



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5142 Name Theodore J. Cobb Corps Inf

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Theodore J. Cobb
2. What is your full Address? 2. Grand Falls
3. Are you a British Subject? 3. yr
4. What is your age? 4. 20 Years Months
5. What is your Trade or Calling? 5. Blank
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Theodore J. Cobb do solemnly declare that the above answers made by me to the above questions are true and that I am willing to fulfil the engagements made.

Theodore J. Cobb SIGNATURE OF RECRUIT.

P. J. Baymen Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Theodore J. Cobb do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Grand Falls on this 18 day of May 18 1918

P. J. Dicks Lieut. Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date May 18 1918
Place Grand Falls } Approving Officer.

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

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

14
30
31
5
0

DESCRIPTIVE REPORT ON ENLISTMENT

5162

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

Name Shedone J Cobb
 Apparent age 20 years 0 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wm J. Cobb
Grandfather | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-5-18</u>									<u>Lance Cpl. 13-7-18</u>
Joined at <u>W. H. H. Co</u> on <u>10-04-18-1918</u>									
<u>Discharged August 5/1919</u>									
Embarked <u>W. H. H. Co</u> <u>St. St. Estimella</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
To <u>the transport land</u> for demobilization <u>24-6-1919</u>									
Arrived <u>the transport land</u> <u>1-7-1919</u>									
<u>Demobilization</u> <u>W. H. H. Co</u> <u>5-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-1919 [date of discharge] 1 years 80 days
 Pensions [" "] [" "] [" "]

C.R. 5242

Extract from daily orders part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 14th 1919

The discharge of the undernoted on demobilization has been
confirmed by officer in/charge from depot date 5-8-19.

5142 ✓

5241, L/C. T. Cobb.

CR 5142

Extract from Daily Orders Part II Royal Newfoundland
Regiment, Depot St. John's. Dated October 20th 1919.

The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records from
noted date 5-8-19.

5142, J. Cobb.

C.R. 5142

Extract from Daily Orders Part 11 Unit The Royal Rifle
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 22-7-19.

5142 I/Cpl. T. Cobb.

C.R. 5142

Extract from Daily Orders Battalion Unit The Royal Field,
Regt. St. John's, July 5th, 1919.

5142 B/Cpl. S.J. Cobb.

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

C.R. 5142

Extract from Daily Orders part 11, from Unit The Royal
Wilt. Regt. St. John's, dated July 25, 1918.

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

#5142 L/Cpl. Theodore Cobb.

C.F. 5142

Extract from Daily Order part 13, 2nd Unit The Royal
Wilt. Regt. St. John's dated July 15, 1918.

#5142 Pte. W. Cobb.

To be Lance-Corporal from July 15, 1918.

Extract from Daily Order part 11, from Unit The Royal
Field Regt. St. John's, dated May 20th, 1918.

#5142 Pte. Theodore Cobb

Attended for General Service with the Royal Field Regt.
from 12.5.18

T. J. Cobb

C.R. 5142

~~1890~~

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

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

1. Unit and Corps... *Rajput Mufundland* 7. Former Trade or Occupation } *Cook*
2. Regtl. No. *2147* 3. Rank... *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *Cobb, Theodore* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *21*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

15. What is his present condition ?

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

The Complaints of no Disability

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

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

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

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

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

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.

Reparation

W.E. Proctor *Capt. R.A.M.C.*

Station *Hazeley Down*

Medical Officer in charge of case.

Date *8/4/19*

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

No. 3200/489

N.F.F./79.

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.

2nd/Btn. Ryl. Nfld Regt.

Winchester.

25th. February 1919

March 5th 1919

5142. L/Cpl. Cobb. T. J.

With reference to the following telegram from the Minister of Militia / / (48)

"Pay to- 5142 Cobb

£8.0.0

Cheque £8.0.0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

J. Kenna CAPT. LIEUT. COLONEL,
COMMANDING OFFICER, 2ND BATT. RYL. N.F.D. REGT.,
Weymouth REGIMENT

Received the sum of Eight Pounds

in respect of

telegraphic remittance from the Minister of Militia.

Theodore J. Cobb

No. 5142 Rank Private

Witness H. J. Snow

W. Hunt Chief Paymaster & O. i/c Records.

B

Cobb, T.

5142

Ray Sept.

August 11, 1918

Mr. Theodore Cobb,
Grand Falls.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of the war service gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th, 1919.

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

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

Christian name *Theodore* Surname *Cobb*

3. Rank *Lt. Col.* 4. Regt. No. *5142*

5. Address in full to which future payments of gratuity are to be forwarded *Grand Falls*

6. Date of enlistment in the Regiment *Apr 24/18*

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

8. Relationship of such dependents *No*

9. Address in full of such dependents *No*

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

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

12. Give total length of time which you served on active service, whether in Hfld. or Overseas *1 yr 2 mos*

1. $\frac{1}{2}$

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

..... *No*

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

..... *No*

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

..... *No*

16. Have you, during the present war, served in the Imperial Forces?
17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?
(b) If so, was such reversion in consequence of Misconduct or inefficiency?

..... *No*

19. Are you now serving in the Regt.?..... If not give:- (a) date of discharge..... (b) Reason for discharge.....

..... *July 8/19* *Denrob*

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.
..... *No England only*

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

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

Signature of Applicant: *Theodore Cobb*
 Place of Residence: *Grand Falls*
 Declared before me at: *St Johns*
 This *8th* day of *July* 19*19*...

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

Richard J. Carthy

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

Signature of Applicant:
 Place of Residence:
 Declared before me at:
 This day of 19.....

