars for

Road & Laundry

St. John's ^{and} Regiment ¹⁹¹⁸

A. M. Stares

\$3

Depot The Royal Newfoundland Regiment

Times Print.

July 8, 1919

#4471 Cpl. Thomas Hounsell,

Winchards Island, 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 & U.i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Thomas* 2. Surname..... *Hounsell*
3. Rank..... *Corporal* 4. Regtl. No..... *4471*
5. Address in full to which future payments of gratuity are to be forwarded..... *Picard's Ln B.B.*
6. Date of enlistment in the Regiment..... *Apr. 17. 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *From Apr. 17/18 to June 9. 1919.* 1. ²

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

..... *No,*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *No,*

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

16. Have you, during the present war, served in the Imperial Forces?..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *No*

19. Are you now serving in the Rest?..... If not give? - (a) date of discharge..... *June 9/19* (b) Reason for discharge..... *Demobilisation*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service..... *France, Belgium & Germany - From Oct. 1918 to April, 1919*

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

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

Signature of Applicant: *Cpl. J. Hounsell*
 Place of Residence: *Richards Is. B.B.*
 Declared before me at: *St. John's, Nfld.*
 This *9th* day of *June* 19*19*....

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

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

Jul 7, 1919

#4471 Cpl. Thomas Hounsell,

Finchards Island,

B.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2740.

Yours truly

Captain
Paymaster & U.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4471 Rank Capt. Name Hounsell J.
 Intended place of residence Punchards Island
 2. Occupation Seaman
 Classification of soldier E Medical Category A.I.

3. The above named man is discharged in consequence of **DEMOBILIZATION.**

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUN 9 1919
 Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 9 1919
 Signature of soldier Cpl. J. Hounsell
 Signature of witness A. M. Johnston Lt

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 JUN 9 1919
ST. JOHN'S
 Signature of soldier Cpl. J. Hounsell
 Signature of witness W. J. Leator

STATEMENT OF SERVICE

7. Enlisted for service 18-4-18 No of days on Military
JUN 23 1919 Discharged from service Plus 14 days Service 446

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 23 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
 Date July 7/1919
 Officer in Charge
 The Royal Newfoundland Regiment

a/B 2079/2740

HAMMERMILL
BOND

The Royal Nfld. Regiment

DEMobilIZATION

No 447 Rank

Name Hounsell J

Warned for demobilization on

JUN 8 1919

The Royal Newfoundland Regiment

Class for Demobilization: 76.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.6.19

Regimental No 4471

Name Monnell Jno

Rank Corp

Address Linchards Island

Present Medical Category A 7

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

RH Last
O.C. Discharge Depot.

W. Parnson
Senior Medical Officer

Geo Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4471 Rank Capt Name Hounsell Ltr.
 Date of Enlistment 18-4-18 Address Richards Id. District Renavate
 Occupation Seaman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. Pj36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date 7-6-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Ltr. Hounsell

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

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.1666.....to his home at Richards Rd and Release Certificate No. 2482 issued.

Date 9-6-19

J.A. Brown
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 7-7-19

Date 9-6-19

H. W. Pitt
Depot Paymaster

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1	1
E 17S	W 3494	B 122	Board 1st.	" 2	
R 178a	D 400A	B 1915	do 2nd.	" 3	2 Forms B
B 179	D 400B	Form L	do 3rd.	" 4	
B 179a	D 400C	Form K	do 4th.	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 9-6-19

J.A. Brown
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 23 1919

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

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation

Cpl. J. Hounsell

Signature of Man.

J. J. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 4471

Place *W. Johns*

Date JUN 9 1919

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

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

1. Unit and Corps Royal Newfoundland Former Trade or Occupation } Dist. Comdr.
2. Regtl. No. 4471 3. Rank Cpl 7a. If the soldier claims previous service in Army, he should state—
4. Name Hounsell Thomas (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday 23
6. Posted for duty on apl 15/18 at St. John's in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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."
nil
11. Date of origin of disability.
12. Place of origin of disability.
nil
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
nil

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war
 (ii) Previous active service.
 (iii) Climate in pre-war service } *na*
 (iv) Ordinary military service before the war }
 (v) Serious negligence or misconduct on the }
 man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na.*

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

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

Accomplish your duties

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

Repatriation

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.

Sgt W. P. ...
as per
Capt Name

Station *Hazely Down*
 Date *29/04/19*

Medical Officer in charge of case.

