



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5443 Name Allison Hoyles Corps CofC.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Allison Hoyles</u> .....           |
| 2. What is your full Address? .....  | 2. <u>Valleyfield</u> .....              |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>19</u> years <u>3</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u> .....                |
| 6. Are you Married? .....  | 6. <u>no</u> .....                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u> .....                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                           |
|  | Corps .....                              |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u> .....                     |

I, Allison Hoyles, 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.

25/5/18 Allison Hoyles SIGNATURE OF RECRUIT.  
P. R. Power Signature of Witness.

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

I, Allison Hoyles, 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 St. John's on this 25 day of May, 1915.

Signature of Attesting Officer P. R. Power

### CERTIFICATE OF APPROVING OFFICER.

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

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

Date ..... 1915 } Approving Officer.  
 Place .....

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

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

7  
20  
3  
40



C.R. 5443

Extract from Daily Orders part II, Unit the A.S.F.D.R.  
dated 6-7-19.

The discharges of the undernoted on demobilisation  
has been CONFIRMED by Officer i/c records on 6-7-19.

#5443 Pte. Allison Hoyles.

C.R. 5443

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

Date June 7th, 1919

5443 Pte. Allison Hoyles

Reported at Headquarters 1-6-19.

RE "Corsican"

which sailed Liverpool May 22/1919.



C.R. 5443

Extract from Daily Order Part 11 Unit The Royal Wfld. Regt  
Depot, St. John's, June 9th, 1919

The discharge of the undernoted on demobilization has been  
APPROVED by C.C. Discharge Depot, with effect from ~~1918~~  
19-6-19.

5443 Pts. A.Hoyles.

C.R.

5443

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

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

#5443 Pte. A. Hoyles.

C.R. 5443

Extract from Nominal Roll of 1914-18 Draft No. 56, from the 2nd.,  
Battalion of the Newfoundland Regiment to the 1st., Battalion  
of the Newfoundland Regiment R. A. F.,  
Embarked Southampton 23/11/16.

#5443 Pte. A. Moyles .

10.

C.R. 5443

EXTRACT FROM TELEGRAM FROM SYNOPTICAL, LONDON DATED SEPT. 13th 1918.

reference your telegram Sept. 11th 5443 Hoyles

C.R. 5443

Extract from Telegram from Synoptical, London dated Sept. 10th 1918.

With refernece your telegram Sept. 9th., two attestation sheets  
regimental numbers 5443 our records show only one 5443 Hoyles. advise  
other name.

C.R. 5443

Abstract from Telegram from Synoptical, London dated Sept. 9th 1918.

There are two attestation sheets regimental numbers 5443. Inform correct names.



CR. 5443

Extract from Telegrams from Synoptical, London dated September 11th 18.

In <sup>an</sup> answer to your ~~letter~~ telegram Sept. 10th., 5443 names read Hoyles and Kelland.

C.R. 5443

Extract from Daily Ord no. part 11, from Unit The Royal  
Nfld. Reg. t. John's, dated July 25, 1918.

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

#5443 Pte. Hubert Hoyles.

C.R. 5443

Extract from Daily Orders part 11, from Unit The Royal Wfld.  
Regt. St. John's, dated May 28, 1918

#5445 Pte. A. Hoyles.

Attested for General Service with the Royal Wfld. Regt.  
from 25.5.18



A. Hoyle

5443

P. T. B. Q

Medical Report on an Invalid.

Station Hazeley Down

Date 30/11/19

- |                                   |  |
|-----------------------------------|--|
| 1. Unit <u>Royal Newfoundland</u> | 7. Former Trade } <u>Stoker</u>              |
| 2. Regimental No. <u>5443</u>     | or Occupation }                              |
| 3. Rank <u>plte</u>               | 7A. If with previous service in Army, state— |
| 4. Name <u>Hoyles Allison</u>     | (a) Former Unit;                             |
| 5. Age last birthday <u>20</u>    | (b) Regimental No.;                          |
|                                   | (c) Date of Discharge;                       |
| 6. Enlisted { on <u>May 25/18</u> | (d) Cause of Discharge.                      |
| at <u>81 Johns</u>                |  |

**8. Disability in respect of which invaliding is Proposed.**  
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*nil*  
*nil*  
*nil*  
*nil*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*na*



13. What is his present condition?

*no complains of no disability*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

*na*

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

*na*

16. Was an operation performed? If so, what?

*na*

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

*na*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repositioning*  
*M. J.*

*Capl Plante*  
*Major*  
*Daane*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Wayden town*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *30/11/19*

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

† Delete this word if no exceptions are to be made.

