Recruiting Form A, 1914.





First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 697
Name in full Mark 2-rances Coferld Age 32. Address Allandals Road
Single Pair Hair Light brown Eyes blur
Other distinguishing marks Nearest relative Address Address Allandale Road
Dependents rour Occupation Fresent Wage 7.50 a week
Previous service Decorations
Date of Enlistment Dec 15 1/14
J. Mark Francis Cofired do sincerely pro-
mise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.
Declared before the this day of Seclember 1914
The Shiperint

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg.No.692

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DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)

Applicable to all ranks.

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Nº 675



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

	d, viz.:			
Identity ificate No.	Whether Wife, Child. other Relative or Friend	NAME (in full)	Address	AMOUNT (each person)
list	Tather -	Hilliam is bejuld	Allandale Rood	60
			Total Allotment. 5	
5	Friend NAME (IN TUIL) ADDRESS (each			

F. Cofield.

692.

P.+. P.O.

Newton Paine School April 24 9,6 Officer 1/2 Pay record Office

58 Victoria Street

Landon Sw.

Si:
Kindly forward

at your earliest convenience thy statement

I to All I all a least forward

The All I all a least for to the Office here. I hay day I have been here over a month, and only how 10/ per week. They awaiting my statement from four Office. I should draw 17/6 per week, and am in need of some cash. By attending to the above as soon as possible. You will feath, ofligh #692 borb. Frank bofield 1ST N W/FOU DLA D REQUEENT PAY & RECORD OFFICE Ref. No. 1820 Res'd APR 2 5 1916

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

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	OMEDICA	P UISION	

Surname Cofield	, C	hristian Name_	Frank	MAR.2 1916
	Table 1.—GENE	RAL TABLE.		A MECOND OFFICE
Birthplace:—Parish	Johns SPECIAL R	County	REGULAI	R ARMY.
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Declared Age Trade or Occupation	Larmer	. days	yearn	PAY IF HEDOND CLASSE
Height	5 feet	10 inches	feet	inches
Chest destruction (Girth when fully expanded Measurement Range of expansion		inches inches		lbs. inches inches
Physical Development	Right	Left	Right	Left.
Vaccination Marks Number				1
When Vaccinated Vision	R.EV= A	Known	R.E.—V== L.E.—V==	
(a) Marks indicating congenital peculi- arities or previous disease	(a)	\wedge	(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(6)	
Approved by (Signature)	Cluny M.	acpherson		
(Rank)	at fr.fr	Medical Officer.	at	Medical Officer.
Enlisted	on la day of Corps.	Regtl. No.	on day o	f 191 Regtl, No.
Joined on Enlistment	15 Wfed Key	1 692		
Transferred to				
Became non-effective by				
	on day of	191	on day o	of 191
(Signature)	Ope			. [р.т.о.

				1			Table 22. Only for admission	то поорг	at of to the sick list in case of warmin objects treated in quarters.	
Name of Hospital.		Hosp	ital	-	Hospit	1	Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
			Year			h Year			Operation, drained. Care	Capy from huyoney keed, Net about
2 nd Scot, In Nog. Craiglett. 8 RD LONDON GENERAL HOSPITAL WANDSWORTH.	18	a	16	11	3	16	Lyun by .		Caul A line remise (Surdanelle). hature , Tourahaust from dynathery . Three ngation bow Unider will tech . Mente. Let for light duly class B.	Hillochene Taghilland
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Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date		Brief Details, and Signature	
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4/5.15	Vac.	necan Pervie	
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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
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It Johns . Id. "Dominis Edinburgh Castle	n 366 18	- 16/15			
					The same of the same

•	Date of offence	Rank	Cases of drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
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			1466						
							100000000000000000000000000000000000000		
			The series						
			2000						
1200									

This man has been furnished with a warrant to historia
I consider he is fit for * Light duty. and likely to be fit for service
overseas with a months.

U. Hope yosse laft. R. A. M.C.T.

Officer in charge Registrar Assistal, C.T.

3rd London General Hospital,

WANDSWORTH, S. W. Station).

Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the Office.

Vailed por de Corsican 8/9/16

SE VIETORIA ST. DESPONS NO. 1918

Army Form O. 1825.

PAY LIST

to

gi . Voucher No.

Regiment or corps No. 692 Rank Died (a) at Deserted at I Certify to the correctness of	ew C	to ory	lor eve	on the of	on, þany	191 191 190	D
Date. Dr.	£	s.	d.	Cr.	£	s.	d.
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Dated at this day of tonia St.	torrec	or w	harg	unt is correct in every particular, an eable against the Public (b). NEW OUND, AND, CO. 191 . PAYMASTER & OFFICIAL OF Army Form O. 1815.	Pay	masi	ler e

W. 9667-4002-750M. 9/15 H. & J., Ld., Bury St., E.C. 75. 1625. 27

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Cofied Frank

692

Ray Dape

No. 692 Name Cofued Bank Cope

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DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY	Y VOUCHER. Fel 24 19 19
Received from t	the First Newfoundland Regiment
the sum of Len ———————————————————————————————————	tma .
Ch. No. 11.68.6 Initials	Regtl. No.

Nº 675



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

	ity of, and prod	ne undermentioned Person	Cents, per diem, f n and or Persons, such payment to be m Identity Certificates by the Person	ade on proof
Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person)
656	tather	William for to	spield Allandale Road	
			Total Allotment, \$	
Si	his form must be congred by the Officer equired payments of	Commanding Company and	nmanding Company, signed by the Volund handed to the Paymaster as authority	teer, counter- to make the
(Sig.)		Thyelapt	(Sig.) Francis George &	Boliel
	le but	icer Commanding Company	(Sig.) Francis George &	/

March 13th.1917

Mr. Frank Cofield,

Allandale Road,

City

Dear Sir:-

The Redical Board which examined you has reported as to your condition, and it has been found that your ease is not one in which a pension can be granted.

It has, however, been decided to allow you a gratuity of \$75.00 (seventy five dollars) payable in three equal monthly instalments. I enclose cheque for \$25.00 payment for the month of March 1917.

Yours truly

Secretary

Sailet per des Consider | Sailet per des Consider |

Army Form O. 1625.

PAY LIST.

Voucher No. 191

	at		_	Name Cofield on the of	-	191	
	erted at	_		on the of	-	191	
	I Cartify to the correctness of abo	Bin Bin	ever 4	ry particular. Commanding Squads Battery J. Com	on, pany	<i>T≠00</i>	F
	STATE	MEN	ΝT	OF ACCOUNT.	[Fo	RM	1.
Date.	Dr.	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month	16		Pay 6 days at 20 from to 7/4/16 Proficiency, Service or good conduct pay days at from to Messing allowance days at from to Clothing and kit allowance Amount produced by the sale of Necessaries Personal Clothing and Effects from Form 2 Amount of Savings Bank balance, including interest (if no balance, to be so stated) Deferred Pay or Gratuity		9	7
	Balance due by the Paymaster	-		Balance due to the Paymaster		1	

this

days of CTORIA ST

191

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when ther e is no debtor balance.

W. 9667-4002-750M. 9/15 Forms

H. & J., Ld., Bury St., E.C. 27

Sailer per Ses Considers

Army Form O. 1625.

PAY LIST.

to

191 Voucher No.

No. Died Dese	ment or corps 692 Rank at at at Cartify to the correctness of	6	Join Ba	eve	on the of of a commanding Squader of Commanding of Command	on, i	91	
Date.	Dr.	£	s.	d.	Cr.	£	S.	d.
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	Balance due by the Paymaster				Balance due to the Paymaster	/_	1	5

ONDLAND CONTING Dated at PAYMASTER & OFFIGER IN HECONES days of CTORIA ST. this 191 (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

W. 9667-4002-750M. 9/15 Forms O. 1625.

H. & J., Ld., Bury St., E.C. 27

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

MEDICAL OF Christian Name Table I. GENERAL TABLE. Birthplace :- Parish County REGULAB ARMY. RESERVE. day of 191 Examined days Declared age .. days Vears Trade or occupation inches inches Height lbs. Weight inches inches Girth when fully expanded Chest inches inches Range of expansion ment Physical development Right Left Right Left When vaccinated Vision R.E.-V.= L.E.-V.= (a) Marks indicating congenital previous (6) (8) Slight defects but not sufficient cause rejection pherson of Californ. Approved by (Signature) (Rank) Medical Officer. at Enlisted 191 day of a day of 191 Corps Regul. No. Regtl. No. Joined on enlistment Became non-effective by •• day of 191 on day of 191 (Signature)

(Rank)

Name of hospital	Admitted to Discharged from hospital hospital		dmitted to Discharged from hospital		ted to Discharged from hospital		Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year		in hospital	of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Set 1 0
Scottist and Arguital Craig with	16	3	1.1	7	4	15	Affordicites	23	Operation. Granied Cure	M. Dowden
whom whole with the second	18	2	16	11	3	16	Dyrentery	23	Cause Active Service (Dandanelles) Nature Couvales cent from Sysenting Three Metalt. Dit for light duty class B.	Sa Delethergo
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examination for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

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Date	, Brief Details, and Signature
1 24 2.15	24
15. 8.15	Vaccion Service.

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
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"Odmburgh lattle	" 16/18				
,				42.05	
				-	
Notice of the second second					



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. ifc 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 Cofreed Frank
Regiment from which discharged 1st. Newfoundland
Regimental number 692
Intended address allewale Road.
Height on discharge 5 Feet 10
Color of hair on discharge L. Brown.
Complexion foe;
Color of eyes blee .
Figure on discharge herouin -
Christian name of Father William
Christian name of Mother Queecie.
Wife's maiden name in full
Date and place of marriage
Christian names of children
Place and date of soldier's birth. Isohus 250cl. 1892
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) 7, 8 0 1 1

(Rank) lefel Station Date

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

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

Station & Johns My

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DISCHARGE.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date

(Sig. of Soldier)

(Sig.of Witness).

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No.....

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

				0		0
' Name in full	I hereby solemn	ly declare t	hat my nan	ne is of na	neis	George
	Cofie	u		·		and that I was
Fill in rank and force	low for	60	(1st. Nfl	d. Reg.)	M ne	M. Kly
	a (rank)		111 (P N	<u></u> .)		
	and that I am entitle			0	lewfoundland	01
Fill in place giving full postal address	I am residing at (Str	eet and nu	mber)	Man	dale	Z(
	Town of	John	ns.	CAJ.	Cd.	
	and request my next	pension ch	eque be ser	nt to this addr	ess.	
	7	In a	00	1. And	###	ark of Pensioner.
	BI	J. J.	OH	TI BHENA	TUKE or m	ark of Pensioner.
	Witness	0.0.	ONE	2,		
	It is only during	the mont	hs Ianuar	v and July t	hat the foll	owing certificate
	MUST be completed					
	This is to certify	that the f	oregoing	declaration an	d signature	(or mark) were
	made by the above n	amed pensi	oner in my	presence this		
		day				, and I believe
	him to be the person					
To be signed by a Police.	him to be the person	ne represer	nts minisch	i to be		
Magistrate or Notary Public, or Justice of the Peace, or Clergyman,					C:	
					Signatu	re.
					Rank o	r position.
					Postal A	daress.
Add any Remarks						

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's . Nev/foundland.

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 blomks and no dashes, If any question 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. NOHN'S. Christian nonetwis Deorge 2. Surname..... 3. Rank 6. orforal 4. Regil . Ho 6.9 5. Address in full to which future payments of gratuity are to fax be forwarded ... f. sank ... to Field ... 90. 52. Tellest. Stage 6.Date of enlistment in the Regiment. Des 19.14.... 7. Hame of dependent, if my, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge...... 8. Relationship of such dependents .. 9. Address in full of such dependent. 10. Is said dependent, now, or was said dependent at my time in receipt of Separation Allowance on account of mother soldier? " 11. Were you on active service only in Nfld. If so give dates and particulars of such service 12. Give total length of time which you served on active service.

whether in Nfld, or Overseas ... F. on .. Lova .. Klass .. and . Seventy

13. Have you had more than one enlistment? If so, give particulars of
discharge and re-emlistments, and under what regimental numbers
not Applicable
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
somety fine dellars and fifty cents
15. Have you been issued with a Ver Service Bedge?
16. Have you, during the present war, served in the Imperial Porces. 144.
17.Are you entitled to receive, or have you received any Cratuity in
the nature of Post Biccharge Pay from the Imperial Forces? If so,
state amount received, or to which you are entitled
hat affilicable
18. Did you revert Overseas to a rank lover than the substantive rank
held by you on your arrival in inclend?
(b). If so, was such reversion in consequence of misconduct or in- efficiency?
19. Are you now serving in the Regt.? . Art. If not give: - (a) Date
of discharge. 7-ed., 23 1917(b) Reason for discharge. Being
of discharge. T. Co
no longer physically fit for War
Sernice
20. Did you at any time serve at the front in an actual theatre of 15. Here you been issued with a or Service Bange?
War?If so give particulars of places, and dates of such service
Sallifali. 1915: disable Saule Bay
21.(a) Are you receiveng treatment from the Civil Re-Establishment Com.
(b). If (b), are you in receipt of full pay and allowances from that
and I make this selemn declaration conscientionally believing it to be
true, and knowing that it is of the same force and effect as if made under eath.

Signature of Applicant:

Francis Learge bojield Acesales Roads 52 Gilbert 8

Declared before me at: St Johns

This

dey of March 1919. el Cury Not Pub

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

	POST DISCHA			
Date pa	oid Paid Soldier	Paid Dependent	War Service Gratuity	Not mount due
			5 hos.	350.00
				109.20
	Certified (master.

1228

No.

Date 11th. March 1916.

(1) To the Officer i/c Records,
58, Victoria Street, S.W. (Station).
(2) The Officer Commanding.
N.F.L.D.
Ayr., (Station).
(3) The Paymaster,
58, Victoria Street, S.W. (Station)
Regimental No. 692
Rank and Name Opl. Cofield, F.
Regiment or Corps 1st. Newfoundland.
has been granted a furlough from 11th. March. to 20th. March.
His address while on leave will be:—
58, Victoria Street,
s.w.
This man has been furnished with a warrant to Victoria and given an advance of £1. (one pound).
I consider he is fit for • Duty. Light duty. and likely to be fit for service overseas within 3 months.
(Sgd.) A. Hope Gosse, Capt., R.A.M.C.T.
Officer in charge Registrar Hospital, 3rd. London General Hospital, Wandsworth, S.W. (Station).

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the Office.

(2385.) Wt. W3254-1876. 10,000 Books. 6/15. C. & G.

Mr. F. Cofield.

Allendale Rd.,

City.

697

Dear Sir,-

I enclose herewith cheque for \$4.86, being the amount due you as Ration money whilst on Furlough in England.

Yours truly,

D/Paymaster



Ist NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. w	ith C1	ol. F.	Cofield			No. 2775
Reg'l Alc	No.	N	ame	C.B.	Folio	No
Date	Req'n No.	Invoice No.	Particulars.			Amount.
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			n the 1st. NEWFOUNDLAND R	EGIME	NT tl	
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Ist NEWFOUNDLAND REGIMENT

VOUCHER

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Reg'l	Aļc	No	Na	me		C.B.	Folio No.
Date		Req'n No.	Invoice No.	Particulars.			Amount
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	J anu			Cents	in Paym	ent as	



NEWFOUNDLAND POSTAL TELEGRAPHS

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Voucher No28469.

Cheque No28469.

Amount.

C.B. Folio No.

Reg'l Alc No.

Date

In Acct. with #692 Cpl.F.Cofield

Invoice No.

Req'n No. Name



Ist NEWFOUNDLAND REGIMENT

VOUCHER

Particulars.

Beb. 26 3	20_	Balance of pay to Feb.23/17	\$55		
		Bonus 1 week @ \$1.95	13	65	
		Clothing.	25		
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and Seventy	Six	Cents in Pay	yment	as ab	ove stated.
Febru	ary	191 ₇			
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Nº 675



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

AMOUNT			whether Wife, Child,
(each person	Allandale Road	Hilliam Jos Coppeld	tather
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			+ (
	The state of		
		7-14	
	Total Allotment, 5		

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 692 Namo 7 bofield

Witness. Mardy

Dato 3/12/19

Place St fohn's

RECEIPT FOR ISSUE OF RIBAND OF 1914-15 Star. C.R. 692

I certify that I have received an issue of 3 inches of Riband of 1914-15 Star.

Name Frank Coeficed
Name Trank Coeficed
Name Trank Coeficed
Max Coeficed

Please sign, and return to Dept. of MILITIA.

CIRCULAR LATERR

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and roturn it to this Department. If possible, call at Room Fo. 3 for your issue.

Licut. Colonel.

Chief Staff Officer.

CIAIN FOR ISSUE OF RIBAND of 1014-15 STAR.

Department of Militia, St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I cortify that I am entitled to this issue,
having served on* Sallipali
from September 1915 to november 1915.

(Date) Mrs. 29. (10). 69.1. (Renk) lopel. (Tome). Lopeled.

(Place). Allandale Road

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

CIRCULAR FATTER

St. John's,
March 15th 1919.

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having served om* I allipali
from September 1915 to housember 1915.
(Date) 141. 12. (NO). 69.10. (Renk) looks. (Tome). Logisled.
(Place). Allandale Road

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

Extract from list of men of the Royal Newfoundland Regiment discharged on various dates.

1

#692 Cpl.Frank Cofield, discharged, Feb.23rd 1917, Medi ally unfit

Extract from Roll of Officers and N. C. O.'s and men discharged from the Royal Newfoundland Regiment.

Regtl.#	rank	name	date	reason	
				7.	_
692	Cpl.	Coefield Frenk	23/2/17	Med.	Unfit.

APR 2 0 1916

Dear sir.

A beg to inform you that additional information has to-day been received from the Record Office of the First New-foundland Regiment, Landon, to the effect that No. 692, Corporal M. F. Cofield, who was previously

reported at Wandsworth, Feb. 22nd, suffering from enteritis, is now fit for light duty and was granted furlough March 11th.

This information has been received by mail.

Gours faithfully,

Colonial Secretary.

Mr. Wm. Cofield.
Allandale Rd.

February 22, 1916.

Bear sir.

I beg to inform you that additional information has to-day been received from the Record Office of the First New-foundland Regiment, Bondon, to the effect that

No. 692, Corporal M. F. Cofield, who was previously reported as having been discharged to Convalescent Camp, Chain Tuffieha, Malta, December 31st, has been admitted to the Third London General Hospital, Wandsworth, suffering from enteritis.

Yours faithfully,

Colonial Secretary.

Mr. Wm. Cofield, Allandale Rd.

C.R. 692 Extract from Army Form W 3026.

NOMINAL ROLL OF SICK AND WOUNDED FROM FRANCE admitted to the 3rd. LONDON GENERAL HOSPITAL, on February 18th., 1916.

692, Corpl. Cofield, F.

P

Enteritis.

FEB 1 8 1916

Bear Bir.

A leg to inform you that additional information has to-day been received from the Becard Office of the First New-foundland Begiment, Bandon, to the effect that No. 692, Corporal Mark F. Cofield, who was reported at Malta on November 1st suffering from gastro enteritis, was discharged to Convalencent Camp, Chain Tuffieha, Malta, on December 31st.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Extract from War Office List. No.H.5862.

1

692 Cpl.Cofield F.

1 /Nfld. R. Diarrhoes To England per HS. Grantully Castle.

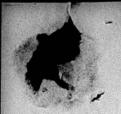
ex st Peter's H. Ghain Tuffieha Malta. 5th, Feb'16.

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O. January 15th 1916.

692, Cpl. F. Cofield.

l Newfoundland R. Enteritis Dis. to C.C. Vhain Tuffieha Malta ex St. Patricks Military Hospital 31st December 1915



December 10, 19,5.

Dear sir.

A beg to inform you that additional information has to-day been received from the Record Office of the First Rew-foundland Regiment, Bondon to the effect that No. 692, Corporal Mark F. Cofield, who was previously reported sick at St. Patrick's Military Hospital, Malta, November 1st, is now reported suffering from gastroenteritis.

This information was received by mail.

Yours faithfully,

Colonial Secretary.

Mr. William Cofield, Allandale Rd. A

M

December 2, 191 5.

Dear Bir.

A regret to have to inform you that
a report has this day been received from the
Becard Office of the First Newfoundland
Begiment, Bondon, to the effect that No. 692.

Corporal Mark Francis Coffield, was admitted to

St. Patrick's Military Hospital, Malta, sick, on Nov. 1st.

This information was received by mail.

A trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Gours faithfully,

Colonial Secretary.

Mr. William Cofield, Allandale Rd. Governal

(166)

C.R. 692



from St. Patrick Military Hospital, Malta.

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force, admitted to Hospital in Malta from H.S. "Neuralia" 30th. October 1915.

List No: H. 3000. Dated Nov. 14th. 1915.

692 Opt . F. Cofield

Newfoundland Contingent Gastro-enteritis.

PROMOTION.

HIS EXCELLENCY THE GOVERNOR HAS BEEN PLEASED TO MAKE THE FOLLOWING PROMOTION TO DATE FROM AUG 26, 1915.

#692 L/CPL. F. COEFIELD.C.CO.,

TO BE CORPORAL.

C.R. 692

PROMOTION.

His Excellency the Governor has been pleased to make the following promotions:

Pte. Francis Coefield.

To be Lance/Corporal.

The above to dated from January 30th, 1915

Extract from Regimental Orders by Lt.Col. Sir W. E. Davidson K.C.M.G. Commanding Newfoundland Regiment dated Oct. 12th., 1915.

AUTHORITY. The Royal Gazette, Oct. 12, 1915.

to be Corporal from 26/8/15.

#692 L/Cpl. F. Coefield.

C.R. 692

Extract from Regimental Orders by Lt. Col., Sir W. E. Davidson Officer Commanding, dated Dec. 7th., 1915.

AUTHORITY ROYAL GAZETTE DECEMBER 7th.,

TO BE CORPORAL.

/L/C. F. Coefield.

FROM AUG. 26th., 1915.

C.R. 698

Extract from Nominal Roll of "C" co. 1st Bn. Hfld. Rgot embarked at Devemport for callipel 20-8-15.

698 Pte. P. English.

Entract from Nominal Roll of 60. 1st Bn.Nild.Regt. Embarked at Devenport for Active Service 20-8-15.

692 Bfcpl. F. Cofield.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia, Cairo, samo date. Embarked Alexandria for Gallipoli 13-9-15.

C.R. 692

Extract from Nominal Roll Embarked St. John's, per S.S. "Dominion" C" Company Feb. 2nd, 1915.

L/Cpl.692 Ocefield F.

Extract from Hominal Roll of Harrant Officers & H.C.O'S of the Royal Hills. Regt. (undated)

692 F. Coefield.

Promoted Jan. 30th, 1915.

AND THE RESERVE THE SECOND SECTION AND ASSESSMENT OF THE SECOND S

Mark F. Cofield

was attested for General service

with the NEWFOUNDLAND REGIMENT on .. Dec. 15th. 1914.

Regimental No 692 was alloted to Pte. M. Cofield.

AUTHORITY:

Record Ledger,

Pepts of Militia,

March 25th, 1919.

Date of	of promotion to esent rank	Terms of Service (d) Date of apport to lance Re-engaged	ointment)	ervice reckons fr Numerical p roll of N	osition on)
	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as			Remarks
Date	From whom received	reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date Army	from Army Form B. 213, Form A. 36, or other official documents.
0/15.	26 C.C.S.	Emparked Alexan Emparked for Galli Admitted, Pyrexia	H.S. "Neuralia		Auth. C 4440.
115.	Comdt., Malta.	do	Hosp., Malta.	30/10/15.	* 0 4411. * A 18150.
/16.	"Grantull; Castle"	Y Invalided to England	H.S. "Grantul Castle"	1y 5/2/16.	B 944.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regimental Number and Name		Regiment o	Trade	Good Conduct Badges, Service Pay or Proficiency Pay					
No.	Date Date Date	۲.	•	Age on 22 years months Place and Date of Enlistment 15 12 19 (with Colours 2 7/ years.	Religion Aueth. Place of Birth 51 38425.	-		OCT 1 7 SECOND OFFICE	<i>></i> • • • • • • • • • • • • • • • • • • •
Place	Date of Offence	Rank	Cases of Drunk- enness,	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				1 1 11 11 11	fly.	23 -17			
			+	Medically Unfit;	Johns	23-17			
	•								
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									7:
						1.			
						•			
				To be carried over					
									Furley



Page

Medical Report on an Invalid.

NOTES:-

(a) This report is solely concerned with Pensions.

(b) A single copy only is required.

(c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.

(d) Be as brief as possible compatible with lucidity.

(e) Avoid dubiety-"perhaps" "possibly" "might" and the like.

(f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case
Station
Date

Station
Date

Station
Date

1. Unit Ist. Newfoundland

2. Regimental No. 692

3. Rank. Joseph

4. Name. Cofued Frank.

5. Age last birthday. 25

6. Enlisted on 15 Dec. 1914 ...

at Of. Johns. My.

7. Former trade or Janus.

8. Disability

Dysentry: Flas feet. Thent trouble

9. History Dysenty Ondanelles. Nov. 19.6. Seus boek from Clys Sept. 1916 with flat feet & Leas trouble.

10. What is his present condition? (This is the important question. Be	Symploins of Typenty. Hees aligiss feat. feels pain through ours of foot. Korl Rounds romal pulse 86	Opinion of the Medical Board.
he pays hear beats w	y fact when walking fact.	13. For pension purposes, the disability x Rey be considered as aggravated by:-
11. Was sanatorium operation advised and refused?	V	(a) Service during this war. (b) Climate. (c) Ordinary Military Service
12. Do you recommend discharge as permanently unfit?		Remarks if any - Root feet flat Agine out under Steam of welking West does not show any sign of disease
		14. At present his capacity for earning a full livlihood in the general lat r market is lessened by:— (Here the president should write in Total, 3-4, 1-2, or 1-4).
		Remarks if any: Les than 20%
	Signature Two Burden. Rank or Qualification Lieut.	(a) Reasonable. (b) Unreasonable. Remarks if any:—
		16. We recommend discharge from the Army
Remarks if any by Officer i c Hospital.		Remarks if any:—
		AS France
Place	Signature	Signatures. Janobart Interesident
Date	Rank	pro- Major Patraon
		Place Thus
		APPROVED Station,
		Date