



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5297 Name Albert Colbourne Corps 6 of C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|----------------------------|
| 1. What is your name? | 1. <u>Albert Colbourne</u> |
| 2. What is your full Address? | 2. <u>Little Bay N.S.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Sailor</u> |
| 6. Are you Married? | 6. <u>No.</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No.</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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. <u>Yes</u> |

I, Albert Colbourne do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

Signature of Recruit. Albert Colbourne

Signature of Witness. Wm O'Regan

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert Colbourne 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 Little Bay on this 22nd day of May 1918

Signature of Attesting Officer Edwards Lieut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:

If enlisted by special authority, such will be attached to the original attestation.

Date

Place

} 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)

DESCRIPTIVE REPORT ON ENLISTMENT

5297

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

Name Albert Colbaine
 Apparent age 10 years months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Colbaine, Little Bay, N.B.
 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 length of engagement reckons from <u>22-5-18</u>									
Joined at <u>St. John's</u> on <u>May 22-1918</u>									
Discharged <u>July 4/19</u>									
Embarked <u>St. John's N.B. to Halifax N.S.</u> <u>22-7-18</u>									
Embarked for <u>B.C.A. 25-11-18</u> . Re-embarked <u>home 25-11-18</u> .									
Joined <u>Battal. 5-1-1919</u> transferred from <u>Rank 22-4-19</u> <u>Private Number 2379</u>									
To file for demobilization <u>22-5-19</u> Arrived file. <u>1-6-1919</u>									
Demobilization <u>St. John's 14-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-7-1919 [date of discharge] 1 years 44 days
 " " Pensions " " " " " " " "

C.R. 5297

Extract from Daily Orders Part II Royal Newfoundland Regt.
depot St. John's dated 8-7-19.

The discharge of the undernoted on ~~release~~ demobilization
has been CONFIRMED by officer i/c records from 4-7-19.

5297, Pte. Albert Colbourne.

C.R. 5297

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. Depot St. John's, June 10th, ~~1918~~ 1919.

The discharge of the undrilled on demobilization has
been ~~the~~ APPROVED by C.O. Discharge Depot, with effect
from 20-6-19.

5297 Pts. A. Colbourne.

C.R. 5297

Extract from Daily Orders Part 11 Depot, St. John's,
Date 9-6-19.

5297 Pte. Albert Colbourne.

Reported at Headquarters 1-6-19.
which sailed Liverpool May 22/1919.

NR "Corsican"

C.R. 5297

Extract from Nominal Roll of Craft No. 56, from the 2nd., Battalion
of the Newfoundland Regiment, to the 1st., Battalion of the Regt.
N. S. F. embarked Southampton 22/11/16.

#5297 Pte. A. Colbourne.

C.R. 5297

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

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

#5297 Pte. Albert Colbourne.

Extract fr m Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 23, 1918.

#5297 Pte. Albert Colbourne.

Attested for General Service with the Royal Hfld. Regt.
from 22.5.18

C.R. 5297

Extract from Nominal Roll from 1st. Battalion

Royal Newfound Land Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5297 Pte¹ A. Colbourne.

A Colborne

C.R. 5297

1850

Medical Report on an Invalid.

Station Hazelton Down

Date 1-5-19

- | | |
|--|--|
| <p>1. Unit <u>Royal Newfoundland</u></p> <p>2. Regimental No. <u>8297</u></p> <p>3. Rank <u>Pte</u></p> <p>4. Name <u>Bolbourne A.</u></p> <p>5. Age last birthday <u>22</u></p> <p>6. Enlisted { on <u>23rd May 1918</u>
at <u>St. John's</u></p> | <p>7. Former Trade or Occupation } <u>Sailor</u></p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|--|

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil

nil

nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Accepted; no disability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

u

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

u

16. Was an operation performed? If so, what?

u

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

u

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

u

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

u

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

Major D.D.M.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazelton Down*

Officer in charge of Hospital.

Date *1-5-19*

*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.

† Delete this word if no exceptions are to be made.



THE ROYAL NEWFOUNDLAND REGIMENT

Albert Colebourne ALLOTMENTS

I, *Albert Colebourne*, Regl. No. *5297*

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and *56⁴/₁₀₀* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins *August 1st 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>11842</i>	<i>Father</i>	<i>Mr Thomas Colebourne</i>	<i>Little Bay Shoal Arm Green Bay</i>	<i>60</i>
			Total Allotment, \$	<i>60</i>

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.