6166/320

1st Batt. Ryl. Nfld. Regiment  
B.E.F .

22nd April

9

5443 Pte A. Hoyles

146 ✓

5443 A. Hoyles

£6. 0. 0.





Hoyle, Allison

5443

Ray Dept.



July 3, 1919

#5443 Pte. Allison Holmes,

Valleyfield, 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.



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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. 1918.

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 *Albion* *Stokes* *Law*

1. Christian name *Stokes* *Albion* *Law* *54143*

2. Rank *Plt* *54143*

3. Address in full to which future payments of gratuity are to be forwarded *Valleyfield, B. B.*

4. Date of enlistment in the Regiment *May 25/18*

5. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*

6. Relationship of such dependents *No*

7. Address in full of such dependents *No*

8. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

9. Were you on active service only in Hfld. If so, give dates and particulars of such service *Overseas*

10. Give total length of time which you served on active service, whether in Hfld. or Overseas *from May 25/18 to*

*June 5/19 date of temporary discharge*

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.

*Clothing allowance & backpay \$5.07*

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

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

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

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

19. Are you now serving in the Regt.? *No* If not give - (a) date of discharge *June 5/19*

(b) Reason for discharge *Temporary Demobilization*

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.

*Germany through France & Belgium from Nov. 23/18 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: *Allison Hoyle*  
 Place of Residence: *Valleyfield, B.B.*  
 Declared before me at: *St. John's, Nfld*  
 This *5th* day of *June* 19*19*....

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

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

July 3, 1919

5423 Pte. Elison Hoyles,  
Witleyfield, B.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2301.

Yours truly

Captain  
Agent W. J. C. Records.

The Royal Mfld. Regiment

DEMOBILIZATION

No. *5443* Rank

Name *Hayes A*

Warned for demobilization on

JUN 5 1919



The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5443 Rank Pvt. Name Hoyle, Allison  
 Intended place of residence Valleyfield  
 2. Occupation Dr. termian  
 Classification of soldier E Medical Category AI

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

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 5 1919 .....  
 for Asst. Quartermaster  
 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 .....  
JUN 5 1919 .....  
A. Hoyle  
 Signature of soldier  
Alfred Austin  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date St. John's .....  
5-6-19 .....  
Allison Hoyle  
 Signature of soldier  
W. J. Eaton  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 25-5-18 ..... No of days on Military  
 Discharged from service 19-6-19 Plus 14 days Service 405.....

## APPROVAL OF DISCHARGE

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

Place St. John's .....  
 Date JUN 19 1919 .....  
R. H. Lait Capt  
 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 .....  
 Date July 5, 1919 .....  
W. Bowley Capt  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

28 B 207912307



# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. *2443*

Name *W. H. L.* *Alison*

Address .....

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing~~ Medical Board .....

Members of Board {

*R. H. L. Capt.*  
.....  
O.C. Discharge Depot.

*J. P. Gibson*  
.....  
Senior Medical Officer

*Geo. Burden*  
.....  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5444 Rank C.Pte Name Hoyle, Allison  
 Date of Enlistment 2-5-51 Address Wallingfield District B. B.  
 Occupation Ironworker Classification for Discharge E Medical Category A. I.  
 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	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 4-6-59

W. H. H.  
O/c. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Allison Hoyle

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$160.00  
 (b) Clothing Supplied \_\_\_\_\_

W. H. H.

Date 5-6-59

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 1438 g. 566* to his home at *Valleyfield* and Release Certificate No. *2305* issued.

Date *5-6-19* *J.A. Snow 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 *3-7-19*.

Date *5-6-19* *H. W. Sait Capt.*  
Depot Paymaster.

Discharge approved for *19-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1.	
F 178	W 3494	B 122	Board 1st.	" 2.	<i>2 Form B</i>
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 *5-6-19* *J.A. Snow Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 19 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

Signature of Man.

Reg. No.

Allison Hoyle

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

5-6-19

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

# MEDICAL HISTORY

Surname Hoyle OF Christian Name Allison

Table I.—GENERAL TABLE.

Birthplace:—Parish ✓ Aylefield, B.S. County Hes.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	28 <sup>th</sup>	May	1918	191
at	St John's			
Declared Age	19	years		days
Trade or Occupation	fisherman			
Height	5	feet	7	inches
Weight	126	lbs.		lbs.
Chest Measurement	Girth when fully expanded	33	inches	inches
	Range of Expansion	3	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	6/6	L.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. A. Pittman</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	St John's	at	
	on	28 <sup>th</sup>	on	day of
		May		1918
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>Boyal Hes.</u>	<u>Regiment</u>		
		<u>S 443</u>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				





## Medical Report on an Invalid.

Station Hazelby D. CampDate 30-4-19

1. Unit R. Inf. Newfoundland
2. Regimental No. 5443
3. Rank Pte
4. Name Boyles Allison
5. Age last birthday 20
6. Enlisted { on May 25/18  
at St Johns
7. Former Trade or Occupation } Fisherman
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nilnilnil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to, or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil



13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*He complains of no disability*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

*m*

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

- (b) Where?
- (c) Opinion?

*m*

16. Was an operation performed? If so, what?

*m*

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

*m*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*m*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*m*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation*

*m*  
*my father*

*Capt P.A.M.C.*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hayles D Camp*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *30-4-14*

\*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.

† Delete this word if no exceptions are to be made.



## 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 *Allison Hoyles*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5443*

Intended address *Valleyfield. B.B.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Ruddy*

Color of eyes *Grey*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *Thomas*

Christian name of Mother *Hannah*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Valrobs Isld. July 28, 1898*

Nature and locality of civil employment required \_\_\_\_\_

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

(Soldier's signature in full) *Allison Hoyles.*

*Pte*  
(Rank)

Station *S. J. Johns*

Date *4-6-19*

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

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

Station

Date

**Casualty Form - Active Service.**

Rank Pte Regiment or Corps R. Newfoundland  
 Surname Boyles Christian Name S. A.  
 Religion C. of E. Age on Enlistment 19 years — months  
 Enlisted (a) 24/5/18 Terms of Service (a) Duration Service reckons from (a) 24/5/18  
 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, etc. 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 ...			
		Disembarked...	28 NOV 1918		
		Joined Batt.	5 JAN 1919		
		Armed in UK	23/1/19		

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.  
 (17591) Wt. W 1887 - P 1124, 1,000,000, 6/18, D & S, Form B/103, (E. 1256.)

Next of kin: Father: Thomas Boyles: Valleyfield: B. Bay: N. S. D.



Receipt for Army Book 64

No.....*5443*.....Name.....*Hoyle*.....

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

Name.....*Allison Hoyle*.....

Date.....*August 3*.....

Place.....*Valley Field B. Bay*.....

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

*WJ*



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of G. C. Company

D. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.		Age on	years				
	5443		19	Fisherman			
Joined	Walter Allison	Place and Date of Enlistment		Religion			
		St. John's		CofS			
Joined		Period of	with Colours	Place of Birth			
			1 <sup>10</sup> / <sub>36</sub>		Valleyfield NB		
Joined			with Reserve				
		36 <sup>1</sup> / <sub>36</sub>					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized St John's	23	7/19			

To be carried over.

Army Form B. 121.



# The Royal Newfoundland Regiment

D 5443

## DEMOBILIZATION OF

Reg. No. 5443 Rank Pte Name Hoyle, Allison  
 Date of Enlistment 25-5-18 Address Wallyfield District B. Br.  
 Occupation Tradesman Classification for Discharge E Medical Category A. I.  
 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 4-6-19 J. H. H. H.  
 \_\_\_\_\_ O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

Allison Hoyle

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 5-6-19 \_\_\_\_\_ O i/c. Re-clothing.



Reg. No. *5243* Rank *96* Name *Stoyles, O.*  
Attested ..... Address *Wellesfield B.B.*  
Allotment..... Allottee ..  
Date of Allotment..... Returned from Overseas *1-6-19*  
Returned on S S. *Tosican* Cause *Discharge*

*4-6-19*  
*19-6-19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION.**