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

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

Signature of Applicant:
 Place of Residence:
 Declared before me at:

August 5th 1919.

#5142, L/C.T.Cobb.

Grand Falls.

Dear sir:

enclosed please find Discharge Certificate
3403.

Yours truly,

Capt.^{us}

Officer i/c Records.

RS/ .

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5142 Rank 4 Cpl Name Cobb J
 Intended place of residence Grand Falls
 2. Occupation black
 Classification of soldier 2 Medical Category AI

3. The above named man is discharged in consequence of
DEMOBILIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 8 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 8 - 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 8 - 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No. of days on Military
 Discharged from service JUL 22 1919 Plus 14 days Service 445

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 22 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place, ST. JOHN'S
 Date August 5/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

Ans B 20791 3403

The Royal Newfoundland Regiment

Class for Demobilization:—
16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.7.19

 Regimental No. *5142*

 Name *Cobb* *Sturton*

 Address *Grand Falls*

 Present Medical Category *A.1*

 Recommended for:— { (a) Immediate discharge
 (b) ~~Standing~~ Medical Board

Members of Board {

R.H. East Major
.....
O.C. Discharge Depot.

E. Paterson
.....
Senior Medical Officer

Geo Borden
.....
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5142 Rank Lt Colonel Name Col. Theodore
 Date of Enlistment 18.5.18 Address Spring Falls District St. John's
 Occupation Clerk Classification for Discharge 14 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Theodore Cobb
 Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) ~~Clothing Supplied~~

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2240 to his home
 at Grand Falls and Release Certificate No. 3279 issued.

Date 8-7-19 J.A. Snowcroft
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 3-8-19

Date 8-7-19 J. Newsitt
 Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 8-7-19 J.A. Snowcroft
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Theodore Cobb

Signature of Man.

J. J. Snowlapt

Signature of the Vocational Officer or his Representative.

Reg. No. 3142

Place

St. Johns

Date

8-7-19

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

MEDICAL HISTORY

OF

Surname Cobb

Christian Name Theodore J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Grand Falls County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	18	May		191
	at	St John's	at	
Declared Age	20	years		days
Trade or Occupation	Blank			
Height	5	feet		inches
Weight	132	lbs.		lbs.
Chest Measurement	Girth when fully expanded	34 1/2		inches
	Range of Expansion	3		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Lamm Baker			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's	at	
	on	18 day of May	on	day of 191
Joined on Enlistment	Corps	The Royal	Corps	
	Regtl. No.	5142	Regtl. No.	
Transferred to	Nfld Regt			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

To duty.

68th Division

CAPT., R.A.M.C.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal A. S. and Land.* Former Trade } *Clerk*
or Occupation }
2. Regtl. No. *5147* 3. Rank. *P. Cpl.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *Cobb* *Thervey*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

15. What is his present condition ?

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

He complains of no disability

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

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

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

Repatriation

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

Station *Hazley, B.S.M.*

Date *4/4/19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Cobb, Theodore,*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5142*

Intended address *Craw Fall, N. Gt.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark,*

Complexion *Fair,*

Color of eyes *Blue,*

Descriptive Marks *Tall.*

Figure on discharge *William J.*

Christian name of Father *Mary.*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Craw Fall, Nov. 5 - 1898*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Theodore J. Cobb.*

(Rank) *Private*

Station *St John's*

Date *1-7-19*

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



Station

Date

Grand Falls.
Nov 17-1919.

To Captain Howley,
St Johns.

Dear Sir:-

Received from Department of Militia.
Two hundred and eighty dollars \$200.80. Total,
Yours truly,

Lt Col. Theodore Cobb.

514²

C.R. 5142

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name *L.H.H. J. J. Cobb.*

Date *17/1/19.*

Place *Grand Falls.*

Receipt of the same should be acknowledged hereon.

Received

British War Medal.

5142

Signature

Theodore J. Cobb, # 5142

Date

October 21, 1921.

Address

#12 Bank Sq. Grand Falls.

N. F. L. D.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet *one*
C. D. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badge, Service pay or proficiency pay <i>10-7-18 Promoted to Lance Corporal.</i>
No.	<i>5142 Cobb Theodore</i>	Age on	<i>20</i> years / months	<i>Clerk</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's 18.5.18</i>	Religion	<i>W. P. Phipps Captain R.E.F. 235 BR ROYAL NEWFOUNDLAND REG</i>
Joined	Date			<i>Methu</i>	
Joined	Date	Period of	with Colours <i>10</i> years. with Reserve <i>1/30</i> years.	Place of Birth	
Joined	Date			<i>Grand Falls</i>	

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
				<i>Demobilized 11 April 5/19</i>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5142 Rank L/Platoon Name Walter Thurston
 Date of Enlistment 18.5.18 Address Spring Falls District St. John's
 Occupation Clark Classification for Discharge 1/1 Medical Category A.1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19 O. C. Discharge Depot W. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Frederick Cobb

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. £60.00
- (b) Clothing Supplied

Date 8-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 71240 to his home at Grand Falls and Release Certificate No. 3279 issued.

Date 8-7-19 *J.A. Snowlett*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-8-19

Date 8-7-19 *J.A. Snowlett*
Depot Paymaster.

Discharge approved for 12-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 8-7-19 *J.A. Snowlett*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919 *L.R. Cooper Capt*
O. C. Discharge Depot

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

Date July 21 1919 *[Signature]*

Reg. No. *5242* Rank *PL* Name *Cobb, H.*

Attested Address *Grand Falls*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

82 19
82 7 19

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION.