

Deceased 27/4/1959

5010

ROYAL NEWFOUNDLAND REGT.

Box 166

1914-1918

Ple's Hunt

NAME

NO. 5010



4 THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 5010 Name Stephen Hunt Corps CofC

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Stephen Hunt
- 2. What is your full Address? 2. St. Grace
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years 8 Months
- 5. What is your Trade or Calling? 5. Ladener
- 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, Stephen Hunt 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.

13-5-18 Stephen Hunt SIGNATURE OF RECRUIT.
J. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Stephen Hunt 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 11 day of May 1918

Signature of Attesting Officer C. D. Hicks Lieut.

†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 May 11 1918 } Approving Officer.
 Place St. John's }

† 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

5010

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

Name Stephen Hunt
 Apparent age 20 years 8 months. Height 5 feet 6 1/2 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 Mrs Martha Hunt
41 Grace CB | Relationship Mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or 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>13-5-18</u>									
Joined at <u>St. John's</u> on <u>May 13-1918</u>									
<u>Discharged August 14/1919</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for B.C.S. 26-10-18. Disembarked France 26-10-18</u>									
<u>Joined Battalion 3-11-1918. Admitted to 4th Coy. Royal Fusiliers 17-3-19</u>									
<u>Went to Camp de la Perle 3-3-19. Rejoined unit 1-4-19</u>									
<u>Admitted to 4th Coy. Royal Fusiliers "L'epote" 1-4-19. Went to duty 1-5-1919</u>									
<u>Arrived from B.C.S. to Dunkirk 2-6-19. Sent off for demobilization 24 6/1919</u>									
<u>Arrived to embark home 1-7-1919</u>									
Total Service forfeited as above.....									
<u>Demobilization St. John's 4-8-1919</u>									
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge) <u>1</u> years <u>84</u> days									
" " Pensions " " " " " " " " " " " "									

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

MEDICAL HISTORY

Surname Hunt OF Christian Name Stephen

Table I.—GENERAL TABLE.

Birthplace:—Parish St. George County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>13</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
	at <u>St. Johns</u>	at		
Declared Age	<u>39</u> years	days	years	days
Trade or Occupation	<u>Labourer</u>			
Height	<u>5</u> feet <u>6 1/2</u> inches		feet	inches
Weight	<u>135</u> lbs.			lbs
Chest Measurement	Girth when fully expanded	<u>35</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number	<u>1 scar</u>		
When Vaccinated	<u>3 months ago</u>			
Vision	R.E.—V=	<u>6/15</u>	R.E.—V=	
	L.E.—V=	<u>6/17</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>James Parsons</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>St. Johns</u>	at		
	on <u>13</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>The Royal Nfld Regt 2010</u>			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				

C.R. 5010

Extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilisation has been
confirmed by officer i/c records from noted date
4-8-19.

5010, Pte. S. Hunt.

C.R. 5010

Extract from Daily orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilisation has
been APPROVED by U.C. Discharge Depot with effect from
following date

~~1919-12-31~~
21-7-19

5010, Pte. S. Hunt.

C.R. 5010

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

5010 Pte. E.Hunt.

Reported at Headquarters 1-7-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5010

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

The following joined the Battn. 3-11-18

5010 Pte. S. Hunt.

B Coy.

CR. 5010

Extract from Daily Orders Part 11 By Lt.Col. E.J.Barton, D.S.O.
Commanding 2nd Batta. Royal Wfld. Regt. 2-6-19.

The following having reported from the 1st Bn. is taken on the
Strength and posted to "C" Company as from 1-6-19.

5010 Pte. E.Hunt.

C.R. 5010

Extract from W. O. List No. 36230.

Dis. to Duty ex 6 Gen. Hospital 1 May 1919.

5010 Pte. S. Hunt.

Impetigo.

C.R. 5010

Extract from War Office List N^o. H.A. 36060.

5010 Pte. S. Hunt.

Admitted 6 General Hospital, Rouen 22nd. April '19.

IMPETIGO MILD.

C.R. 5010

Extract from Casualties List No. H.A. 35953

5010 Pte. S. Hunt

Impetigo. Mild Adm. 8 G. Hosp. Rouen 13 April. 19

C.R. 5010

Extract from Casualties.....~~at~~ List No.H.A. 55522

5010 Pte. S.Hunt.

Adm. 8 Gen. Hosp. Rouen. 17 Mar'19 Scabies Mild.

C.R. 5010

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

5010 Pte S. Hunt

Embarked for Overseas with draft 11-6-18.

C.R. 5010

Extract from Honorary Roll re-attachment Staff No. 55, returned Folkestone,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasley Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.I.F.

5010 Pte. Hunt, S.

MR.

Extract from Daily Orders part 11 from Unit The Royal Rifle
Regt. St. John's, dated May 14, 1918.

#5010 Pte. S. Hunt.

Attested for General Service with the Royal Rifle Regt.
from 13.5.18

C.R. 5010

Extract from War Office List No. H.A. 35736.

DIS . TO REINF DEP. EX 8 GENERAL H. ROUEN 31st. March 1919

5010 PTE. S. HUNT.

SCABIES MILD.

S Hunt

C.R. 5010

~~1490~~

From : Ophthalmic Surgeon. Central Military Hospital.

To : Medical Officer in Charge Prof. Regt.
Hughy Dawn

4-9-1918

" REPORT OF VISION "

No. 5010..... Pte. Hunt S.....

Has V.A. R.E. = $\frac{6}{18}$

With correct-
ing lenses.

R.E. $\frac{6}{18}$

" " L.E. = $\frac{6}{18}$

L.E. $\frac{6}{18}$

Emmetropic. Fundi & media normal.
Asthenopia, temporary. Glasses not
indicated.

R. Lockhart
Capt. M.C.
Ophthalmic Surgeon.

Note ... This Report should be attached to this man's
Medical History Sheet for future reference please.

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

Sir:-

Please charge the amount set 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
5010	Plt	Serjeant S.	£250	Stephen Hunt

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

ato

Stephen Hunt

July 1/18

No. 15896/1686.

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,
2nd. Bn. Royal Nfld Regt.,
Winchester.

October 3rd, 1918

9 OCT 1918 191

Subject: 5010, Pte. S. Hunt,

With reference to the following telegram (8488) from the Hon. Minister of Militia, received

"pay to 5010, Pte. S. Hunt, £3.0.0.

Draft £ 3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. H. Mansel Capt.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Cham *CPH* LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £ 3.00

Three pounds on account of cable remittance from Newfoundland.

Stephen Hunt
No. 5010 Rank Pte.

Hunt, S

5010

Pay Sept.

August 4th 1919.

#5010. Pte.S.Hunt,
Hr. Grace.

Dear Sir:

Enclosed please find Discharge Certificate
3518.

Yours truly,

Capt. & Paymaster.

RS/.

December 17, 1920

Ex Pte. Stephen Hunt,
Hr. Grace.

Dear Sir:

With reference to your letter of December 2, please be advised that both Badge and Book were forwarded to you at your address at Harbour Grace. We have your receipt for Book. Let us know if you did not receive Badge, and we will look it up for you.

Yours truly,

Capt.
For Paymaster.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5010 Rank Plt Name Avant J.
 Date of Enlistment 13.2.18 Address St. George District St. George
 Occupation Labourer Classification for Discharge F Medical Category H1
 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 18-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

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 19-7-19

O i/c. Re-clothing.....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2498.....to his home at Ms Grace..... and Release Certificate No. 3734 issued.

Date 19-7-19

[Signature]
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 14-8-19

Date 19-7-19

[Signature]
Depot Paymaster.

Discharge approved for 21-7-19

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 14-7-19

[Signature]
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 JUL 21 1919

L. R. COOPER, CAPT,
O. C. Discharge Depot.

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

Date

Receipt for Army Book 64

No. 2 P 10 Name. Hunt

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

Date. August 1st

Place. Harbour Grace Newfoundland

Name. M^{rs} Stephen (a. Frances) Hunt

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

11922.

Dr's Grace

Dec 23rd/20

Dear Sir

gn. reply to your
letter I received dat Dec 17
That I did not Rec.
Boyl nor Book as yet
Look it up and if its
gone some one else have
got it but me

yours truly

Stephen Hunt
Dr. Grace

50 10 /

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 Regt* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5018* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Hunt S*.....
 (Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on *May 12/18* 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 (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *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 | | |
| (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.
na.
na.
na.

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

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

He complains of no disability-

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

na.
na.
na.
na.

20. Do you recommend—
(a) Discharge as permanently unfit?
(b) Change to United Kingdom?

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

Repatriation

W.E. Procmis, Cpt Rome
Medical Officer in charge of case.

Station: Hazelton Camp
Date: 13/6/19

* 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.

August 12, 1919

Mr. Stephen Hunt,
Harbor Grace.

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.

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..... *Stephen* 2. Surname..... *Hunt*
3. Rank..... *Rte* 4. Regtl. No. *5010*
5. Address in full to which future payments of gratuity are to be forwarded..... *St. Inace*
6. Date of enlistment in the Regiment..... *May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*
8. Relationship of such dependents..... */*
9. Address in full of such dependents..... */*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months*
- 1. ²

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

no

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

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

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

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

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

19. Are you now serving in the R.A.F.? no If not give:- (a) Date of discharge Aug 7/19 (b) Reason for discharge Remob

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.

England

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.

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: - *A. Hunt*

Place of Residence: *St. Grace,*

Declared before me at: *St. Johns*

This 19 day of *July* 19*.19*....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John McCarry J.P.*

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

ST. JOHN'S, JUL 19 1919

Royal Newfoundland Regiment.

Billeting Account,

To Plt S. Hunt

Billeting Soldiers as undermentioned

from July 1st /19 to July 16th /19

5010

Plt S. Hunt

16 60

ACCOUNT

CH

THE

PAY

GEN

35.27

INITIALS

INITIALS

INITIALS

INITIALS

Certified correct for \$

16.60

M. Blouin

R. S. Hunt Billeting Officer.

C.R.

5010

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name, *Stephen Hunt*

Date, *Dec 2nd*

Place, *Bell Island*

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 8

1921.

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

Stephen Hunt

in respect of his service as No. 5010 Rank Pte.

Name S. Hunt

Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Victory Medal and British War Medal

Signature Stephen Hunt

Date Sept 7th 21

Address Str Grace

[P.T.O.]

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. *Stephen Hunt* NAME.....

DATE *W. Grad*.....
PLACE *Jan 28 4/20*.....

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form B 121.
39.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company C. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5010. Hunt Stephen</u>	Age on	<u>20</u> years <u> </u> months	<u>Sailor</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	}	<u>Cath.</u>	
Joined		Date	} with Colours	Place of Birth	
Joined		Date	} with Reserve	<u>Harbour Grace</u>	
Joined		Date	} with Reserve		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>4-19</u>				

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5D10 Rank..... Plt. Name..... Hunt S.
 Intended place of residence..... M. Grace
 2. Occupation..... Labourer
 Classification of soldier..... E Medical Category..... AI

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S
 Date JUL 19 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, ST. JOHN'S
 Date JUL 19 1919
 Signature of soldier
 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, ST. JOHN'S
 Date JUL 19 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service..... 13.5.18 No. of days on Military
 Discharged from service... JUL 21 1919 Plus 14 days Service... 449

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 JUL 21 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
 Date August 4/1919
 Officer in Charge
 The Royal Newfoundland Regiment

11513 20 1918 18

19
20
31
4
844

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5010 Rank Pr Name Hunt J.
 Date of Enlistment 13-5-18 Address St. George District St. George
 Occupation Labourer 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.E. 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 18-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am [Signature] in a position to resume civilian occupation.

[Signature]

Particulars passed to Vocational Officer for information and action.

Date Eligible for War Service Credits

2. Clothing

Certified that Clothing Regulations have been complied with:—

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

Date 19-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2498..... to his home at Mr. Grace..... and Release Certificate No. 3734..... issued.

Date 14-7-19..... *Amblance*
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 14-7-19..... *4-19*
Depot Paymaster.

Discharge approved for..... 21-7-19.....

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.....	/
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 14-7-19..... *Amblance*
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 JUL 21 1919..... L. R. COOPER, CAPT.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date Aug 1/19..... *DLT*

Reg. No. *5610* Rank *Pfc* Name *Hugh I*

Attested Address *43 Grace*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cananda* Cause *Discharge*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

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... *1st Regt. New Zealand*... *Regt.* Former Trade or Occupation } *Gisherman*
2. Regtl. No. *5010* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Grant S.*
 (Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on... *May 12/18*... *A. J. White*
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil.
nil.
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. }
- 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, etc., a specialist's report is to be attached with radiographs where possible; and in cases of suspension the exact position should be stated.

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

He complains of no disability

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

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W.E. Rocumier. Capt. RMC
 Medical Officer in charge of case.

Station *Hampden Camp*
 Date *13/4/19*

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

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—
- | | (a) Attributable to | (b) Aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the part of the soldier | | |
- Give details:

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

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

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

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?

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?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is 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?

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

29. Does the soldier require:—

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

Signatures:—

Station *Hagley S Camp* } President or Chairman.
 Date *13/6/19* } Members.

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

Station } Only applicable in cases of Patients in Hospitals.
 Date Officer in charge, Central Hospital.

OR

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

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

Station }
 Date } O.C. Discharge Centre.

The Royal Newfoundland Regiment

Class for Demobilization:—

Rey

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No. *5010.*

Name

Hunt. S.

Address

St. Grace

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

N.R. Cooper Capt.

O.C. Discharge Depot.

Members of Board

Paterson
Senior Medical Officer

Dee Burdea
M.O. Depot



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 *Heunt, Stephen*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5010*

Intended address *14 Grace*

Height on discharge *5* Feet *6 1/4*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *—*

Christian name of Mother *Margaret*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *14 Grace 27-9-1896*

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) *Stephen Heunt* *He*
(Rank)

Station *ST. JOHN'S.* Date *17-7-19*

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.

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

A Hunt

Signature of Man.

AMB [unclear]

Reg. No. 5-010

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S,**

Date **19-7-19.**