

4203

Deceased 29-1-44

ROYAL NEWFOUNDLAND REGT.

1914-1918



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4303 Name John D. Coles Corps Militia

### Questions to be put to the Recruit before Enlistment.

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>John D. Coles</u> .....         |
| 2. What is your full Address? .....  | 2. <u>Ladle Cove</u> .....            |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                   |
| 4. What is your age? .....   | 4. <u>18</u> Years ..... Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Farmer</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 .....<br>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, John D. Coles ..... 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.

John D. Coles ..... SIGNATURE OF RECRUIT.  
James S. Coles ..... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John D. Coles ..... 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 30th day of Dec ..... 1915  
 Signature of Attesting Officer H. J. Fitzgerald, Esq.

### ↑ 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 ..... 1915  
 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) ..... re-enlisted in the (Regiment) ..... on the (Date) .....







# FIRST NEWFOUNDLAND REGIMENT

4203

## ATTESTATION OF

No. 4203 Name John D Coles Corps Meik

### Questions to be put to the Recruit before Enlistment.

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>John D. Coles</u> .....   |
| 2. What is your full Address? .....  | 2. <u>Ladle Cove</u> .....      |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....             |
| 4. What is your age? .....   | 4. <u>18</u> Years .. Months .. |
| 5. What is your Trade or Calling? .....  | 5. <u>Joiner</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 ..<br>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, John D. Coles .. 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.

John D. Coles .. SIGNATURE OF RECRUIT.  
James L. Waugh .. Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John D. Coles .. 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 30th day of Nov .. 1915  
 Signature of Attesting Officer H. J. Fitzgerald ..

### † 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 omitted by special authority, such will be attached to the original attestation.  
 Date .. 30th Nov 1915 ..  
 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) ..





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

# NFELD

## MEDICAL HISTORY

### 1914-18

Surname

*Cole*

Christian Name

*John*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Leads Cove Free District* County *Wales*

|   | <u>SPECIAL RESERVE.</u>                        |             | <u>REGULAR ARMY.</u>      |            |
|---|--|-------------|---------------------------|------------|
|   | Right  | Left        | Right                     | Left       |
| Examined  | on <i>30th</i> day of <i>Nov</i> 1917          |             | on _____ day of _____ 191 |            |
|   | at <i>Grand Falls</i>                          |             | at _____                  |            |
| Declared Age  | <i>18</i> years _____ days                     |             | years _____ days          |            |
| Trade or Occupation   | <i>Woolman</i>                                 |             |                           |            |
| Height  | <i>5</i> feet <i>7</i> inches                  |             | feet _____ inches         |            |
| Weight  | <i>130</i> lbs.                                |             | lbs.                      |            |
| Chest Measurement   | Girth when fully expanded ... <i>35</i> inches |             | inches                    |            |
|   | Range of Expansion .. <i>4</i> inches          |             | inches                    |            |
| Physical Development  |  |             |                           |            |
| Vaccination Marks   | Arm  | <i>/</i>    |                           |            |
|   | Number   | <i>/</i>    |                           |            |
| When Vaccinated   |  |             |                           |            |
| Vision  | R.E.—V   | <i>6/6</i>  | R.E.—V                    |            |
|   | L.E.—V   | <i>6/6</i>  | L.E.—V                    |            |
| (a) Marks indicating congenital peculiarities or previous disease | (a)  |             | (a) <i>2/3</i>            |            |
| (b) Slight defects but not sufficient to Cause rejection          | (b)  |             | (b)                       |            |
| Approved by (Signature)   | <i>Lammie Paterson</i>                         |             |                           |            |
| (Rank)  | <i>Major</i>                                   |             |                           |            |
|   | Medical Officer.                               |             | Medical Officer.          |            |
| Enlisted  | at <i>Grand Falls</i>                          |             | at _____                  |            |
|   | on <i>30th</i> day of <i>Nov</i> 1917          |             | on _____ day of _____ 191 |            |
| Joined on Enlistment  | Corps.   | Regtl. No.  | Corps.                    | Regtl. No. |
| Transferred to  | <i>1st</i>                                     | <i>74th</i> |                           |            |
|   | <i>Regt!</i>                                   | <i>4303</i> |                           |            |
| Became non-effective by   |  |             |                           |            |

**RETURN THESE DOCUMENTS TO WAR SERVICE RECORDS DEPT. OF VETERANS AFFAIRS**

*19.152*  
*25*





# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. H.203... Rank Private... Name Boles J.  
 Intended place of residence Ladle Cove Jego

2. Occupation Fisherman  
 Classification of soldier B... Medical Category E

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 MAR 5 1919... H. Mrs. H.  
 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. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Place and date ST. JOHN'S...  
5-3-19  
J. Boles  
 Signature of soldier  
R. H. Sait Capt.  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am <sup>not</sup> in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S...  
5-3-19  
John Boles  
 Signature of soldier  
R. H. Sait Capt.  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 30.11.17... No of days on Military  
 Discharged from service 5.3.19 Plus 14 days... Service 475

## 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...  
MAR 5 1919  
R. H. Sait Capt.  
 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...  
March 19/1919  
R. H. Sait Capt.  
 Officer i/c Records  
 The Royal Newfoundland Regiment

2253079/1396



Army Form B. 103.

Regimental Number 4203

**Casualty Form—Active Service.**

Regiment or Corps Royal Newfoundland 30-4-1899

Rank Pte. Surname Coles Christian Name John D.

Religion Methodist Age on Enlistment 28 years 3 months

Enlisted (a) 30-11-17 Terms of Service (a) Duration Service reckons from (a) 30-11-17

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

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Occupation Lumberman W. D. Long 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   |   |                   |                    |  |
| <u>26. 8. 18</u> | <u>Mr. [unclear]</u> | <u>AI</u>   |                   | <u>31 AUG 1918</u> |  |
|                  |                      | <u>Embarked ...</u>   |                   | <u>31 AUG 1918</u> |  |
|                  |                      | <u>Disembarked...</u>   |                   | <u>2 SEP 1918</u>  |  |
|                  |                      | <u>ARRIVED D.L.B.D.</u>   |                   | <u>5 SEP</u>       |  |
|                  |                      | <u>Joined Battalion</u>   |                   | <u>4/10/18</u>     |  |
|                  |                      | <u>Wounded in Action</u>  |                   | <u>20/10/18</u>    | <u>Ed 28056</u>  |
|                  | <u>36 CCS</u>        | <u>Ad. Gwardian</u>   | <u>Calais</u>     | <u>5/10/18</u>     | <u>KA 30080</u>  |
|                  | <u>30 Gun Sp</u>     | <u>- Do -</u>   | <u>Boulogne</u>   | <u>28/10/18</u>    | <u>KA 30967</u>  |
|                  | <u>1 Course of</u>   | <u>Arrived</u>  | <u>Rouen</u>      | <u>17/11/18</u>    | <u>Roll</u>  |
|                  | <u>D.F.C.</u>        | <u>Tournet</u>  | <u>Field</u>      | <u>20/11/18</u>    | <u>Roll</u>  |
|                  | <u>62 CCS</u>        | <u>Ad. Influenza</u>  | <u>ex 1077A</u>   | <u>26/11/18</u>    | <u>Ed 9859</u>   |

Next of Kin: Father: Saml Coles Ladbroke Lodge Park Dist. W. 11

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoering-Smith, &c. W. 11824-M1188 1000m 1/17 (2727) SP & Co, Ltd. Forms B. 103/4 E. 1354. [P.T.O.]





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 Newfoundland* } Former Trade }  
 2. Regtl. No. *A 20* } or Occupation }
3. Rank *Pte.* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
4. Name *COLES* } *John* }  
 (Surname) } (Christian Names)
5. Age last birthday.....
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 ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity  
 (if any)

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

### Statement of Case.

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

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

11. Date of origin of disability. *Oct 18 1918*
12. Place of origin of disability. *Upper*
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.  
*Grd W. left Upper arm, not healed. No complaints of no disability*

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .. .. .                | <i>no</i>           | <i>no</i>         |
| (ii.) Previous active service.. .. .                       | <i>no</i>           | <i>no</i>         |
| (iii.) Climate in pre-war service .. .. .                  | <i>no</i>           | <i>no</i>         |
| (iv.) Ordinary military service before the war .. .. .     | <i>no</i>           | <i>no</i>         |
| (v.) Serious negligence or misconduct on the man's part. } | <i>no</i>           | <i>no</i>         |

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

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.

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.)  
*Small scar anterior surface left upper arm no pain on pressure no disability.*

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.

*Rehabilitation*  
*Johnnie*

ROYAL NEWFOUNDLAND REG<sup>T</sup>

Station *Hazelton*  
 Date *June 8<sup>th</sup> 1919*

Medical Officer in charge of case.

\* 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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.  
 (b) The present condition thereof.

*G. S.M. left upper arm  
 Wound healed. Has full movement*

22. State whether the disabilities are:—

- (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 part of the soldier .. ..

(a) Attributable to

(b) Aggravated by

*Yes* .. ..  
 .. ..  
 .. ..  
 .. ..  
*No* .. ..

Give details:

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

*G. S.M.* .. ..

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?  
 (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.



24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures) *nil*
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? *yes*
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service? *no*

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures

Station ..... *Sophy* ..... *J. H. Jones* ..... } President or Chairman.

Date ..... *Feb 27 1919* ..... *J. H. Jones* ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... *Cherry* ..... } Only applicable in cases of Patients in Hospitals.

Date ..... *FEB 27 1919* ..... } Officer in charge, Central Hospital.

Discharge Approved under Para. 392 ( ) King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station ..... O.C. Discharge Centre.

Date .....

**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 New Zealand* }  
 2. Regtl. No. *4203* }  
 3. Rank... *Pte* }  
 7. Former Trade or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 4. Name *COLES* }  
 (Surname) } *John* }  
 (Christian Names)  
 5. Age last birthday... *19*  
 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?  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."  
 11. Date of origin of disability. *5<sup>th</sup> Oct '18 G.S.W. left arm*  
 12. Place of origin of disability. *Ypres*  
 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. *G.S.W. left upper arm not healed. complains of no disability*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | Yes                 |                   |
| (ii.) Previous active service.. .. .                       | No                  |                   |
| (iii.) Climate in pre-war service .. .. .                  | No                  |                   |
| (iv.) Ordinary military service before the war .. .. .     | No                  |                   |
| (v.) Serious negligence or misconduct on the man's part. } | No                  |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } N. A.

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.

15. What is his present condition? *Small scar interior surface left upper arm no pain on pressure no disability*  
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature? *N. A. Yes. fragment removed*
17. If not, was an operation advised and declined? *N. A.*
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? *N. A.*
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? *N. A.*

20. Do you recommend— *Repatriation*  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?  
 Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*W. H. ...*  
 ROYAL NEWFOUNDLAND REG.

Station ... *Angels River Camp*  
 Date ... *June 8 1919*

Medical Officer in charge of case.

\* 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.







**C. 2.—Casualties.**

**COLONIAL CONTINGENTS ONLY.**

2639 R/203  
 Army Form W. 9026A  
 (Continuation Sheets are supplied separately.)



THE MILITARY

HOSPITAL, at

ENDELL STREET,

Affiliated to

NOMINAL ROLL of Sick and Wounded from the \* FRANCE Expeditionary Force  
 admitted on 12/12/18 from Hospital Ship \_\_\_\_\_, disembarked at \_\_\_\_\_

\* Here insert which Expeditionary Force.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission :

(i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**

(ii) The other direct to the O. I/c of Records of the Colonial Contingent concerned.

\* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases :

(a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.

(b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

| Regtl. No. | Rank | Name<br>(Surname first) | Corps<br>(Battn. numbers to be shown,<br>also full title of<br>Colonial Unit) | Casualty<br>* (See note in large type above). |
|------------|------|-------------------------|---|---|
| 4203       | Pte  | Coles, J.               | R. Nfld R:  | Influenza slight                              |



# The Royal Newfoundland Regiment

## CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. .... 4203 ... Rank ... *Private* ... Name ... *Coles John* ...  
 Former Occupation ... *Fisherman* ... Address ... *Ladle Cove* ... District ... *Dogs* ...  
 Class ... .. *B* ... Medical Category ... .. *2* ... Disability Rating ... .. *nil* ...  
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as ... .. *Student* ... .. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date ... .. *5/3/19* *confirmed* *Geo Shank* ... ..  
 To be forwarded Orderly Room in Duplicate. *Geo Shank* *Capt*  
 Demobilization Officer



Reg. No. 4703 Rank. *1st* Name *Coles, J.*  
Attested ..... Address. *Ladle. Co. Logo*  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas. *4-7-19.*  
Returned on S.S. .. Cause. *Discharge*

*27-2-19. Rec. Dis. from the Army.*

*4.2.19.*

*1.3.19*

DISCHARGE APPROVED BY DISCHARGE BOARD.





Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here



SEP 16 1921 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

John D. Coles

in respect of his service as No. 4203 Rank Pte.

Name J.D. Coles Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Victory medal & British W. medal

Signature John D. Coles

Date Oct. 15<sup>th</sup>

Address Spsey Coof. Frop to 2

[P.T.O.]



54203

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1-2-03 Rank Plt Name Boles

Date of Enlistment 30-11-17 Address Cardinal Street District St. John's

Occupation Tramwayman Classification for Discharge Plt Medical Category Plt

Recommendation S.M.B. permanent Disability Rating Nil

Passed to Demobilization Officer with following documents:—

|          |        |        |           |        |
|----------|--------|--------|-----------|--------|
| N.F. P36 | 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 11-3-19

H. Mews  
V.O.C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

John X. Boles  
Mark

Particulars passed to Vocational Officer for information and action.

Date 5-3-19

Joseph A. Snow

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$ 0.00

(b) Clothing Supplied Joseph A. Snow

Date .....

O i/c. Re-clothing



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 1395 issued.

Date 5-3-19 *Issued with Warrant E.R. to Liverpool 1.19.1920* 3049 *last box* 6 *ABDinkoff*  
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 \_\_\_\_\_

Date 5-3-19 \_\_\_\_\_  
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT. *H. H. H.*  
Depot Paymaster.

Discharge approved for \_\_\_\_\_

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    | 1 <i>Form B</i> |
| R 178a    | D 400A | B 1915 | do 2nd    | " 3    | 2               |
| B 179     | D 400B | Form L | do 3rd    | " 4    |                 |
| B 179a    | D 400C | Form K | do 4th    | " 5    |                 |
| 179b      | B 103  | ME 2   |           | " 6    |                 |
| 179c      | B 120  | M 93   |           |        |                 |

Date 6-3-19 \_\_\_\_\_ *ABDinkoff*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date MAR 5 1919 \_\_\_\_\_ *R.H. Sait*  
O. C. Discharge Depot.

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

Date March 8/1919 \_\_\_\_\_ *Franklin*  
Depot Records

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 NEWFOUNDLAND.** 7. Former Trade }  
 or Occupation }  
 2. Regtl. No. **4203.** 3. Rank. **PTB.** 7a. If the soldier claims previous service in Army, he should state—  
 4. Name **COLES JOHN** (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday.....  
 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 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."  
 11. Date of origin of disability. **OCT. 5TH. 1918.**  
 12. Place of origin of disability. **YPRES.**  
 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. **G.S.W. L. UPPER ARM NOT HEALED  
 COMPLAINS OF NO DISABILITY.**

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | <b>YES</b>          | .....             |
| (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? }

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.

15. What is his present condition? **SMALL SCAR ANTERIOR SURFACE L. UPPER ARM NO**  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)* **PAIN NO PRESSURE NO DISABILITY.**

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— **REPATRIATION.**
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

**J. B. O'RIELLY, M.O.**  
 Medical Officer in charge of case.

Station .....

Date .....

\* 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

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered. **G.S.W. L. UPPER ARM.**
- (b) The present condition thereof.

**WD. HEALED HAS FULL MOVEMENT.**

22. State whether the disabilities are:—
- |  | (a) Attributable to | (b) Aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                              | <b>YES</b>          | .....             |
| (ii.) Previous active service. . . . .                                   | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                                | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .                   | .....               | .....             |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . | <b>NO</b>           | .....             |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? **G.S.W.**

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24.



24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

**NIL.**

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

**YES.**

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

**NO.**

28. Is treatment being recommended on Army Form B. 179c?

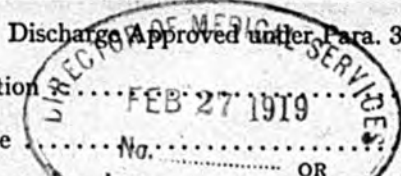
29. Does the soldier require:—
- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

..... **N.S. FRASER.** ..... { President or Chairman.

Station ..... **ST. JOHN'S.** ..... { **J.S. TAIT.** ..... } Members.

Date ..... **FEB. 27TH. 1919.** ..... { **L. PATERSON. MAJOR.** }



Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... **(SGD) CLUNY MACPHERSON. MAJOR.** ..... } Only applicable in cases of Patients in Hospitals.

Date ..... No. .... Officer in-charge, Central Hospital.

OR

Discharge Approved under Para. 392 ( ) King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station ..... O.C. Discharge Centre.

Date .....

C.R. 4203

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, Mar.22,1919.

The discharge of the undernoted on demobilization has  
been Confirmed ~~wavte~~ by Officer I/c Records 19-3-19

#4203 Pte. John B. Coles.



C.R. 4203

Extract from Daily Orders part II, Depot St. John's  
dated March 7th., 1919.

The discharge of the undernoted on demobilisation has  
been APPROVED by O. C. Discharge Depot on 5-3-19.

# 4203 Pte. John Coles.



C.R. 4203

Extract from Memorial Roll of the Royal N.Z. 25th.  
Submitted S. J. Connelan, Jan. 30, 1919.

4203 Coles.

C.R. 4203

Extract from Copy of Medical Board held THURSDAY  
AFTERNOON Feb. 27th, 1919.

4203 Pte. J. Coles.

Recommended discharge from the Army.

C.R. 4203

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt  
St. John's, 21-2-19.

The Undernoted Re turned deom Overseas and Reported to  
Depot 7-2-19.

Repatriated on A.F.B179.

4203 Pte. John Coles.



C.R. 4203

Extractnfrom Daily Orders part II, Depot Wincehster  
dated 26/12/18. by Lieut.Colonel B. J. Barton,D.S.O.  
Officer Commanding 2nd., Battalion of the Royal  
Newfoundland Regiment.

The undernoted ~~discharge~~ returned fromback from the 1st.,  
Battalion is taken oj the the stength and posted to "H"  
Company. 23/12/18

#4203 Pte. J. Coles.

C.R. 4203

Extract from Daily Orders Part 11 Unit The Royal  
2214. Regt. France. 21-12-18.

4203 Pte. J. Coles.

Invalided to England 11-12-18 "S".

CR. 4203

Extract of Casualties from Pay & Record Office London dated Dec. 20/12/18.

4203 PTE. J. Coles.

ex Military Hospital, Endell Street, W.C. 2, is granted furlough from  
19/12/18 to 28/12/18. Marked 1. Duty.

A. Fs. W.3016 from Hospital.



C.R. 4203  
Counter No. \_\_\_\_\_

# 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 **Dept of Militia.**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated Dec. 14th, 1918

To Samuel Coles, Ladle Cove, Fogo.

Beg ~~request~~ <sup>Regret</sup> to inform you that Record Office, London, officially reports 4203, Private John D. Coles at Endell Street, Military Hospital suffering from influenza slight.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 4203

Extract from telegram to Synoptical London, Dec. 13th, 1918.

Endell Street Military Hospital Influenza slight. 4203 Coles.

C.R. 4203

Extract from O.R.D.F.R.S. by Lt. Col. G. Mathias, D.S.O.,  
Commanding 1st Battalion Royal Newfoundland Regiment.  
dated 5/9/18.

The following arrived to-day and is placed in the following  
Company.

C. COMPANY.

4203, Pte. J. Coles.



4203

C.R.

Extract from War Office List No. H. A. 32466.

ADMITTED 3 CAN GEN. HOSPITAL BOULOGNE 29 <sup>Nov.</sup> ~~DEC.~~ 1918

#4203 Pte. J. Cole

INFLUENZA MILD.

C.R. 4203

Extract from Casualties ..... List No. H.A. 31814.

4203  
~~4203~~# Pte. J. Cole.

Dis. to Base Dep. Rouen "Fit" Ex 1 Con. Dep. 16 Nov'18.

C.R. 4203

Extract from Casualties No. C. 1731 dated 31-10-18.

#4203 PTE COLES

WOUNDED 4010-18.



C.R. 4303

Extract fro, War Office List No. H.A. 30967 .

---

ADMITTED 1 CON. DEP. BOULOGNE 28 OCTOBER 1918.

---

#4<sup>9</sup>303 Pte. J. Coles.

WOUNDE. D

BC.

## NEWFOUNDLAND POSTAL TELEGRAPHS.



C.R. 4203

**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 Dept of Militia.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|             |     |    |      |    |       |

Dated

Oct. 19th 1918

To

Samuel Coles, Ledle Cove Fogo

Regret to inform you that Record Office, London, officially reports, No. 4203, Private John D. Coles at 83rd General Hospital Boulogne Oct. 8th suffering from G.S.W. left arm mild

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

**J.R. Bennett**

Minister of Militia.

**FOR TYPEWRITER**

C.R. 4203

Extract from List of Wounded and Sick N.C.Os. and Men of the Expeditionary Force - France, dated 16th. Oct. 1918.

List No: H.A. 30084.

4203 Pte. J. Coles

1 Newfoundland.....G.S.W. L.Arm, Mild.....Adm. 83 Gen. Hos.  
Boulogne 8th Oct. 1918.



C.R. 4203

Extract from Nominal Roll Draft #51 to B.E.F. Embarked  
Folkestone, 31-8-18.

4203 Pte. Coles J.D.

C.R. 4203

March 19, 1918.

George Wellon Esq.,

Ladle Cove.

Sir:- #4203 Private John Coles.

I have the honour to acknowledge receipt of your communication of the 18th January in connection with money owed you by this soldier. I may say that the man in question has proceeded overseas, and we have no means of dealing with the case. I have further to say that under the Army Act the pay of a soldier cannot be stopped for private debts. I would suggest that you write to him direct, c/o The 2nd Battalion, The Royal Newfoundland Regiment

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.



N. No.

IV

C.R. 4203

4203 Pte John Gales.

ANSWERED

Embarked for Overseas 29-1-18.

W. H. R. R. R.

Adjutant  
Depot, First Newfoundland Regiment,  
St. John's, Nfld.

Lab. Depot

16-3-18.





I

Ladde Cove  
Jan 18<sup>th</sup> / 18

Head Office  
1st Newfoundland Regiment  
St Johns.

Dear Sirs.

ANSWERED

Private John Coles  
of the Regiment owes me \$15.95  
fifteen dollars and ninety five  
cents.

Could you pay me the bill  
out of his allotment.

His home is Ladde Cove  
If you cannot send me  
the money please give me  
advice how to get it

Obt. II

For your attention the soldier  
cannot be compelled to allot  
address.

Yours truly  
George H. Kelly

George H. Kelly  
Ladde Cove



4205 P/k

4205

St. John's Dist-

Jan 29/18

C.R. 4203

Extract from Nominal Roll Draft "H" Company Embarked  
S.S. Florizel, Jan. 29th, 1918.

4203 Pte. Coles J.



C.R.

4203

Extract from Daily Orders Part 11 Unit The Royal Mfld.  
Regt. St. John's, Dec.4th/17.

4203 Pte. J. Coles.

Attested for General Service with the 1st Mfld. Regt at  
Grand Falls, with effect from Nov.30th/17 reported to Hdq's  
Dec.3rd/17.



J. D. Coles

C.R. 4203

~~PAID~~

TO, - The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1916.

| Regtl. No. | Rank, | Name     | Amount | Signature. |
|------------|-------|----------|--------|------------|
| 7203       | Pvt   | Boles J. | 2/5/-  |            |

I have the honour to be, Sir,  
~~for the Committee.~~  
Your obedient servant.

Date

28-6-16

J. X. Boles  
28/6/16

Officer Commanding,  
Headquarters, Newfoundland Forces,  
Victoria Street, S.W. 1

To be Discharged from Hospital to-morrow. day

| Unit.                  | Squadron,<br>battery,<br>or<br>company. | Regtl. No. | Rank and Name. |          |
|------------------------|---|------------|----------------|----------|
| 1 N <sup>o</sup> Land. |   | 4203       | Pte.           | COLES, J |
| Discharged to furlo I  |   |            |                |          |

16.12.18

p.p. F. Murray M.D



Nº 4606



4 1ST. NEWFOUNDLAND REGIMENT 1

**ALLOTMENTS**

I, J. W. Coles, Regl. No. 4203  
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 <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
concerned, viz.:

Allotment begins Febry 1<sup>st</sup> 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full)               | ADDRESS                  | AMOUNT (each person) |
|--------------------------|---|------------------------------|--------------------------|----------------------|
| 3688                     | Wife  | Mr Samuel<br>Elizabeth Coles | Lodge Cove<br>Fogys Nest | 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.) [Signature]  
Officer Commanding  
N Company  
[Signature]  
Jan 22 1918

(S ) [Signature]  
Pte  
(Rank)  
[Signature]



No. H203 Rank Private Name Coles J.

|                |      |     |       |
|----------------|------|-----|-------|
| Pay            | F.A. | Wkg | Total |
| 100            | 10   |     | 110   |
| Less Allotment |      |     | 60    |
| Net Rate       |      |     | 50    |

N.W.D. 128  
*J.S.*

*J.S.*  
 19/12/18  
 3-12-14

| DEBITS            | Date | £ s d |    |   | CREDITS        | Period                           |                                  | Days | Rate | £ s d |    |       |
|-------------------|------|-------|----|---|----------------|----------------------------------|----------------------------------|------|------|-------|----|-------|
|                   |      | £     | s  | d |                | From                             | To                               |      |      | £     | s  | d     |
| Balance           |      | -     | -  | - | Balance        |                                  |                                  |      |      | -     | -  | -     |
| Acquittance Rolls |      | 2     | 12 | 4 | Pay @ Net Rate | 31 <sup>2</sup> / <sub>78</sub>  | 19 <sup>12</sup> / <sub>78</sub> | 111  | 50   | 53    | 50 | 11 81 |
| Hospital Advances |      | 1     | 0  | 0 | P.A.           | 19 <sup>12</sup> / <sub>78</sub> | 28 <sup>12</sup> / <sub>18</sub> | 10   | 7/1  |       |    |       |
| A.B. 64.          |      |       |    |   |                |                                  |                                  |      |      |       |    |       |
| P.&.R.O. Payments |      |       |    |   |                |                                  |                                  |      |      |       |    |       |
| Cash 10419        |      | 8     | 10 | 0 | Cr. Bal        |                                  |                                  |      |      |       |    |       |
|                   |      |       |    |   | 8-16-7         |                                  |                                  |      |      |       |    |       |

10 10 12-8-11



Coles, John

H203

May 20th

March 19, 1919

#4203 Pte. John D. Colos,

Ladle Cove,

Fogo Dist

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1396."

Yours truly,

Captain,  
Paymaster & O.i, c Records

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4203 Rank Plt Name Boles J  
 Date of Enlistment 30-11-17 Address Madeline District 24  
 Occupation Member Classification for Discharge B Medical Category F  
 Recommendation S.M.B. permanently unfit Disability Rating Nil  
 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 4-3-19

*H. Mews*  
 O/C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

*John X Boles*  
*Mark*

Particulars passed to Vocational Officer for information and action.

Date 5-3-19

*Joseph A. Brown*

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph A. Brown

Date .....

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
 at \_\_\_\_\_ and Release Certificate No. 1395 issued.

Date 5. 3. 19 \_\_\_\_\_  
 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 19-3-19

Date 5-3-19 \_\_\_\_\_  
 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.  
 Depot Paymaster.

Discharge approved for 5. 3. 19 \_\_\_\_\_

Forwarded with following documents to O.C Discharge Depot.

|           |        |        |           |        |   |
|-----------|--------|--------|-----------|--------|---|
| N.F. P 36 | B 268  | B 121  | N.F. Med  | D.F. 1 | 1 |
| B 178     | W 3494 | B 122  | Board 1st | " 2    | 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 6. 3. 19 \_\_\_\_\_  
 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 MAR 5 1919 \_\_\_\_\_  
 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 secure work as Teamster and attend night-school.

*John x Coles*  
mark      Signature of Man.

Reg. No. *4203*

*A. Murphy*  
Signature of the Vocational Officer or his Representative.

Place *Dept. Skitias*

Date *March 6,* 191*9*



## 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 get a job as teamster*

*his*  
*John X Boles*  
*mail* Signature of Man.

Reg. No. *4203*

*H. Butler*

Signature of the Vocational Officer or his Representative.

Place *St John's nfld.*

Date *March 5th* 191*9*



DEPARTMENT OF MILITARY

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 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. JOHN'S.

- Christian name... *John* ..... 2. Surname... *Boles* .....
3. Rank... *Private* ..... 4. Regtl. No. *H. 2. 0. 3.* .....
5. Address in full to which future payments of gratuity are to ~~be~~ forwarded... *No. 8. K. St. Germaine Street* .....
6. Date of enlistment in the Regiment... *26<sup>th</sup> November 1917.* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable* .....
8. Relationship of such dependents... *Not applicable* .....
9. Address in full of such dependent... *Not applicable* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable* .....
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *In France and afterwards in Ypres in Sept. 1918.* .....
12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *One year* .....

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.....

*Not applicable*

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?.....

*Not applicable*

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

*temporary. March 1919  
loss of war*

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,....

*At Ypres, Sept. 1918*

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.

*Yes*



Signature of Applicant:

Place of Residence:

Declared before me at:

This

15<sup>th</sup>

day of

March 1969

No 8 Notre Dame St. City  
St John nged

*John M. Gaffney*

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

POST DISCHARGE PAY.

| Date paid | Paid<br>Soldier | Paid<br>Dependent | War Service<br>Gratuity | Net amount<br>due |
|-----------|-----------------|-------------------|-------------------------|-------------------|
| .....     | .....           | .....             | 4.00                    | 280.00            |
| .....     | .....           | .....             | .....                   | .....             |
| .....     | .....           | .....             | .....                   | .....             |

Certified Correct.

Paymaster.



The Royal Newfoundland Regiment.....Dr.

To. Garland Stratten. Ladle Cove:

To Cost of conveyance for Ex Pte. Coles from Lewisporte to  
Ladle Cove.....\$50.00.

|             |              |
|-------------|--------------|
| ACCOUNT     | <i>Grant</i> |
| NO TO       | <i>35307</i> |
| INITIALS    | <i>W</i>     |
| GEN. LEDGER | INITIALS     |
| PAY LEDGER  | INITIALS     |
| GEN. LEDGER | INITIALS     |

*A.C.R.*

Voucher Attached.

*O.K.*  
*19 1920*

*W. Edwards*  
*Correct for \$50.00*  
*W.H.R.*

No. 5049 TRAVELLING WARRANT

Date 19<sup>3</sup> 1920 The Royal Newfoundland Regiment

Garland Station of 50<sup>th</sup> Ladder Co

Please issue 1st Class Passage and Meals for

No. 4203 Rank Ev Name John Coles

From - ST. JOHN'S To Ladder Co

Lewisport

The Royal Newfoundland Regiment  
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

R. Edward  
SIGNATURE OF ISSUING OFFICER

April 30, 1920

Harland Stratten  
Ladle Cove,

Dear Sir:

I enclose herewith cheque  
for \$50.00, amount due you for driving Ex Pte. Coles  
from Lewisporte to Ladle Cove.

Yours truly,

Major  
Paymaster

LM-enc.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet One

Signature of O. C. Company [Signature]

| Regimental Number and Name |                 | Enlistment |                              | Trade  | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|-----------------|------------|------------------------------|--|---|
| No.                        | <u>Coles J.</u> | Age on     | 18 years - months            | <u>Lumberman</u>                                   |   |
| Joined                     |                 | Date       | Place and Date of Enlistment | Religion   |   |
| Joined                     |                 | Date       | <u>Grand Falls</u>           | <u>Methodist</u>                                   |   |
| Joined                     |                 | Date       | <u>22-11-17</u>              | Place of Birth                                     |   |
| Joined                     |                 | Date       | Period of                    | with Colours 110 years.<br>with Reserve 365 years. |   |

| Place                        | Date of Offence | Rank       | Cases of Drunkenness | OFFENCE   | Names of Witnesses  | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded        | REMARKS            |
|------------------------------|-----------------|------------|----------------------|---|---------------------|--------------------|---|------------------------|--------------------|
| <u>Haystack Camp</u>         | <u>31.5.18</u>  | <u>Pte</u> |                      | <u>Absent from 11 a.m. parade</u>                               | <u>Sgt Beannell</u> | <u>3 days CB</u>   | <u>31.5.18</u>                                  | <u>Lt. McEwen</u>      | <u>[Signature]</u> |
| <u>Haystack Down Camp</u>    | <u>19.7.18</u>  | <u>"</u>   |                      | <u>Duty Brass when on parade</u>                                | <u>Cpl Madors</u>   | <u>2 days CB</u>   | <u>20/7/18</u>                                  | <u>Capt W. H. Long</u> | <u>W.H.</u>        |
| <u>"</u>                     | <u>22.7.18</u>  | <u>"</u>   |                      | <u>Absent from 10.45 am parade next reported 1.45 pm parade</u> | <u>Sgt Pennyp</u>   | <u>3 days CB</u>   | <u>30/7/18</u>                                  | <u>Capt W. H. Long</u> | <u>W.H.</u>        |
| <u>Demobilized Pt. Johns</u> |                 |            |                      |   |                     |                    | <u>19/3/19</u>                                  |                        |                    |

To be carried over