(Sig.) *Swalson Lieut.*
 Officer Commanding
W. Johnson
 Company

(Sig.) *Albert Colebourne*
 (Rank) *Pvt*

July 5th 1918

19244/2151

Officer Commanding,
2/Bn Royal Newfoundland RegtM
Winchester.

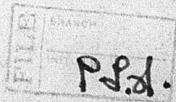
25th November 8

5297, Pte. A. Colbourne

10051

pay to 5297 Colbourne £3:0:0

3:0:0



120. ① -
No: 19840/635

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Royal Newfoundland Regt.

B. E. F.

5th December 1918

3-1-1919

Subject: 5297, Pte. A. Colbourne

ANSWER.

With reference to the following telegram (10051) from the Hon. Minister of Militia, received

5297 Pte A Colbourne

Pay to 5297 Colbourne £3:0:0

This man wishes this amount retained to the credit of his account please

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

A. A. Munnell Maj.
Chief Paymaster & O. i/c Records.

No. 5297 Name Colbourne. A

Sqn., Batty., or Company

L.

Corps

R. Newfoundland

Date of enlistment

22/5/18

G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

Signature O.C. Company, etc.

W. Hood Capt

Character

Good

Army Form B. 122.

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>Field</i>	<i>8.4.19</i>	<i>He</i>		<i>Def. 5/-</i>	<i>W. Hood</i>	<i>Pay for same</i>	<i>8.4.19</i>	<i>Major Bernard</i>	

Colbourne, A

5297

Hay sept.

July 5, 1919

#5297 Rte. Albert Colburn,

Little Bay, N. D. E.

Dear Sir:

Referring to your application I enclose
check for seventy dollars (\$70.00), being amount
of first payment due you on account of the War
Service Gratuity.

Yours truly

Captain
Paymaster & Officer in Charge Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 its 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 *Albert* 2. Surname *Bolburn*
3. Rank *Pte.* 4. Regtl. No. *5297*
5. Address in full to which future payments of gratuity are to be forwarded *Little Bay, N.S.B.*
6. Date of enlistment in the Regiment *May 23/18*
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.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service *Overseas.*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas *From May 23/18 to June 6/19* 1. ³

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 Gratitude? If so, state amount you and your dependents have already received and by whom paid.

Nothing allowance + back pay 80-15

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

No

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

No

17. Are you entitled to receive, or have you received any Gratitude 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?

No

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

19. Are you now serving in the R.C.F.? If not give:- (a) Date of discharge. (b) Reason for discharge.

June 6/19. Temporary Demobilization

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.

France, Belgian + Germany - From June 1918 to April 1919.

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:

his
Albert X Bolburn
mark

Place of Residence:

Rifle Bay, N.S.B.

Declared before me at:

S. John's, Newfoundland

This

6th

day of

June

1919

John McCarthy
J.P.

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

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

Army Form B. 103.

Regimental Number 5297

Casualty Form - Active Service.

Regiment or Corps Newfoundland

Rank Pte Surname Colbourne Christian Name A.

Religion C of E Age on Enlistment 20 years — months

Enlisted (a) 22/5/18 Terms of Service (a) Duration Service reckons from (a) 22/5/18

Date of promotion to present rank — Date of appointment to lance rank —

Extended — Re-engaged — Qualification (b) —

Occupation Sailor or Corps Trade and Rate 1st Class

Signature of Officer —

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		<u>Wounded in UK</u>		23/4/19.	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. (17591) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E, 1266.)

Ant

Next of kin: Father: Colbourne Thomas: Little Bay: Note: same as: N. & A.

July 4, 1919

#5297 Pte. Albert Colbourne,

Little Bay,

Burin.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2605.

Yours truly

Captain
Quaymaster & O.i/c Records.

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *16. 2. 19*

Regimental No. *5297*...

Name *C. Colbourne*

Address *Little Bay, Green Bay*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board {

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

L. Peterson
.....
Senior Medical Officer

D.W. Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5297 Rank Private Name Colbourne Albert
 Intended place of residence Little Bay
2. Occupation Sailor
 Classification of soldier Medical Category
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 JUN 6 1919
 for Mr. Lieut.
 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 and date ST. JOHN'S
JUN 6 1919
Albert X Colbourne
 Signature of soldier
W. J. Eaton
 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 and Date ST. JOHN'S
JUN 6 1919
Albert X Colbourne
 Signature of soldier
W. J. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22-5-18 No of days on Military
 Discharged from service 20-6-19 Plus 14 days Service 409

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
JUN 20 1919
R. H. Lat
 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
July 4/1919
M. Bowley
 Officer in Charge Records
 The Royal Newfoundland Regiment

a 722019/2605

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5297 Rank Pte Name Colbourne, Albert
 Date of Enlistment 22-5-19 Address Little Bay District Burrows
 Occupation Steward Classification for Discharge E Medical Category AV
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P136	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	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 5-6-19 for O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Albert Colbourne
with wife & children

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *[Signature]*
- (b) Clothing Supplied *[Signature]*

Date 6-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1490 to his home
 at Little Bay and Release Certificate No. 2351 issued.

Date 6-6-19

J.A. Brown
 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 4-7-19

Date 6-6-19

J.A. Brown
 Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	
E 178	W 3494	B 122	Board 1st	" 2	2 Form B
R 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 6-6-19

J.A. Brown Capt.
 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

JUN 20 1919

Date

R.H. Jait 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

Salbourne A

Signature of Man.

Reg. No.

5297

J. P. Chave Capt.

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

6-6-19

191

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

MEDICAL HISTORY

OF

Surname Colbourne

Christian Name Albert

Table I.—GENERAL TABLE

Birthplace:—Parish Little Bay C.B.

County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>22 May</u> 191 <u>8</u>	at	
Declared Age...		<u>29</u> years		
Trade or Occupation		<u>Sailor</u>		
Height		<u>5</u> feet <u>7</u> inches		
Weight		<u>139</u> lbs.		
Chest Measurement	Girth when fully expanded	<u>38</u> inches		
	Range of Expansion	<u>5</u> inches		
Physical Development				
Vaccination Marks	Right		Right	
	Left		Left	
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
Bulleted	at	<u>St. Johns</u>	at	
Joined on Enlistment	on	<u>22 May</u> 191 <u>8</u>	on	
Transferred to	Corps	<u>The Royal</u>	Corps	
	Regtl. No.	<u>1297</u>	Regtl. No.	
Became non-effective by	on		on	
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Headley A Camp

Date 1. 8. 19

- 1. Unit Royal Newfld
- 2. Regimental No. 5297
- 3. Rank Pte
- 4. Name Colbourne A.
- 5. Age last birthday 22.
- 6. Enlisted { on May 23 1918.
at St John
- 7. Former Trade or Occupation } Sailor
- 7A. If with previous service in Army, state—
 - (a) Former Unit ;
 - (b) Regimental No. ;
 - (c) Date of Discharge ;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. *nil*
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). *nil*
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. *nil*

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of no disability

na

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

na

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Repatriation

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

na
Major

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H. S. Camp*

Officer in charge of Hospital.

Date *1. 01. 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.

† Delete this word if no exceptions are to be made.



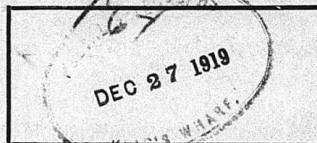
NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by Little Bay Recd by _____ Check 25 No. Call

Place from Militia Dept.

To _____



My last gratuity cheque
 which was made out
 to Stewart Colbourne
 in error and which I
 returned to you month
 ago as per instructions
 not yet received please
 advise when sending badly
 needed.

5397 Albert Colbourne



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. Sent By Rec'd by Check

Place from

To

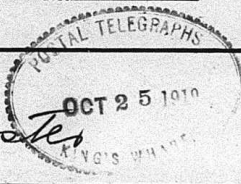
Little Bay

25

J. M. Hawley

Paymaster

Militia



My gratuity no 12942
for \$68.99 is made out to
Robert Colbourne no ~~to~~
such name here it is
my number 5297 advise
what to do.

Albert Colbourne

OK

NEWFOUNDLAND POSTAL TELEGRAPHS.**CABLE CONNECTION WITH ALL THE WORLD.****ALL MESSAGES SENT ARE SUBJECT TO THE FOLLOWING CONDITIONS:**

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED.)Signature of Sender _____ Address **St. John's,** _____

Line Number	Rcd	By	Sent	By	Check

Dated **Albert Colbourne,** _____To **Little Bay.** _____**Return cheque for alteration****PAYMASTER.**

The Royal Mtd. Regiment

DEMOBILIZATION

No. 5-197 Rank

Name Melbourne A

Warned for demobilization on

JUN 6 1919

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland..

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

Christian name *Robert* 2. Surname *Colborne*

3. Rank *Pvt* 4. Regtl. No. *5297*

5. Address in full to which future payments of gratuity are to be forwarded. *Little Bay Right, Green Bay*

6. Date of enlistment in the Regiment. *June 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents..... *(Attachment only)*

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in field or overseas. *From June 1918 to July 1919* 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?

No

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?

No

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

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge

July, 1919

Demobilization

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.

France & Germany - From November 1918 to May 1919

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: *his*
Albert H. Colborne
 Place of Residence: *Little Bay, Dept. N.S.S.*
 Declared before me at: *St. John's Nfld.*
 This *8th* day of *March* 19*20*...

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert Colebourne, Regl. No. 5297
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
 concerned, viz :
 Allotment begins August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4842	Father	Mr Thomas Colebourne	Little Bay Sheal Arm Green Bay	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Watson Lieut.
 Officer Commanding
E Company
A John
July 5th 1918

(Sig.) Albert X Colebourne
Private
 (Rank) Pt

SEPARATION ALLOWANCE.

Claimant *Elizabeth M. Colbourne* Mother
On account of *Albert E. Colbourne* No. *5197*² Rank *Pte.*

Decision *Refused*
Husband not totally incapacitated

Date *July 9/1920*
W. A. Quincey *Col.*
McKewley *Major*

Instructions.....
.....
.....

Allotment of *60¢* per day payable to *Thos Colbourne*
his *father* from *1/8/18* to *4/7/19*
Discontinued on account of *being discharged*
R. Summer

ROYAL NEWFOUNDLAND REGIMENT

(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster
Separation Allowance Branch
St. John's, Nfld.

(1) Name in full of soldier *Albert Edward Colbourne* Rank *Sgt* Reg't or Unit *Nfld Regt* Reg't No. *5327 C E*

(2) Age of soldier *22 years* Single Married or single

(3) Name in full of mother *Elizabeth Mary Colbourne* Age *45 years* Occupation *House wife* Permanent Address *Shawl Arch. Bay*

(4) Give name of your husband *Thomas Colbourne* Age *65 years* Occupation *Carpenter* Where employed *unable to work of*

(5) If your husband is not supporting you give the reason. *not fully owing to sickness off & on for years.*

(6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). *not totally, can do little work in summer time.*

(7) If you are a widow, state date and place of death of your husband

(8) Have you married again since death of above mentioned husband?

(9) Names of your other children. Address Age, Occupation, Married or single
William G Colbourne *Shawl Arch* Full age *18 years* *Married*
Albert Edward Colbourne *Litt Bay* *22 years* *Seaman of parent*
Martina Wells *Courgette Cove* *House wife* *2 years*
Miriam Sam *112* *Washington* *age 16 years*
Laura Colbourne *Litt Bay* *age 19 years*
Lucia Colbourne *"* *age 16 years*

(10) State amount earned by (a) Yourself *Nil*
(b) Your husband *about \$90.00 per year*

(11) State amount and source of any other income *None, however, except what Albert Ed gives us.*

- (12) State value of real property belonging to you and your husband *No property of value*
- (13) State value of personal property belonging to you and your husband *No value*
- (14) If husband is dead state value of real and personal property left by him _____
- (15) Actual amount contributed by soldier during the year prior to his enlistment *He gave us all his earnings.*
- (16) Was this amount contributed weekly or monthly *When at Sea whenever convenient*
- (17) Did this amount include payment of son's board, etc? *yes when at home*
- (18) State your son's trade or occupation prior to enlistment *Fisherman in Salar*
- (19) State amount of his wages per week *About two dollars per week*
- (20) State name and address of his last employer *Captain Saunders*
- (21) State amount of monthly support from son since enlistment. *~~Captain Saunders~~*
- (22) State amount of allotment received by you from son since enlistment. *\$ 18.60 per month
also 3 pay @ \$70.00 per month
also returning home from war*
- (23) State from what date did you receive allotment? *Not sure, think August 1918, being sick and paper was misplaced*
- (24) Actual amount contributed by other children Weekly Monthly *Nothing whatever*
- (25) Are any of these children in the employ of you or your husband? *The youngest going to School*
- (26) If not receiving support from other children, state cause. Explain fully. *William G. Gaskins and the girls can only for themselves*
- (27) With whom are you residing at present? *with my husband*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars? Didn't understand rules & regulations

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much? No

(30) Are you already in receipt of Separation Allowance from any source? If so, how much? No

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government? No

(32) In what capacity and in what place? _____

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much? _____

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant W. J. H. Mary, Corporal

Place of Residence Little Bay N.B.

Declared and subscribed before me at Little Bay this 25th day of March 1920.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. M. J. H. M.

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee. G. D. Wells

Father did not average \$40⁰⁰ a year the past five years earning only what son gave us and have not earned one cent the past winter being too sick to work

April 30, 1920

Mrs. Elizabeth H. Colbourne,
Shoal Arm,
Little Bay, N.D.B.

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to request that you kindly have your Doctor furnish me with the following information concerning your husband's condition:

1. what is the nature of his disability?
2. From what date can it be considered to have been existent?
3. By what per-cent is his earning power reduced thereby?

Yours truly

Major

Paymaster.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

April 30, 1920

Mrs. Elizabeth M. Colbourne,
Shoal Arm,
Little Bay, N.B.B.

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to request that you kindly have your Doctor furnish me with the following information concerning your husband's condition:

1. what is the nature of his disability?
2. From what date can it be considered to have been existent?
3. By what per-cent is his earning power reduced thereby?

Age. 65.

Distonia.

4 years.

75%.

Yours truly

Major

Paymaster.

DR. ARTHUR LIDSTONE
LITTLE BAY, N.D.B.
NEWFOUNDLAND

Little Bay.

May 15th / 30.

This is to certify that I have examined Thomas Colbourne of Shoal Arm, Little Bay and find him to be suffering from Asthma which has been more or less troublesome for about twenty years. The disability as regards employment dates from about four years ago and has amounted to about 75%. At present he is not capable of doing any work whatever, not even being able to get wood for the house.

A. Lidstone.

JMH/LM.

August 3, 1920

Mrs. Elizabeth Colbourney
Sheal Arm, Little Bay.

Dear Madam:

With reference to your application for Separation Allowance, I have been directed to state that same cannot be granted, because your husband is not totally incapacitated. The regulations provide that Separation Allowance can only be granted to a mother whose husband is living, if the said husband is totally incapacitated.

Yours truly,

Major
Paymaster.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet *One*

Signature of O. C. Company

R. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5297 Colbourne</i>	Age on	<i>20</i> years <i>0</i> months	<i>Sculer</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's 28.5.18</i>	Religion	
Joined	Date	Period of	with Colours <i>144</i> years. with Reserve <i>365</i> years.	Place of Birth	
Joined	Date			<i>St John's Bay N.B.</i>	

Place	Date of Offence	Rank	Class of Offence	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>4 7/9</i>			

To be carried over.

The Royal Newfoundland Regiment

5297

DEMOBILIZATION OF

Reg. No. 5297 Rank Plt Name Colbourne, Albert
 Date of Enlistment 22-5-18 Address Little Bay District Burin
 Occupation Stator Classification for Discharge E Medical Category A.F.
 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 5-6-19

for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$ 65.00

(b) Clothing Supplied by hand capt.

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B. 1149.D. to his home at Little Bay and Release Certificate No. 2351 issued.

Date 6-6-19

J.P. Swan Capt
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 4-7-19

Date 6-6-19

J.P. Swan Capt
Depot Paymaster.

Discharge approved for 20-6-19

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
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 6-6-19

J.P. Swan Capt
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 JUN 20 1919

R. St. John Capt
O. C. Discharge Depot.

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

Date June 19 1919

J. A. S. Smith
Lieut

Reg. No. 5297 Rank. Pte Name Colbourne A.

Attested Address. Little Bay

Allotment..... Allottee

Date of Allotment..... Returned from Overseas. 29-5-19

Returned on S.S. Corsican Cause. Discharge

5-6-19

PASSED TO DEMOBILIZATION OFFICER

20-6-19

DISCHARGE APPROVED ON DEMOBILISATION.



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

Albert Colbourne

Regiment from which discharged

Royal Newfoundland

Regimental number

5297

Intended address

Little Bay

Height on discharge

5 Feet *5*

Color of hair on discharge

Black.

Complexion

Dart.

Color of eyes

Blue,

Descriptive Marks

Figure on discharge

Medium

Christian name of Father

Thomas

Christian name of Mother

Lizzie

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Little Bay, 13th Oct., 1897

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)

Albert X Colbourne Lt.

Station

ST. JOHN'S.

Date

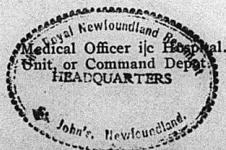
4-6-19

(Rank)

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



DEPARTMENT OF VETERANS AFFAIRS

Ottawa 4, Ont.

May 15, 1969

Date.....

To Copy for HO file

Attention of

NAME COLBORNE Albert

SERVICE
NUMBERNPLD
5297 WW1

C.P.C. No.

W.V.A. No. 213366

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

DVA St. John Telex Date May 15, 1969

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death..... Not stated.....

Cause of Death.....

Place of Death..... Not stated.....

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~RAV~~
~~DOC~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry