



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 1095

Name in full James Joseph Hyman Age 19

Address 285 Southside

Married-  Single  Height 5.5 Weight 115

Color Fair Hair Dark Brown Eyes Blue

Other distinguishing marks Scar on Left Arm

Nearest relative (Mother) Margaret

Address 285 Southside

Dependents none

Occupation Booker Present Wage \$ 1.00 per month

Previous service \_\_\_\_\_

Decorations \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Enlistment February 8/15

I, James Joseph Hyman do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

*Recruited for duration War*

Declared before me this 10th day of August 1915

*James J. Hyman*  
*James J. Hyman*  
*James J. Hyman*

**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Reg. No. 1095

Name James Joseph Hynes

Apparent age 19 years        months. Height 5 feet 5 inches.

Chest measurement { Girth when fully expanded        inches.  
Range of expansion        inches.

Distinctive marks Color: Fair, Hair: Dark Brown, Eyes: Blue

Other distinguishing marks: scar on left arm

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin: Margaret Hynes, 225 South Side, St. John's  
| 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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve 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>8/2/15</u>									
Joined at <u>St. John's</u> on <u>8th February '15</u>									
<u>Killed in Action</u>					<u>18/11/15</u>				
Total Service forfeited as above .. .. .									
Total Service towards Engagement to .. .. . (date of discharge) .. .. . years .. .. . days									
" " " Pension " .. .. . ( " ) .. .. . " .. .. . "									

## DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1098

Name James Joseph Hynes

Apparent age 19 years \_\_\_\_\_ months. Height 5 feet 8 inches.

Chest measurement { Girth when fully expanded \_\_\_\_\_ inches.  
Range of expansion \_\_\_\_\_ inches.

Distinctive marks Color; Fair, Hair; Dark Brown, Eyes; Blue

Other distinguishing marks: Scar on left arm

### INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Margaret Hynes, 335 South Side, St. John's  
| 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	Regt. or Depot	Promotions, 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>8/2/15</u>									
Joined at <u>St. John's</u> on <u>6th February '15</u>									
Total Service forfeited as above .. .. .									

*Embarked S.S. Stehane 20-3-15. Embarked S.S. 20/8.*  
*Disembarked Alex. and entrained for Cairo 31-8-15.*  
*Embarked for Gallipoli 13-9-15. Landed Sulva Bay night of 19-20 September 1915.*  
*Bullet Wound through Head*  
*Killed in Action 18-11-15.*

Total Service towards Engagement to 18-11-15 (date of discharge) DEATH — years 284 days

" " " Pension " " " " " " " " " " " "

C.R. 1095

February 11th 1920.

Mrs. Margaret Frances,  
285 Southside,  
City.

Dear Mrs. Frances:

I beg to inform you that we have received news by mail, from our Pay & Record Office, London, to the effect that your son No.1095, the Late Pte. J.J.Hynes, was buried at Belders Ravine Cemetery, about 1½ miles North of Salt Lake, Sulva, Gallipoli.(Report Gallipoli S.28.1)

Assuring you of my deepest sympathy in your bereavement and in the added sorrow which the receipt of this information must entail.

Yours faithfully,

2nd Lieut.  
Casualty Officer.

H (19) ✓

M

December 7, 1915.

Dear Madam,

I regret to inform you that the Record Office, Newfoundland Regiment, London, to-day officially reports that No. 1095, Private James Joseph Hynes, was killed in action on November 18th.

Sympathetically yours,

Colonial Secretary.

1095 Hynes

Mrs. Margaret (Hynes) Francis,  
285 Southside.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 (212) W9042/1195 100m 12/14s 23 56

Form  
B. 121.  
22.

Regiment of Newfoundland

Number of Sheet  
Signature of O. C. Company Lt March  
Capt

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>1095 Agnes J.</u>	Age on <u>19</u> years - months	<u>Cooper</u>	
Joined _____ Date _____		Place and Date of Enlistment <u>St Johns Feb 8 1915</u>	Religion	
Joined _____ Date _____			<u>R. Catholic</u>	
Joined _____ Date _____		Period of { with Colours <u>284 days</u> years. with Reserve _____ years.	Place of Birth	
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>Edinburgh Castle</u>	<u>25/4/15</u>	<u>Pte.</u>		<u>Untidy on parade</u>	<u>Sgt Porter</u>	<u>2 days BB</u>	<u>26/4/15</u>	<u>Capt. March</u>	<u>SR</u>
<u>Stob 2</u>	<u>25/4/15</u>			<u>Late on 6.30 am parade</u>	<u>Ferguson</u>	<u>2 days CC</u>	<u>25/4/15</u>	<u>do.</u>	<u>2nd</u>
	<u>20/7/15</u>			<u>Absent 9 am parade</u>	<u>Fowler</u>	<u>2 days CC</u>	<u>20/7/15</u>	<u>do.</u>	<u>2nd</u>
	<u>20/7/15</u>			<u>Absent all defectors</u>	<u>Cpl</u>	<u>2 days CC</u>	<u>22/7/15</u>	<u>do.</u>	<u>2nd</u>
				<u>Parades 5.30 to 9.30 pm</u>	<u>M. Vail</u>				
<u>Killed in action. 18/11/15.</u>									
To be carried over									

Army Form B. 121.

Casualty Form—Active Service.

*Post-Dec 31*



Regimental No. **CR 1095** Rank **Rtr** Name **Thynnes J**  
 Enlisted (a) **Feb 8/15** Terms of Service (a) **1 year** Service reckons from (a) **Feb 8/15**  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_ Numerical position on roll of N.C.Os. \_\_\_\_\_  
 Extended **Discharge of Nov** Re-engaged **Aug 15/15** Qualification (b) \_\_\_\_\_

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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		20/3/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
<i>18/11/15.</i>	Unit.	Bullet W., thro. Head, Killed in Action.	Dardanelles	18/11/15.	B 213. <i>JP</i>

*mt*

*H. Parkhouse*  
 Captain,  
 Officer i/c Records, T. F. 6,  
 3rd. Egelon, M. E. F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

C.R. 1095

St. Johns N. F.  
February 3/20

Dept of Militia  
City,

Re. 1095. Otho J. Hynes

Gentlemen: I

acknowledge with thanks receipt of  
Yours of December 10/19, also Memorial Scroll, and  
thank you very much for same.

Yours very truly  
Margaret Hynes Francis

M.H.F.

Address -

239 South Side



St. John's, Newfoundland  
February 27, 1920

C.R. 1095

Dept of Militia -  
City

Dear Sir - I herewith acknowledge receipt of the 1914-1915  
Star, received some time ago, and regret the delay in  
acknowledging same.

Yours very truly

(Mrs) Margaret Francis  
to H.E.

1095 J. J. Hynes.

M.P.

C.R. 1095

Extract of Daily Orders Part 11 from Unit: Newfoundland  
Rrgiment Dated 4/1/16.

1095 Pte. J. Hynes, D Co., ✓

Killid in Action 18/11/15.

19

December 10, 1915.

Dear Madam,

It was with the greatest regret that the Government received a message from the Record Office, London, reporting that your son, Private James Joseph Hynes, had fallen in the action with the enemy on the 18th November last.

I desire to express to you, on behalf of the Government as well as for myself, the sincerest sympathy with you in this time of mourning. Our hearts will feel the parting from those we love, but it is a comfort to realize that they have died gloriously with their faces to the foe and fighting for the noblest principles--Righteousness, Truth and Liberty. Your gallant son responded nobly to the call of King and Country and did the utmost possible for the honour of the Empire and for the safety of the Realm. We are proud to have such brave and loyal young men, and we rejoice also that we have such noble and unselfish parents who so readily give their boys when the call of duty comes. Though he has fallen, he has attained the soldier's crown of victory, and his name will be inscribed upon the Roll of Honour and be held in grateful memory by all his fellow countrymen.

I beg that you will accept the assurance of my deepest sympathy, and have the honour to remain

Your most obedient servant,

Colonial Secretary.

*Hynes*  
Mrs. Margaret(Hynes) Francis,  
285 Southside,  
City.

C.R. 1095

Copy of Cablegram to Governor St. John's Nfld.  
from P. & R. O. December 7th. 1915.

