



THE ROYAL NEWFOUNDLAND REGIME

	Questions to be put to the Recruit before Enlistment.
1.	What is your name?
2.	What is your full Address?
3.	Are you a British Subject? 3. 1966
	What is your age?
5.	What is your Trade or Calling? 5
6.	Are you Married? 6.
7.	Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?
8.	Are you willing to be vaccinated or re-vac- 8.
9.	Are you willing to be enlisted for General Service? 9
10.	Did you receive a Notice, and do you understand 10.
	its meaning. and who gave it to you?
1.	Are you willing to serve upon the conditions as emb died in the roll of service to be
ma	to by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRU
bea	by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRU
bea	Signature of Witness. HTOGE FAKEN HEGRUIT ON ATTESTATION. True allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will be faithful at dd, honesty and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against nies, according to the conditions of my service.
oea oui	Signature of Witness. At Tobe Jaken Becruit on Attestation. The aliegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will be faithful of the did, honesty and faithfully defend His Majesty. His Heirs and Successors, in Person, Crown and Dignity against nies, 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 questivould be liable to be punished as provided in the Army Act.
bea	SIGNATURE OF RECRUMENT ON ATTESTATION. At TOBE AKEN HERRUIT ON ATTESTATION. It is allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will be faithful red late and faithfully defend His Majesty, His Heirs and Successors, and that I will, as in day, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against nies, 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 were then read to the Recruit in my presence.
oea our ner	Signature of Witness. Signature of Witness. Signature of Witness. Signature of Witness. All Toffie Jaken Pecruit on Attestation. It will be faithful de make oath, that I will be faithful did, honestly and faithfull defend His Majesty. His Heirs and Successors, and that I will as in did, honestly and faithfull defend His Majesty. His Heirs and Successors, in Person, Crown and Dignity against alles, 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 question 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 defined to any of the said accruit has made and signed the deadward on and taken the oath before me with this
bea bounded	Signature of Witness. All TO BE AKEN FERRUT ON ATTESTATION. All honesty and faithfully defend His Majesty King George the Fifth, His Heirs and Successors, and that I will as in dial, honesty and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against nies, 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 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 different peoples, on and the said tearner has made and signed the desiration and taken the oath before me
bea bounded	Signature of Witness. All Tobbe Jaken Becruit on Attestation. True allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will be faithful and do make oath, that I will be faithful ded, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against alies, 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 question 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 defined to any of the said agents has made and signed the dashwatton and taken the oath before me in this control of the said agents has made and signed the dashwatton and taken the oath before me in the said agents has made and signed the dashwatton and taken the oath before me in the said agents has made and signed the dashwatton and taken the oath before me in the said agents has made and signed the dashwatton and taken the oath before me in the said agents has made and signed the dashwatton and taken the oath before me in the said agents has made and signed the dashwatton and taken the oath before me in the control of the said agents has made and signed the dashwatton and taken the oath before me in the control of th
he :	Signature of Witness. Mi Tobe AKEN THEORUIT ON ATTESTATION. do make oath, that I will be faithful of the allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in of add, honesty and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against mies, 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 question 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 defined to, and the said secret has made and signed the declaration and taken the oath before me and this septiments of the second of the s
bea source the	Signature of Witness. Mi Tobe AKEN HECRUIT ON ATTESTATION. It rue aliegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will be faithful of the did, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against mies, 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 questioned 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 difficult to the punished and signed the declaration and taken the oath before me with this day of the said tecruit has made and signed the declaration and taken the oath before me with this day of the said tecruit has made and signed the declaration and taken the oath before me with this day of the said tecruit has made and signed the declaration and taken the oath before me with this day of the said tecruit is correct, and properly filled up, and that the red 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.
he las 1	Signature of Witness. Mi Tobe AKEN THEORUIT ON ATTESTATION. do make oath, that I will be faithful of the allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in of add, honesty and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against mies, 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 question 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 defined to, and the said secret has made and signed the declaration and taken the oath before me and this septiments of the second of the s

viz:—(Name).....on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Apparent age Height 5 feet // inches months. ..years... Girth when fully expanded 37 inches Range of expansion _____ inches Distinctive marks INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin ... 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) (6) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Corps in Rgt. or which served L'epot Promotion, Reductions, Casualties, &c. Signature of Officers certi-fying correctness of entries Army Rank Dates engement reckons from

Total Service forfeited as above

C.R. 5399

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt. St. John's, July 23/19.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer I/C Records from 18-7-19.

5399 Pte. Fred. Hoddinott.

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.St.John's, July 5th,1919.

The discharge of the undernoted on demobilization has been APPROVED by O.C. Dismharge Depot, with effect from 4-7-19.

5399 Pte, F. Hoddinott.

Extract from casualties received from Pay & Record Office, London, 7 Oct. 1915.

5399 Pte. F. Hoddinott.

Was discharged from the Central Military Hospital Chatam, 4-10-18 and proceeded direct to Depot. This man was admitted from Major's Capty's draft.

C.R. 5399

Extract from Daily Conders Part 11 Depot, Sp. Johns, Date June 18th 1919.

5399, Pte. S. Hoddinott.

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

C.R. 5399

Extract from Daily Orders part 11 from Unit The Royal Sill. Reg. 3t. John's, Sated July 25, 1913.

The following man embarked for everyeas on E.M.S. "Columbella" July 28,1918.

#5399 Pte .Frederick Hoddinott.

Extract from Datly Orders art 11, from Unit The Royal Hfld. Regt.St.John's, dated May 27th, 1918.

#5399 Pte. F. Hoddingtt.

Attested for General/Mergice with the Royal Mfld.Regt. from 24.5.18.

5399 7. Hoddinott 8.8. R. P

Notz.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 isato 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.

7a. If the soldier claims previous service in Army, he should state— (a) Former Regts. or Corps; (b) Age last birthday. 3. Posted for duty on May my state as in action (b) on field service (c) on duty (d) off duty? (d) off duty? (e) On duty (d) off duty? (f) When (b) Where (c) Opinion of Court Norm—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier seen by the Officer in charge of the case. Norm—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. Norm—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. Norm—The state of the case in ordinal forms of the case and to such information as may be recorded the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to ventreal seesale. (b) the rought forward for invaliding, disability in respect of which invaliding is proposed to the stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil." 2. Place of origin of disability.	. Unit and Corps	oyal Asufow	7. Former Trade or Occupation
(a) Former Regts. or Corps; with Regtl. Nos. 5. Age last birthday. 5. Age last birthday. 6. Posted for duty on May 14/18 and Johns. 6. If the disability is an injury was it caused (a) in action (b) on field service (c) on duty (d) off duty? (e) Cause of Discharge; (e) Cause of Discharge. 9. If a Court of Inquiry was held on an injury state: (a) When (b) Where (c) Opinion of Court Norz.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier seen by the Officer in charge of the case. Norz.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. Norz.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case and to such information as may be recorded the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal isease. 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." **Vellully** 1. Date of origin of disability. 2. Place of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of origin of the case and in other Grant Should Descriptions. The Medical Authority of Origin of the Case. **Normal** Origin of the Case and in other Grant Should Descriptions. The Medical Origin of the Case and the Medical Origin of the Case and the Calculation of the Medical Origin of the Case and the Calculation of the Medical Origin of the Case and the Medical Origin of the Case and the Calculation of the Medical Origin of the Case and th	Regtl. No. 5399	3. Rank	7a. If the soldier claims previous service in
Age last birthday		diract Fren	(a) Former Regts. or Corps;
8. If the disability is an injury was it caused (a) in action (b) on field service (c) on duty (d) off duty? (b) Date of Discharge; (c) Cause of Discharge. 9. If a Court of Inquiry was held on an injury state:— (a) When (b) Where (c) Opiniom of Court Norz.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier seen by the Officer in charge of the case. Norz.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering hem he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded the invalid similarly and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal isease. 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." **Vellill** 1. Date of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of orthodocourse. The answer of the disability in so far as it is recorded in the Medical American Should be reported upon the disability of the disability in so far as it is recorded in the Medical American Should be supported to the Medical Should be suppo	5. Age last birthday	20	
in category (or grade)	Posted for duty on	May my 7/8 Ost ohu	
(a) in action (b) on field service (c) on duty (d) off duty? (b) Date of Discharge; (c) Cause of Discharge. (d) When (d) Particulars of Pension or Gratuity (if any) (e) Opiniom 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 seen by the Officer in charge of the case. Note.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. Note.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering ten he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal sease. 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 "inli." **Velleully** 1. Date of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of orthodocourse of the case and in other forms of the case and in other forms of the case of the case and in other forms of the case of the case of the case. **Notice of the case		// / /	
(c) on duty (d) off duty? (d) Date of Discharge; (e) Cause of Discharge. (a) When (b) Where (c) Opiniom of Court Norz.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier seen by the Officer in charge of the case. Norz.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. Norz.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering tem he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal isease. (0. 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." **Vellenty** 1. Date of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of orthodolors. Should be reported upon in answer to question No. 19). The management of the disability in so far as it is recorded in the Medical flistory Sheet bearing on the case and in other Groups The Answers of Pour relevant official documents. **Comment of the Chart of the Medical flistory of the Chart of the Medical flistory Sheet bearing on the case and in other Groups The Answers of Pour relevant official documents. **Comment of the Medical flistory of the Chart of the Medical flistory Sheet bearing on the case and in other Groups The Answers of Pour relevant official documents. **Comment of the Chart of the Medical flistory of the Chart of the Medical flistory Sheet bearing on the case and in other Groups The Answers of Pour relevant official documents. **Comment of the Chart of The Medical flistory of the Chart of The Medical flistory Sheet bearing on the case and in ot	3. If the disability is an	n injury was it caused	
(a) When (b) Where (c) Opinion of Court Nors.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier seen by the Officer in charge of the case. Statement of Case. Nors.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering tem he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal isease. 10. It 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." **Vellully** 1. Date of origin of disability. 2. Place of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of oritocales and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far			
(d) Particulars of Pension or Gratuity (b) Where (c) Opinion of Court Norg.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier seen by the Officer in charge of the case. Norg.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering tem he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal seases. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil." **Vellully** 1. Date of origin of disability. 2. Place of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of orification and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and	(c) on duty	(d) off duty?	(b) Date of Discharge;
(a) When (b) Where (c) Opinion of Court Norze.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier seen by the Officer in charge of the case. Statement of Case. Norze.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering the invalid smillitary and medical documents. He will also carefully distinguish and clearly state when cases are due to veneral seesse. 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." **Vellully** 2. Place of origin of disability. 3. Give concisely the essential facts of the history of orthodoxia and the state of the case and in other flows the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other flows the disability of the disability in so far as it is recorded in the Medical Flows the disability in so far as it is recorded in the Medical Flows the disability in so far as it is recorded in the Medical Flows the disability in so far as it is recorded in the Medical Flows the disability in so far as it is recorded in the Medical Flows the flows the following the flows the flo			(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (fit any) (e) Opinion of Court Norz.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier seen by the Officer in charge of the case. Statement of Case. Norz.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering tem he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to veneral sease. 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." **Vellular** 1. Date of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of orthodocours of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other Toronto Toronto Company of the disability in so far as it is recorded in the Medical Arison of the control of the contr	. If a Court of Inquir	ry was held on an injury state:—	
(b) Where (c) Opinion of Court Norze.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier seen by the Officer in charge of the case. Statement of Case. Norze.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering tem he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to veneral seesse. 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." **Vellectif** 1. Date of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of origination of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other facilities. **Normal**, or an answering of the fact of the history of original documents. **Normal**, or an answering of the fact of the history of original documents. **Normal**, or an answering of the fact of the history of original documents. **Normal**, or an answering of the case. **Normal**, or an answering of the case. **Normal**, or an answering or the case and in other fact of the history of original documents. **Normal**, or an answering or the case and in other fact of the fact original documents. **Normal**, or an answering or the case and in other fact or an answering or the case and to such information as may be recorded the invalidation of the case and to such information as may be recorded to the invalidation of the case and to such information as may be recorded the invalidation of the case. **Normal**, or an answering or the case and to such information as may be recorded the invalidation of the case. **Normal	(a) When		(D. D. dinalanda (D. dinada (C. dida
Norm.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier seen by the Officer in charge of the case. Statement of Case. Norm.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering ten he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded the invalid's military and medical documents. He will also carefully distinguish and clearly state when ease are due to veneral sease. 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. 22. Place of origin of disability. 23. Give concisely the essential facts of the history of outstates and the continuous formation of the disability in so far as it is recorded in the Medical flistory Sheet bearing on the case and in other flows to hours for four relevant official documents. 24. Normal, And no appearance of lightness. On particular the flightness of the flightness of the flightness of the flightness of the flightness. The flightness of	(b) Where		
Statement of Case. Nors.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering sem he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal isease. 10. It 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." 1. Date of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of oritocales and the disability in so far as it is recorded in the Medical and the solution in the case and to suc	(c) Opinion of Co	ourt	
Norg.—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 the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to veneral isease. 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." 1. Date of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of outcomes and which invaliding is proposed to be stated here. The concisely the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other Thomas The Nourspure Town of the disability in so far as it is recorded in the Medical Thistory Sheet bearing on the case and in other Thomas The Nourspure Town of the disability in so far as it is recorded in the Medical Thistory Sheet bearing on the case and in other Thomas The Nourspure Town of the Adams The Town of the Town of the Town of the Adams The Town of the Town of the	Note.—The foregoin	ng particulars are to be filled in and A.F	B. 179 B (statement by the soldier) completed before the soldier
hem he will take care to confine himself exclusively to the medical appeter the cases and to such information is preferenced in the invalid is military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal isease. 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 orthacter on the first of the disability in so far as it is recorded in the Medical the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other Torus English Danspew Torus Porter relevant official documents. 24. Normal, and no appearance of typhone on polyning the control of the first of the	seen by the Officer in ch	narge of the case.	
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 original origina	scen by the Officer in cl	Statement	
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil." 1. Date of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of oritocides and in the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the disability in so far as it is recorded in the Medical and the History Sheet bearing on the case and in other Grows Thomselves Tho	Note.—The answers hem he will take care to co a the invalid's military and	Statement s to the following questions are to be fill online himself exclusively to the medica	ed in by the Medical Officer in charge of the case. In answering
1. Date of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of ori hackes on the disability in so far as it is recorded in the Medical original on the history Sheet bearing on the case and in other Growing Thousand to form relevant official documents. Sheet hoursel, and no appearance of lythoid on polying Legund of the let of the Chestes hapiding acting heart, and Growing Legund	Note.—The answers them he will take care to conthe invalid's military and isease.	Statement s to the following questions are to be fill onfine himself exclusively to the medica d medical documents. He will also care forward for invaliding, disability in	ed in by the Medical Officer in charge of the case. In answering all aspect of the case and to such information as may be recorded fully distinguish and clearly state when cases are due to venereal a respect of which invaliding is proposed to be stated here.
1. Date of origin of disability. 2. Place of origin of disability. 3. Give concisely the essential facts of the history of ori hackes on the disability in so far as it is recorded in the Medical and thistory Sheet bearing on the case and in other Growing Thousand to form relevant official documents. Chatton from which Description to appearance of typhono. On polying the and be been been been always the state of the court, and growing the second of the court of the co	Note.—The answers the model that care to count the invalid's military and isease.	Statement s to the following questions are to be fill onfine himself exclusively to the medica d medical documents. He will also care forward for invaliding, disability in	ed in by the Medical Officer in charge of the case. In answering all aspect of the case and to such information as may be recorded fully distinguish and clearly state when cases are due to venereal a respect of which invaliding is proposed to be stated here.
2. Place of origin of disability. 3. Give concisely the essential facts of the history of orihadis on Paul in the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other Gronis L. Nouspeus L fort relevant official documents. Chatton. From which Descripts. Medical the house of the plane of the house of the ho	Note.—The answers the invalid's military and isease. 10. If brought	Statement s to the following questions are to be fill onfine himself exclusively to the medici dements. He will also care forward for invaliding, disability in ties should be reported upon in ans	ed in by the Medical Officer in charge of the case. In answering a spect of the case and to such information as may be recorded fully distinguish and clearly state when cases are due to venereal a respect of which invaliding is proposed to be stated here. ver to question No. 19). If no disability enter "nil."
3. Give concisely the essential facts of the history of or hardes of the disability in so far as it is recorded in the Medical history Sheet bearing on the case and in other Growing Thousand for relevant official documents. Chatton. From which Descharges me have homely and no appearance of lythous. On polying they and the let Plat Chests hapiding acting heart, and Getting	Note.—The answers nem he will take care to on the invalid's military ansisease. 10. If brought (Other disabilities)	Statement s to the following questions are to be fill onfine himself exclusively to the medic dements. He will also care forward for invaliding, disability in ties should be reported upon in anso	ed in by the Medical Officer in charge of the case. In answering a spect of the case and to such information as may be recorded fully distinguish and clearly state when cases are due to venereal a respect of which invaliding is proposed to be stated here. ver to question No. 19). If no disability enter "nil."
the disability in so far as it is recorded in the medical History Sheet bearing on the case and in other Growing En. Nourspiew to John History Sheet bearing on the case and in other Growing the Mountain Disability of the Mountain of the Mountain of the Sheet Chestes propriating acting heart, and Getting the Market Sheet Chestes propriating acting heart, and Getting the Market Sheet	Norr.—The answers Norr.—The answers nem he will take care to o the invalid's military and isease. Other disabilit Date of origin of di	Statement s to the following questions are to be fill onfine himself exclusively to the medici medical documents. He will also care forward for invaliding, disability in ties should be reported upon in ans isability.	ed in by the Medical Officer in charge of the case. In answering a spect of the case and to such information as may be recorded fully distinguish and clearly state when cases are due to venereal a respect of which invaliding is proposed to be stated here. ver to question No. 19). If no disability enter "nil."
History Sheet bearing on the case and in other form which Descriptions. The relevant official documents. The hours of highways on polying Dependent of the Chestes papearines of typhows. On polying Dependent of the Chestes papearines of typhows.	Nors.—The answers hem he will take care to or the invalid's military and isease. 10. If brought (Other disabilities). 1. Date of origin of di 2. Place of origin of di	Statement s to the following questions are to be fill onfine himself exclusively to the medic medical documents. He will also care forward for invaliding, disability in ties should be reported upon in ans isability. U isability.	ed in by the Medical Officer in charge of the case. In answering a spect of the case and to such information as may be recorded fully distinguish and clearly state when cases are due to veneral a respect of which invaliding is proposed to be stated here. wer to question No. 19). If no disability enter "nil."
relevant official documents. chatton from which Discharges. me to Mormal, and no oppearing of typhoid on Johning Dep and to be Flat Chestes papearing acting heart, and Getting	NOTE.—The answers NOTE.—The answers nem he will take care to or the invalid's military an isease. 10. If brought (Other disabilit 1. Date of origin of di 2. Place of origin of di 3. Give concisely the	s to the following questions are to be fill on onfine himself exclusively to the medical documents. He will also care forward for invaliding, disability in ties should be reported upon in ansitiation in the fill of the fil	ed in by the Medical Officer in charge of the case. In answering largest of the case and to such information as may be recorded fully distinguish and clearly state when cases are due to venereal respect of which invaliding is proposed to be stated here, wer to question No. 19). If no disability enter "nil."
no ble Flat Chests rapided, acting heart, and getting	Note.—The answersem he will take care to et the invalid's military ansisease. 10. If brought (Other disabilities). 1. Date of origin of di 2. Place of origin of di 3. Give concisely the the disability in so	Statement s to the following questions are to be fill onfine himself exclusively to the medici demental for invaliding, disability in ties should be reported upon in ans isability. essential facts of the history of far as it is recorded in the Medical	ed in by the Medical Officer in charge of the case. In answering a spect of the case and to such information as may be recorded in the case and the control of the case are due to veneral a respect of which invaliding is proposed to be stated here. wer to question No. 19). If no disability enter "nil." Little of the case of the control of the contro
nd blee Flat Chestes papising acting heart, and Geting	Note.—The answers hem he will take care to or the invalid's military and see also. 10. If brought (Other disabilities). 1. Date of origin of di 2. Place of origin of di 3. Give concisely the the disability in so History Sheet bee	Statement s to the following questions are to be fill onfine himself exclusively to the medical demental flow in a second for a second for invaliding, disability in ties should be reported upon in ans isability. lisability. essential facts of the history of far as it is recorded in the Medical aring on the case and in other course its	ed in by the Medical Officer in charge of the case. In answering a spect of the case and to such information as may be recorded in the case and the such information as may be recorded in the case of the case and the to venereal a respect of which invaliding is proposed to be stated here. wer to question No. 19). If no disability enter "nil." Plucky Orithactics Solution Reserved to the stated here. Particulary Provided to the case of the case
M N. I. O le +	Nors.—The answers them he will take care to or the invalid's military ansisease. 10. If brought (Other disabilities). 11. Date of origin of dielection of the disability of	Statement s to the following questions are to be fill onfine himself exclusively to the medici demented. He will also care forward for invaliding, disability in ties should be reported upon in ans isability. essential facts of the history of far as it is recorded in the Medical aring on the case and in other cuments.	ed in by the Medical Officer in charge of the case. In answering a spect of the case and to such information as may be recorded in the case and the such information as may be recorded in the case of the case and the to venereal a respect of which invaliding is proposed to be stated here. wer to question No. 19). If no disability enter "nil." Plucky Orithactics Solution Reserved to the stated here. Particulary Provided to the case of the case
my out of breat, and was Jumes Down a lunger	Nors.—The answers them he will take care to or the invalid's military ansisease. 10. If brought (Other disabilities). 11. Date of origin of dielection of the disability of	Statement s to the following questions are to be fill onfine himself exclusively to the medici demented. He will also care forward for invaliding, disability in ties should be reported upon in ans isability. essential facts of the history of far as it is recorded in the Medical aring on the case and in other cuments.	ed in by the Medical Officer in charge of the case. In answering a spect of the case and to such information as may be recorded in the case and the such information as may be recorded in the case of the case and the to venereal a respect of which invaliding is proposed to be stated here. wer to question No. 19). If no disability enter "nil." Plucky Orithactics Solution Reserved to the stated here. Particulary Provided to the case of the case
ill.	Nors.—The answers them he will take care to or the invalid's military ansisease. 10. If brought (Other disabilities). 11. Date of origin of di 12. Place of origin of di 13. Give concisely the the disability in so History Sheet bet relevant official do	Statement s to the following questions are to be fill onfine himself exclusively to the medical dementation of the medical forward for invaliding, disability in ties should be reported upon in ans isability. lisability. essential facts of the history of far as it is recorded in the Medical aring on the case and in other cuments. PLATTON. OPPLIANT OPP	or thatles on the man of the case. In answering a spect of the case and to such information as may be recorded inly distinguish and clearly state when cases are due to venereal a respect of which invaliding is proposed to be stated here. wer to question No. 19). If no disability enter "nil." Little or thatles on the proposed to be stated here. The contraction of the cont
	Nors.—The answers them he will take care to or the invalid's military ansisease. 10. If brought (Other disabilities). 11. Date of origin of di 12. Place of origin of di 13. Give concisely the the disability in so History Sheet bet relevant official do	Statement s to the following questions are to be fill onfine himself exclusively to the medical dementation of the medical forward for invaliding, disability in ties should be reported upon in ans isability. lisability. essential facts of the history of far as it is recorded in the Medical aring on the case and in other cuments. PLATTON. OPPLIANT OPP	ed in by the Medical Officer in charge of the case. In answering al aspect of the case and to such information as may be recorded inly distinguish and clearly state when cases are due to venereal a respect of which invaliding is proposed to be stated here, we to question No. 19). If no disability enter "nil." Port hactery and we have proved to be stated here, we to question No. 19). If no disability enter "nil." Port hactery and we have proved to be stated here. The providence of the provid

1	4.	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	bo	
4.5		(iv.) Ordinary military service before the war	ko	
		(v.) Serious negligence or misconduct on the man's part.	, Ao	
. 1	4	(a). If not due to any of these causes, to what specific condition do you attribute it?	Coroletu	times
cases such 1 cial injur- sye, ear, nd throat, littles, &c., lialist's re- is to be ed with ographs possible; n cases of ation the position be stated.	5.	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.) Heady, Kun Centhratum Llow.	Peny Har Cher Companies Condition	Theads usuans
1	6.	Was an operation performed? If so, when and what was its nature?		
1	7.	If not, was an operation advised and declined?		
1	8.	*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 treat- ment was unobtainable?		,
1	19.	Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?		

20. Do you recommend-

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

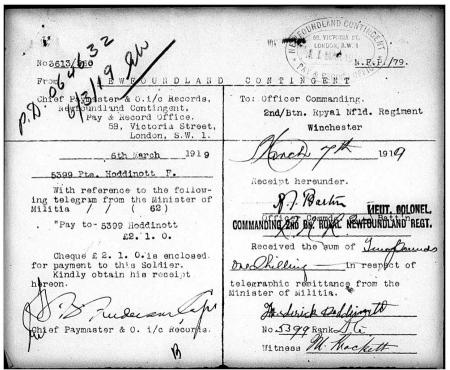
Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Mading Do

Medical Officer in charge of case.

Station . It ozely boun

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



. No. 2231/324 Secretor a to The Monte of

LONDON, S.W. 1 A FEB 19N.F.P. /79.

·From .

NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Becords, indland Contin

ndon, S.W. 1.

5399. Pte Hodinott F. With reference to the follow-

ing telegram from the Minister of Militia

"Pay to-5399 Hodinott.

£7.0.0.

Cheque £ 7.0.0. is enclosed. for payment to this Soldier. Kindly obtain his receipt

hereon.

Chief Paymaster & O. i/c Records.

To: Officer Commanding. 2nd/Bn. Ryl Nfld Regt.

Winchester.

Tele 12th

Receipt hereunder.

Received the sum of

ound o- in respect of

telegraphic remittance from the Minister of Militia.

Hrodrich Haddino TO

No. 5399 Rank Livata

Witness A loose

Nº 4740



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

, Regl. No. 5399

(Sig.) English to day to

(Rank) P15

. I. Frederick Hoddenott

Sig.) lwaten Luit

84 Johns June 12 191 8

Officer Commanding

E Company

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz. : July 1 1918 Allotment begins ... Identity Certificate No. Whether Wife, Child, other Relative or Friend AMOUNT (each person) 4367 Father Mr Henry Hodding Salt Pond Lowistorte Total Allotment, 5 NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Hoddinott, 8 5399

Pay Loepl.

July 189 1919

\$5390 Pts.Frederick Hoddinott, Selt Fork.

Lewisporte.

Dear Sir :-

rlease find enchosed Discharge Certificate #3089.

Captain, Paymaster & U.i. & Records

The Royal Newfoundland Regiment

	PROCEEDINGS ON DISCHARGE	
I. No	5099 Rank Step Name Hoddwott, F- ended place of residence Salt Pond, Luillingste	
	rupation Trobermon Hi Medical Category H I	
3. Th	above named man is discharged in consequence of	- 1
	DEMOBILIZATION	
::	Eligible for War Service Gratuity	• • • • •
	accounts are correctly balanced and I have impartially inquired into all matters frought, before mordance with Regulations.	ıe, in
Pla	ee, ST. JOHN'S JIII TUNE	
Dá	e JUL 2.1919 Commanding Disclarge Depot The Royal Newfound and Regiment	
	CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE	
just	reby acknowledge that I have received all my pay and allowances (including clothing allowance) ard demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regin II financial responsibility in my connection.	
Pla	e, ST. JOHN'S Hadding F	
Dat	JUL -2 1919 Signature of soldier Signature of witness	61
	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER	
Pla	reby certify that I am in a position to resume civilian occupation immediately on discharge. e, ST. JOHN'S JUL -2 1919 Signature of witness)
7. Enl	STATEMENT OF SERVICE Sted for service. 24-5-15 No. of days on Mil harged from service. 4-7-19 Plus 14 days Service. 4-21	
	APPROVAL OF DISCHARGE	
The	discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Record Royal Newfoundland Regiment, twenty-eight days from date. e, ST. JOHN'S Officer Commanding Discharge Depot The Royal Newfoundland Regiment	ords,
Dat	JUL 41919	
	CONFIRMATION OF DISCHARGE	
	discharge of above mentioned soldier is hereby confirmed to bow ley bapt s. ST. JOHN'S The Royal Newfoundland Regiment	_ ;
	a+132079/3089	

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 fellews:

To resume former Occupation.

	f Haddnott Signature of Man.
JH Smowla	6/, Reg. No. 3'6 9 9.
Magnature of the Vocational Officer Place ST. JOHN'S.	or his Representative.
JUL -2 1919	

The Koyal Pewfoundland Regiment

ization —	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters The Royal New	
	Date 30.6.19
Regimental No 5399	<u>.</u>
Name Hoodingt Ined	Rank %
Address Sall Fond Se	wieport
Present Medical Category 47	
Recommended for :— $\left\{ \right.$	(a) Immediate discharge (b) Standard Modical Board
	(b) Standard Medical Board
	O.C. Discharge Depot.
Members of Board {	Senior Medical Officer
	Sw Beerden
	M. O. Depot

The Koyal Pewfoundland Regiment

DEMOBILIZATION OF							
Reg. No. 5099 Rank Mrs. Name Hoddinith T							
Date of Enlistment 34-3-18 Address Salt Sons District J. Gat.							
Occupation Fishermen Classification for Discharge Ey Medical Category H.							
Recommendation S. M. B. Disability Rating							
Passed to Demobilization Officer with following documents:—							
N.F. 1/36							
B 179 D 400 B Form L do 3rd " 4							
B 179a							
B 179b B 103 ME 2							
Date 30 619 0. C. Discharge Depot.							
PARTICULARS FOR DEMOBILIZATION							
1. Civil Re-Establishment.							
I amin a position to resume civilian occupation.							
feed pedding							
Particulars passed to Vocational Officer for information and action. Date							
2. Clothing.							
Certified that Clothing Regulations have been complied with:							
(a) Clothing Allowance payable							
(b) Clothing Supplied							

3. Transportation and Release Certificate.	72130
The above named has been provided with Trave	lling Woments No. 9816
at Sall pour and Release Certifica	0/00
2 - 0	Re Noissued.
Date 2-7-14	& H. anmarket
	Demobile a first Officer
4. Pay and Allowances.	
The herein named soldier's accounts have been	correctly balanced and all watters in con-
nection therewith settled. He has received pay ar	rd allowances to co constant accord
Date 2 - 1 - 19	, 11/11/ws 14.
	Depot Paymaster.
- 4-	7-19
Discharged approved for	/ <u>/</u> ./
Forwarded with following documents to O.C. Disc	harge Depot.
N.F. P 36 B 268 B 121 N.F. Med	
B 178 W 3494 B 122 Board 1st.	
B 178a D 400A B 1915 do 2nd	
B 179	
B 179a J. D 400C Form K 30 4th 3 75 B 179b B 103 ME 2 30 75	2 2
B179c B 120 \$ 93	
9-7-19	Manus Robot.
Date	- min
<u>H</u> .	O. C. Discharge Depot.
APPROVED.	in the second second
Documents as above forwarded to:	
Officer ic Records. Board of Pension Commissioners.	
	्र सम्भूत
	Var Service Gratuity
Fligible for v	vai ser
Date JUL 4 1919	MAJOR MAJOR
And the second s	O. C. Discharge Depot.
Possived the above noted document from 0. 2. Divi	THE STATE OF THE S
Received the above noted documents from O. C. Discharg	ge Depot.
Date	