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



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 *G. H. Housell*

Regiment from which discharged **Royal Newfoundland**

Regimental number *41471*

Intended address *Pinehills Island*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *George*

Christian name of Mother *Katherine*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Pinehills Island, Sept. 29th, 1896*

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)

Cpl.
(Rank)

Station **ST. JOHN'S.**

Date *Cpl. J. Housell*

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



Station

Date

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

MEDICAL HISTORY

OF

Surname Housell Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Pinchards Island County B.B. Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 18 day of April 1918 at St. John's		on day of 191	
Declared Age	24 years		days	
Trade or Occupation	Seaman			
Height	5 feet 4 inches		feet inches	
Weight	143 lbs.		lbs.	
Chest Measurement	Girth when fully expanded... 37 1/2 inches		inches	
	Range of Expansion... 4 1/2 inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= 6/6		R.E.—V=	
	L.E.—V= 6/6		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Amund Peterson</u>			
(Rank)	Major		Medical Officer.	
Enlisted	at St. John's		at	
	on 18 day of April 1918		on day of 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal W.F.B. Regt.</u>		<u>4471.</u>	
Transferred to				
Became non-effective by	on day of 191		on day of 191	
(Signature)				
(Rank)				

Casualty Form - Active Service.

Regiment or Corps... *2/1st ROYAL NEWFOUNDLAND REGT.*

Rank... *1st* Surname... *Hounsell* Christian Name... *Thomas*

Religion... *Ch.* Age on Enlistment... *21* years... months

Enlisted (a)... *18/4/18* Terms of Service (a) *Duration* Service reckons from (a) *18/4/18*

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

Extended *S* { } Re-engaged { } Qualification (b) of Corps Trade and rate

Occupation... *Seaman* Signature of Officer... *J. M. Emerson*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 215, Army Form A. 50, 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. 215, Army Form A. 50, or other official documents.
Date	From whom received				
		Embarked ...	<i>25 Oct 1918</i>		
		Disembarked	<i>NOV 1918</i>		
		Appointed <i>L/Cpl</i>	<i>16/1/19</i>		<i>B213 exp/19</i>
	<i>B.C. Unit</i>	<i>To be a/cpl</i>		<i>16/4/19</i>	<i>B213</i>
		<i>Arrived in UK</i>		<i>23/4/19</i>	

Int

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserves, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

Next of Kin Father George Hounsell, Richards Island, Nfld.

FORM K

No 4263



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Hounsell, Regl. No. 4471

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and Fifty 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 June 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4030	Father	George Hounsell	Rincharls Island B.B.	50
			Total Allotment, \$	50

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]
 A Officer Commanding
 'A' Company
St. John's
29-5 1918

(Sig.) Thomas Hounsell
 (Rank) Pte.

Receipt for Army Book 64

No. 4471 Name Hounsell J.

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

Name J. Hounsell

Date Nov 1st / 20

Place Pinchard's Island

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

WJ
12/1/20

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of The Royal W. L. S. Regt.

Signature of O. C. Company James Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Thomas Howesall</u>	Age on	21 years months	<u>Seaman</u>	
<u>4471</u>		Place and Date of Enlistment	<u>St. John's 18-4-18</u>	Religion	
Joined	Date	Period of	with Colours 81 years. with Reserve 365 years.	<u>C of C.</u>	
Joined	Date			Place of Birth	
Joined	Date			<u>Finland Is. CB.</u>	
Joined	Date				

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 St. John's 7/19</u>					

To be carried over

Army Form B. 121.

A 471

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. *4471* Rank *Capt.* Name *Hounsell Lts.*
 Date of Enlistment *18-4-18* Address *Pineharbour Isld.* District *Bonarato*
 Occupation *Seaman* Classification for Discharge *F* Medical Category *A1*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date *7-6-19* O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Cpl. J. Hounsell

Particulars passed to Vocational Officer for information and action.

Date *7-6-19*

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *\$60.00*
- (b) Clothing Supplied *[Signature]*

Date *9-6-19* O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 191666 to his home at Punchards Field and Release Certificate No. 2482 issued.

Date 9-6-19 J.A. Snowball
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 7-7-19

Date 9-6-19 J.A. Snowball
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-6-19 J.A. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R.H. Salt Capt.

Date JUN 22 1919 R.H. Salt Capt.
O. C. Discharge Depot.

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

Date June 16/19 James [unclear]
for O.C. Records

Reg. No. *4476* Rank *Cpl.* Name *Hounsell, J.*

Attested Address *Richards Island.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Corsican* Cause *Anchorage*

8619
23-619

PASSED TO DEMOBILIZATION
DISCHARGE APPROVED ON DEMOBILIZATION