1095, Hynes. ✓

Killed in Action November 18th.

C.R. 1095

Extract of Telegram from 3rd. Echelon, Alexandria, dated 4th. December, 1915.

(No. M.F.C. 29784) Received 5th. December 1915.

Dated Dec. 7th. 1915.

Killed in Action 18th. November 1915.

1095 Pte. J. Hynes.

Newfoundland Regiment.....

C.R. 1095

Extract from Nomina <sup>A</sup> roll of "D" Co. 1st Bn. Mfld.  
Regt. embarked at Devonport for Active Service, 20-8-15.

1095 Pte. J. Hynes.

Disembarked Alexandria 31-9-15 Proceeded to Abbassia,  
Gatrp, ~~xxxx~~ same date. Embarked Alexandria, for Gallipoli,  
13-9-15.

C.R. 1095

Extract from Nominal Roll of Draft embarked for Overseas  
per S.S. Stephano March 20th, 1915

#1095 Pte. J. Hynes.

C.R.

1095

was attested for General Service  
with Jas. J. Hynes

with the NEWFOUNDLAND REGIMENT on February 8th 1915

Regimental No. 1095 was allotted to Pte Jas. J. Hynes

AUTHORITY:

AUTHORITY:

Record Officer Militia,

Dept. of Militia, 1919.

March 25th. 1919.

was attested for General Service

with the NEWFOUNDLAND REGIMENT was attested for General Service



J. J. Hynes.

1095.

P.R. 10.



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

# MEDICAL HISTORY

OF

Surname Hynes Christian Name James Joseph

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 2. day of Feb 1915 at St Johns.		on _____ day of _____ 191	
Declared Age	19. years		years	days
Trade or Occupation	Cooper.			
Height	5 feet 5 inches		feet	inches
Weight	115 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 31 inches			inches
	Range of expansion... 34 3/4 inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated	1910			
Vision	R. E.—V= 4/6 L. E.—V= 6/6		R. E.—V=	
	L. E.—V=		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)	Cluny Macpherson			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted	at St Johns. on 8 day of Feb 1915		at	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1st Med. Regt.	1095		
Transferred to				
Became non-effective by				
(Signature)	on _____ day of _____ 191		on	day of _____ 191
(Rank)				



4

*copy me*  
Army Form B. 2090A.

**FIELD SERVICE.**

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT } NEWFOUNDLAND REGIMENT. Squadron,  
or } Troop, Battery  
CORPS } or Company



Regtl. No. 1095 Rank Private

Name Hynes, J.

Died { Date November 18th., 1915.  
Place Dardanelles.  
Cause of Death\* Killed in action.  
Nature and Date of Report B 213, 18/11/15.  
By whom made Unit.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation, or exposure while on military duty, or from injury while on military duty.

Burial { Place Not known.  
Date Not known.  
By whom reported \_\_\_\_\_



State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not known.  
(b) in Small Book (if at Base) Not known.  
(c) as a separate document Not known.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined; and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } N. Parkhouse. Captain,  
Officer i/c Records, T. F. 6,  
3rd. Echelon, M. E. F.

Station and Date ALEXANDRIA, 10/12/15.

NEWFOUNDLAND CONTINGENT

INVENTORY of EFFECTS of

No. 1095 Mr J. Hynes. deceased.

EXTRACT from A.F. B.2090A, dated 10/12/15 :

CAUSE of DEATH Killed at Action

DATE 18/11/15 PLACE Dardanelles

WILL: (a) in Pay Book \_\_\_\_\_  
(b) in Small Book \_\_\_\_\_  
(c) Separate document \_\_\_\_\_

NEXT of KIN: Margaret Hynes  
Relationship Mother  
Address 285 South Side  
St Johns N.F.

Particulars

- 1 Egyptian Case.
- 1 Fountain Pen.
- Letter Case.
- 1 Soldier's Small Book



PAY LIST.

to

191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps *1<sup>st</sup> Newfoundland*  
 No. *1095* Rank *Private* Name *Gas. J. Hynes*  
 Died <sup>(a)</sup> at *Gallipoli* on the *18<sup>th</sup>* of *November* 191*5*.  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month..... <i>Nov 18<sup>th</sup> 1915</i>	<i>1</i>	<i>14</i>	<i>4</i>
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay			
	191				days at _____ from _____ to _____			
	"				Messing allowance days at _____			
	"				from _____ to _____			
	"				Clothing and kit allowance .....			
	Consolidated stoppage .....				Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster	<i>1</i>	<i>14</i>	<i>4</i>	Balance due to the Paymaster.....			
		£	<i>1</i>	<i>14</i>		£	<i>1</i>	<i>14</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public<sup>(a)</sup>

Dated at this day of \_\_\_\_\_ 191 .



Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2000 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps <sup>1st</sup> NEWFOUNDLAND REGIMENT.

No. *1095* Rank *Private* Name *James J. Hayes.*  
 Died (a) at *Gallipoli* on the *18<sup>th</sup>* of *November* 191*5*.  
~~Deserted at~~ on the of 191 .

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....	<i>2</i>	<i>9</i>	<i>1</i>
	Cash issues (Date of each issue to be stated)				Pay <i>20</i> days at <i>1.00</i> from <i>30/10/15</i> to <i>19/11/15</i>	<i>4</i>	<i>2</i>	<i>2</i>
	191				Proficiency, Service or good conduct pay			
	"				days at from to			
	"				<i>Field</i> Messing allowance <i>20</i> days at <i>10<sup>+</sup></i>			
	"				from <i>30/10/15</i> to <i>19/11/15</i> <i>\$200</i>			<i>8 3</i>
	<i>Allotment</i> <i>20 day @ 80<sup>+</sup> \$16.00</i>	<i>3</i>	<i>5</i>	<i>9</i>	Clothing and kit allowance .....			
	Consolidated stoppage .....				Amount produced by the sale of Necessaries			
	<i>Allotment to 100/30</i> <i>1 day @ 80 960</i>	<i>1</i>	<i>19</i>	<i>5</i>	Personal Clothing and Effects from Form 2...			
	Balance due by the Paymaster	<i>1</i>	<i>14</i>	<i>4</i>	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
		<i>6</i>	<i>19</i>	<i>6</i>	Deferred Pay or Gratuity.....			
					Balance due to the Paymaster.....			
		<i>£</i>				<i>£</i>	<i>6</i>	<i>19 6</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of *£ 6 19 6* is correctly chargeable against the Public<sup>(b)</sup>

Dated at this day of

191 .

Paymaster.

(a) Here state whether the soldier is intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 3090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.



Hynes, J.

1095

Ray Sept.

April 18th,

7.

Mr. E. G. Cousins,  
P.O.Box, 156,  
City.

Dear Sir,-

With reference to your letter of April 12th, I enclose  
form of application for pension, to be filled up on behalf of  
Mrs. Margaret Francis.

Yours truly,

Secretary.

ST. JOHN'S, N. F.,

April 12th. 1917

Lieut. J. M. Howley

Deputy Paymaster 1st. Nfld. Regt.

City.

Dear Sir:-

Mrs. Margaret Hynes Francis (Mother of late Private J. J. Hynes No 1095) have asked me to fill in a form for her for the Pensions and Disabilities Board. As the one she now have is spoiled I want to know if you would be kind enough to mail another one.

Thanking you in anticipation.

Yours very truly.

A handwritten signature in cursive script, appearing to read "E. G. Cousens". The signature is written in dark ink and is positioned below the typed text "Yours very truly."

ADDRESS:-

P. O. BOX 156.

CITY.

## Casualty Form—Active Service.

Regiment or Corps NewfoundlandRegimental No. 1095 Rank Pte. Name Hynes, J.Enlisted (a) 8/2/15 Terms of Service (a) 1 year Service reckons from (a) 8/2/15

Date of promotion to } present rank } Date of appointment } to lance rank } Numerical position on } roll of N.C.Os. }

Extended Duration of Re-engaged 15/8/15 Qualification (b) \_\_\_\_\_

War

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 33, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
			Embarked St. John's, Nfld.	20/3/15	
			Disembarked Alexandria	1/9/15	
			Embarked for Gallipoli	13/9/15.	
18/11/15	Unit	Bullet W., thro. Head Killed in Action	Dardanelles	18/11/15	B 213
			(Sgd.) H. Parkhouse, Captain, Officer i/c Records, T.F. 6, 3rd Echelon, M. E. F.		

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



**FIELD SERVICE.**

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT or CORPS } NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery or Company } D COMPANY.

Regtl. No. 1095 Rank Private

Name Hynes, J.

Died { Date November 18th., 1915.  
Place Dardanelles.  
Cause of Death\* Killed in action.

Nature and Date of Report B 213, 18/11/15.

By whom made Unit.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation, or exposure while on military duty, or from injury while on military duty.

Burial { Place Not known.  
Date Not known.  
By whom reported \_\_\_\_\_

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not known.  
(b) in Small Book (if at Base) Not known.  
(c) as a separate document Not known.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base

H. Parkhouse Captain,  
Officer i/c Records, T. F. C.,  
3rd. Echelon, M. E. F.

Station and Date ALEXANDRIA, 10/12/15.

AL

PAY LIST.

to

191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps 1st Newfoundland  
 No. 1095 Rank Private Name Jas. J. Hynes  
 Died (a) at Gallipoli on the 18th of November 191 5.  
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 { Commanding Squadron, Troop,  
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month.....				Balance Cr. last month..18th NOV..15...	1	14	4	
	Cash issues (Date of each issue to be stated)				Pay days at from to				
	191	£	s.	d.	Proficiency, Service or good conduct pay				
	"				days at from to				
	"				Messing allowance days at				
	"				from to .....				
	Consolidated stoppage .....				Clothing and kit allowance .....				
					Amount produced by the sale of Necessaries				
					Personal Clothing and Effects from Form 2...				
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)				
					Deferred Pay or Gratuity.....				
	Balance due by the Paymaster	1	14	4	Balance due to the Paymaster.....				
		£	1	14		£	1	14	4

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ is correctly chargeable against the Public AND CONTINGENT

Dated at  
 this

day of



191

*J. W. Marshall*  
 PAYMASTER & OFFICER IN CHARGE

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.P.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$11. <sup>95</sup>/<sub>100</sub>

Nov. 26<sup>th</sup> 1917

Received from the First Newfoundland Regiment  
the sum of Eleven <sup>95</sup>/<sub>100</sub> Dollars.  
on account of Pay Estate  
balance

Ch. No. <u>1053</u>	Initials <u>EW.</u>
Pay Ledger <u>59</u>	Initials <u>[Signature]</u>
Gen. Ledger <u>67</u>	Initials <u>[Signature]</u>

Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

No. 1095

Rank Pte.

Name

Jas. J. Synes

Margaret Synes Francis

285 South Side



November 29th, 1917

Mrs. Margaret Hynes Francis,  
285 Southside.

Dear Madam,-

I enclose herewith cheque for \$11.95, being  
the balance due you as Administratrix of the Estate of  
the late Pte. James J. Hynes.

Yours faithfully,

Capt. & Paymaster

In replying the date of this letter should be quoted.



DEPARTMENT OF JUSTICE  
ST. JOHN'S, NEWFOUNDLAND

November 23rd, 1917.

Sir,

As the estates of the following deceased soldiers are valued at less than \$12.00, Administration will not be taken out. I therefore authorize you to pay the amounts of their respective credits to the persons thereafter stated:

James Joseph Hynes. Pay Margaret Hynes Francis, 285 South-<sup>59</sup>side, mother of deceased.

Daniel F. Kelly. Pay Agnes M. Kelly, mother of deceased.<sup>112<sup>22</sup></sup>

I have the honour to be,

Sir,

Your obedient servant,

Minister of Justice &  
Acting Prime Minister.

Captain James M. Howley,

Paymaster,

Department of Militia.



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, James J. Jones, Regl. No. 295  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and 95 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz. :

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		Margaret Harris	55 Southside Cody	10
Total Allotment, \$				

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.) James J. Jones  
 Officer Commanding  
 Company  
St. John's  
Mar 3rd

(Sig.) \_\_\_\_\_  
 (Rank) Private