COPY

The Royal Pewfoundland Regiment

Class for Den	
ization:-	-
E	

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

Discharge Depot: Headquarters The Roya	l Newfoundland Regiment
	Date30-6-19
Regimental No 5399	
Name Hoddinott, Fred	Rank P te.
AddressSalt_Pond, Ley	visparte.
Present Medical Category	Ai
${f Recommended\ for}$: (a) Immediate discharge(b) Standard Medical Board
	O.C. Discharge Depot.
Members of Bo	Senior Medical Officer
Military Service: 421 days	M. O. Depot

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

//		1277																											
receive do	cuments as indicated	u V	Non-effective account.	Medical history sheet.	Nfid. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life quali- fication.	Jescriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	R	eport o Med	f Newfo	undlan ards	đ	ttestation paper	lentity certificat	llotment papers		Headquarters Travelling Board	Proceedings on discharge					
R	NK AND NAME		N.F.P.136	B. 178	В. 178я	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 120	B. 121 C	B. 122 F	lst. Board	2nd Board	3rd Board	4th Board	Board	B. 1915 A	Form L I		A.F.W. 3463	H	D.F. 2 P	D.F. 1				
Me.	Fodduo.	11.2																							1.				
:																										٠			
																		\dashv										(
																												4	
																							اعتبت	Jou.					
Received above noted documents,																													
	M.	RANK AND NAME M. Fodduo . ed above noted documents,	RANK AND NAME M. Fodduro M. 2.	RANK AND NAME L. Fodduroll. 2,	RANK AND NAME Add Rank Rank Rank Rank Rank Rank Rank Rank	RANK AND NAME SET OF THE SET OF	RANK AND NAME Addition of the state of the	RANK AND NAME RANK A	RANK AND NAME RELIEF BY	RANK AND NAME RELIT OF THE PROPERTY OF THE PR	RANK AND NAME 88 88 88 80 W. A.	RANK AND NAME RANK AND NAME RELIT OF THE PROPERTY OF THE PRO	RANK AND NAME AND NAME BY SEL BE BE WAS A SEL BE	RANK AND NAME RANK AND NAME REPRESENTATION OF THE PROPERTY O	RANK AND NAME RESIDENTIAL SECONDARY AND SOCIETY SECONDARY RESIDENTIAL SECONDARY RESIDEN	RANK AND NAME RELIED BY THE STATE OF THE ST	RANK AND NAME 82 82 18 81 81 81 81 81 81 81 81 81 81 81 81	RANK AND NAME State of Officer for above noted documents, RANK AND NAME State of Officer for above noted documents, Signature of Officer for above noted documents,	RANK AND NAME State of Officer forwards RANK AND NAME State of Officer forwards Signature of Officer forwards	RANK AND NAME RANK A	RANK AND NAME Status of Officer forwarding documents, Signature of Officer forwarding documents.	RANK AND NAME Set 18 18 18 18 18 18 18 1	RANK AND NAME Solve and the s	RANK AND NAME AND NAME AND SET OF THE SET	RANK AND NAME Sold Sold Sold Sold Sold Sold Sold Sold	RANK AND NAME A Set of the set o	RANK AND NAME A B B B B B B B B B B B B B B B B B B	RANK AND NAME A STATE OF STATE OF Officer forwarding documents:	RANK AND NAME A SE

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

MEDICAL HISTORY

Surname Kaddinott

Christian Name Treak

-	Table I.—GEN	ERAL TABL	Ε, ,								
Birthplace:—Parish Ibl	And Kowio	port 103	ty. Her.								
	W WK	RESERVE 191 8	REGULAR ARMY								
Examined	at Sidoh	.i.d.	on day	of 191							
Declared Age	. 19 years	days	years	s days							
Trade or Occupation	Faken feet	// tuches		3.3							
Weight	o√. leet	163 lbs.	feet	inches							
Chest Girth when fully expanded Measure- Range of Expansion		37 inches		inches							
Physical Development		7.3		inches							
Vaccination Marks Arm	Right	Left	Right	Left							
(Number				•							
Vision 4	$\frac{E.EV}{L.EV} = \frac{b/b}{b}$		R.E.—V= L.E.—V=								
	96										
(a) Marks indicating congenital peculi-	(a)		(a)								
arities or previous disease		100									
	(6)		(6)	•							
(b) Slight defects but not sufficient to cause rejection											
Approved by (Signature)	Yamus!	2x		·							
(Rank)	nan	Medical Officer.	: 1	. :							
, , , , , , , , , , , , , , , , , , ,	at Skyohus		at	Medical Officer.							
Enlisted	on day of Corps.	May 1918	on day o	Regtl. No.							
Joined on Enlistment	Moyae her c	1399		•							
Transferred to	Negment.			* * * * * * * * * * * * * * * * * * *							
13:11	An exercise of page Angles										
Became non-effective by											
(Signature)	on day of	191	on day of	191							
(Rank)	100										

The second

一、"声

Table II, -Only for admission to hospital or to the sick						Table II. Only for admiss	sion to hosp	oital or to the sick l	st in case of Warrant Officers treated in quarters.		
Name of Hospital	-	Admitte Hospi	ed to tal	Section (USA)	charged Hospita Monti	Sales Sa	Disease	Number Days in Hospital	Remarks bearing of syphilis, admissions of treat	the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars nent out of hospital, transfers. etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
BAY HOSPITA							۵.,	1.4			
Gravesend)		A CONTRACTOR OF				BE WEST PICE	Enterior .		Transfer	e to Fost Post blooken	Ger J. S. MAJOR PALL
Fort Pitt Chatham.		8	18	8	9	18	Debility	28	Jan had TiA.	3. 3 does commening 13.6.18. On admission longue & does not present appearance of typhrid. Spleen hot	
Femlingh V.a.D.	8	9	18	2	10	18	Delity	24	. prepriée. do	Claritaca. Floris dermal. To transfer to Win clarter	Ewmans Ews Capt. Rame
*									Is for -	auth	und an Ju dley
Fort fitt IP Chatham Camp	1	10	18				do ,		Truns !	to Minches For	t soul luft.
					JAN 1	919	Tracheilio	9			APAREYEL! MAJOR, RAM.Q. OFFICER 10 MILITARY HOSPITAL.
											·
											•
						98-11	100 mg				and the second s
											in the second se
									5		[P.T.O.

Table HI.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Riold or Foreign Service, Extension, Re-engagement, or Prolongation of service, Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date

Brief Details, and Signatures

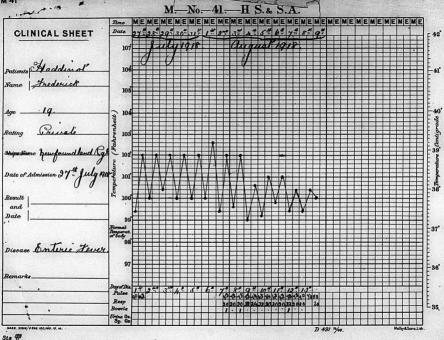
		The second secon
25-5-18	Vace to	
20	, A	
	\	A CONTRACTOR OF THE PARTY OF TH
13-6-18	TAB	
	Charles and the second of the	
2-1-18	T # 12/ 40	
- 1-6 11	TAB 20	
79. 10	(A 11)	
4-7-18	11/15/15/1	
1.1		
	Secretary of the second	North Control of the
	0 .	COMPANY AND A STATE OF THE PARTY OF THE PART
11 . 11 .15	10 1	+ a 2-1
4 4 1)	depatter in a	J. 7-119 101
	1	
	MI	
	100	No.
	Repalember a	
	/)	
		It is hereby certified that this soldier
		20 to recrease our separate source sources
		has been before a Travelling Medical
		Board and has been consided as
The Addition of the State of th		Board, and has been c'assided as
		for Dischargeon Dem bilisa-
		tion. Medical category
		Z 1 16 11111 X 11

Table IV -SERVICE TABLE

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
	and the state of				
					1
				100	La result
					X.

H. Minte Del. Tops to tun in medici : Rec. truje to In Br. Hardeta Mi Cyru Hatid tank week aprile brush, work by fintence - broken ell.

M. No. 41. H S. & S.A.



Report No.			y Form W. 3212. In books of 100.)
Regil. No., 3599 Han	dinnit. 7	Age /2 Corps	Menfound
Disease a massage and man	-Le_Hospital	sur pu	<u>a (</u>
To Officer i/c Laboratory.	Wa	rd 13.	
Please carry out an examination of the	accompanying specia	men of	oca_
with special regard to	abien or		
Nos. of previous Reports (if any)			
In Pathological Reports a résumé of should be given.	clinical history, tre	eatment or progress	since last report
Date.	7-	O. i/a	Ward.
LABOR	ATORY REP	OTIL	ORATON
		(1) No 183	8-10
		PITT	CHATHA
locati	Tre		
Segati			
		2.V	
	1.30 April 1.00 April 1		

ate of Examination

Calant

Report No. . Army Form W. 3212. (In books of 100.) Rank and Name Clase & Enla Hospita To Officer i/c Laboratory. Ward_ Please carry out an examination of the accompanying specimen of with special regard to Nos. of previous Reports (if any) In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given. LABORATORY REPORT.

Negative.

Date of Examination 4 .9.18.

Ept. R.A.M.C.

O. i/c Laboratory.



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 occuring in the description subsequent to the date of admission to pension should be noted in red ink. Lodolino H, Trederik Regiment from which discharged Royal Dewfoundland Salt Penal Lewiport milleyst Regimental number Intended address 5 Feet 1. Height on discharge Least bro Color of hair on discharge Complexion Color of eyes Descriptive Marks Tall Figure on discharge Sens Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children 2. 17-4-1699 Place and date of soldier's birth 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 Frederick Hodding (Soldier's signature in full) (Rank) 30-6--9 Station I certify that the above named soldier signed the foregoing declaration in my presence, and that the above

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

description and details are, to the best of my knowledge correct.

Noze.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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. A hatiparani das

Medical Report on a Soldier Boarded Prior to Discharge or

I ransfer to Class v	V., VV. (1), F., C	or i. (1), or the resc	1 V C.
1. Unit and Corps. Nayal	NewToundean	7. Former Trade } Jeste	's n an
2. Regtl. No. 5.34.9. 3. Rank	· Jord	7a. If the soldier claims previous Army, he should state—	service in
4. Name Hoddinott.	(Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.	and the second s
5. Age last birthday 2.0	A CONTRACTOR OF STREET	Francismon aire to any 2	वर्गाती के के किया है। इस्ती कर कर र
6. Posted for duty on may 94.//	8 at el Johns		to took to the state of the state of the state of

8. If the disability is an injury was it caused

in category (or grade) . .

- (a) in action
- (b) on field service
- (c) on duty
- (d) off duty?

- (b) Date of Discharge;
 - (c) Cause of Discharge. in Tribate on Acres See 1.
- 9. If a Court of Inquiry was held on an injury state:
 - (a) When
 - (b) Where
 - (c) Opinion of Court

(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

- 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 Access was put in kospital franciend transfered to Fort bit relevant official documents. al-Chatham, from which decharged with stool horn Hat chested , rapidly acting heat; and letting breath and was turned down as unfet for 88/P2002, 250,000, 1/19, D. & S.

H Harman	Andrew Control of the			
14. State	whether the disabilities are		a) attributable to	
(i.)	.) Service during the present war		ها	,
(ii.)	.) Previous active service	• • •	Ko	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(iii.)	.) Climate in pre-war service			
(iv.)	.) Ordinary military service before the	war	بېم	
(v.)	.) Serious negligence or misconduct of man's part.	$^{n \text{ the}}$.	ع	
14 (a). If	f not due to any of these causes, specific condition do you attribute i	to what }	Costitut	inal
such 15. What	t is his present condition?	and the	10 F 1	1 - 1=7 - 1
ear, hrc.at, , &co., ''s re- o be with	t is his present condition? (A note should be made as to Weight in when it is likely to afford evidence of gress of the disability.) Condition unpos	all cases the pro-n	ow ansem	ie , hearts
aphe sible; ses of the sition tated.	condition impo	oned	cerebra	tion ston.
a Dec				
	an operation performed? If so, when as as its nature?	nd what		

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

20. Do you recommend-

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Station Hazely Stan

Medical Officer in charge of case.

Date . . . \$ 14/19

^{*} 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

July 24,1919

#5399 Pte.Frederick Hoddinott, salt Fond, Lewisporte.

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 Bratuity.

Yours truly,

captain & Paymaster.

49

DEPARTMENT OF HILLIPIA. 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 dakhos, If any questions are not applied be, 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. ridson ... 2. Suramo. 2004.Regtl.No. 3.3.9.9... 5. Address in full to which future payments of gratuity are, to 6. Date of enlistment in the Regiment. Man. 24.1218. 7. Name of dependent, if any, to whom Separation Allowance is belay issued, or was being issued, immediately prior to your discharge..... ... Henry Haddens 8. Relationship of such dependents 9. Address in full of such dependents.... 10. Is said dependent, now, or was said dependent at my time in receipt of Separation Allowance on account of another soldier?.. 1). Were you on active service only in Nfld, II so, give dates and 12. Give total length of time which you served on active service, whether in Hild.or Oversees... Machae min

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
20

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 Inperial Dorces. La
17. Are you entitled to receive, or have you received may Gratuity
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state mount received, or to which you are entitled
••••••••••••
18.Did you revert Overseas to a rank lower than the substantive
renk 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 Rost.?. M If not give?- (a) date
of discharge July. 2/9/4. (b) Reason for discharge. Etombhar
•••••••••••••••••••••••••••••••••••••••
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 20
•••••••••••••••••••••••••••••••••••••••

21.(a) Are you receiving treatment from the Wivil Re-Establishment
Con.(b) If so are you in receipt of full pay and allowences from
that Committee
And I take 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.

Cortified correct.

Signature of Applicant: forcherick Hooding to

Place of Residence: Salt Pond Mear Leuces Port

Declared before me at: At this

This Did day of July 19.69...

Signature of Barrister of the
Supreme Court, Stipendiary Magis

trate; Metary Public, Justice of the
trate; Metary Public, Justice of the
Peace, or Commissioner of affidevits

Peace, or Commissioner of affidevits

Date paid Frid Foid Wer Service Net amount

due

Paymaster

FORM K

Nº 4740



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Certificate No.	whether wife, Child,	NAME (in full)		Address	AMOUN'
367	Father	Mr Henry Hodols		et Pond	
	>	•			¥ .
					-
		· (
TOTE.—T	his form must be	completed by the Officer Commart Commanding Company and I	anding Comp	Total Allotment, \$ any, signed by the Volument	iteer, count

Royal Newfoundland Regiment.

Billeting Account,

60

To Ph & Hoddinell

Billeting Sold	iers as undern	mentione	d	. 1		
	re 1/1.					
5399	Ph	J.	Hodo	lmoll	28	. 80
	ACCOUNT	20	3 × 3		7.	
	FAY CLE	oan	- LIGHT ALS	-		
ertified corre	ct for \$ 2	8.80	Inv	wbo	for	*
. 0	// -/	1	Billeting	Officer.	din	5.

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

postance

Fold Here

[P.T.O.]

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

5399

Frederisk Hoddinott

in respect	of his service as No.	Rank
Name	F. Hoddinott	Royal Nild. Regt.
i.i	similari di	
Recei	ipt of the same should be a	acknowledged hereon.
Received	British &	Jan Inedal.
Signature	4 redein	en Hoddinott
Date	Oct 324	1921
Address_	halt Too	nd in Lawisporte

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

B 121. Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay No. Place and Date of Enlistment Toined Toined Date with Colours / 56 years. Place of Birth Toined Date Joined Date Date of award or of order dispensing with trial Date of Place Rank Name of OFFENCE Punishment awarded By whom awarded REMARKS Offence Witnesses Demobilgies A John's 18 19. To be carried over.

The Royal Pewfoundland Regiments &

DEMOBILIZATION OF
Reg. No 5099 Rank Str. Name Hoddinott
Date of Enlistment 32-5-18 Address Salt Sons District 9 Ste
Occupation Fishermen Classification for Discharge Medical Category A.
Recommendation S.M.B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. P 36
B 179 D 400B Form L do 3rd 4
B 179a
B 1796 B 103 ME 2
B 179e
Date 3.0.6.19 Co. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I am
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable # 60000
(b) Clothing Supplied Multin Stories
Date 2 - 7 - 19 Oilc. Re-clothing

3. Transportation and Release Certificate.	9 816
The above named has been provided with Travelling Warranta No	to his home
Date 2 - 7 - 19 10 10 17 18 18 18 18 18 18 18 18 18 18 18 18 18	rages
Demo	bilization Officer
4. Pay and Allowances. The herein named soldier's accounts have been correctly balanced an nection therewith settled. He has received pay and allowances to	d all matters in con-
Discharge approved for	
N.F. P 36 B 288 B 121 N.F. Med D.F. 1	1 -1
B 178	1 F 3
B 178a	A 100m12
B 179 D 400B Form L do 3rd " 4	
B 179a D 400C Form K do 4th 32/2 -24 8 179b B 103 ME 2 32/2 -24 8	
B 179b B 103 ME 2 SS 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
3 7 6	
Date 1-1-17	oft. V
O. C. D	ischarge Depot.
APPROVED.	CHARLES SERVICE
Documents as above forwarded to:	
	- Gratuity
Officer ile Records. Board of Pension Commissioners. with following additional documents. Eligible for War Service	
JUL 4 1919 111	
Date	MAJOR
O. C. D	ischarge Depot.
Received the above noted documents from O. C. Discharge Depot	th. My
Date July 11/1919 John 18	wo do

all dist

Reg. No. 5.399 Rank The Name Hoddinott.	9
Attested	esports.
Allottee	·····
Date of Allotment	9:579
Date of Allotment Returned from Overseas Returned on S.S. Cause Cause	· Lauge
	0
2.7./9 PASSED TO DEMORILIZATION OF	1.0.2.k
4.719 DISCHARSE APPROVED ON PART	