



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5478 Name Isaac R. Coole in Corps Medic.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Isaac R. Coole in
2. What is your full Address? 2. Seldom Bone Bay, 1090 Dist
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years 0 Months
5. What is your Trade or Calling? 5. Is herman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Isaac R. Coole in 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.

Isaac R. Coole in SIGNATURE OF RECRUIT.
Isaac R. Coole in Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Isaac R. Coole in 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 ascertained as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 17th day of May 1918.

Signature of Attesting Officer Chadwick 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 1918 }
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)

DESCRIPTIVE REPORT ON ENLISTMENT

5478

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

Name Isaac H. Coe

Apparent age 22 years 0 months. Height 5 feet 8 1/2 inches

Chest Measurement { Girth when fully expanded 37 1/2 inches
Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac H. Coe
Selmon Coe Bldg. | Relationship brother

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 Depot	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 United States Army recks from <u>27-5-18</u>									
Joined at <u>St. Louis</u> on <u>May 27-1918</u>									
<u>Discharged August 5-1919</u>									
<u>Embarked St. Louis St. Columba to Halifax N.S. 22-7-18.</u>									
<u>Discharged at Boston General Hospital Reputed DPO and ordered to proceed to depot 10-12-19</u>									
<u>to file for demobilization 24-6-19 Arrived NY 1-7-1919</u>									
<u>Demobilization St. Louis 5-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>5-8-1919</u> (date of discharge)									
" " Pensions " " " " " "									
" " " " " " " " " "									

C.R. 5478

Attested for General Service with the Royal Nfld. ^{Ar} ₁₈
Regt. St. John's, dated May 29, 1918

#5478 Pte. Isaac Collins.

Attested for General Service with the Royal Nfld. Regt.
from May 27, 1918

C.R. 5-478

Extract from Casualties received from Pay & record
Office, London, 17 Dec.1918.

5478 Pte. J.R. Collins,

1st West~~ern~~ General Hospital was discharged 10-12-18 He
reported at the P.&.R.O. and was ordered to report to
2 Bn. Winchester.

C.R. 5478

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

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer 1/records from noted date 5-8-19.

5478, Pte. Isaac Collins.

C.R. 5478

Extract from Daily Orders Part II Unit The Royal Field Artillery,
St. John's, July 23rd 1919.

5478 Pte. J.R. Collins.

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

C.R. 5478

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

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

5478 Pte. Isaac Collins.

C.R. 5478

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

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

#5478 Pte. Isaac Collins.

J. R. Collins

C.R.

5478

~~1890~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F. 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 Inf Regt*
2. Regtl. No. *5478* 3. Rank. *Pls*
4. Name *Collins Isaac*
(Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

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

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

No Complaints of no disability

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

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.)

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?

Repatriation

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

W. Procunier. Capt R.A.M.C.

Station *Hazley Lane*

Medical Officer in charge of case.

Date *11/4/19*

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Isaac Collins

Regl. No. 5478

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and six 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 July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4878</u>	<u>Father</u>	<u>Frederick Collins</u>	<u>Sullivan Cove Mtg</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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.) Swatara Lunt
 Officer Commanding
 Company
St John's
June 13th 1918

(S) Isaac Collins
 (Rank) Pte

752/132/PLA.A

066890

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd Bn. R. Newfoundland Regt.
Hazeley Down Camp,
Winchester.

15th, January, 1919

Jan 17th 1919

Subject: 5478 Pte. I. R. Collins.

With reference to the following telegram (464) from the Hon. Minister of Militia, received

Pay to 5478 Collins - £4:0:0

Draft £4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

Receipt hereunder.

Kear LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Four pounds

_____ on account of
cable remittance from Newfoundland.

I. Collins. I. R.
No. 5478 Rank Pte

Witness M. Rockett

19929/2247/P&A

Forms
C. 348
1860

MEMORANDUM.

CHIEF PAYMASTER & OFFICER I/C RECORDS.

From **NEWFOUNDLAND CONTINENT**
83, VICTORIA STREET
LONDON, S.W.4/
ENGLAND.

From **Officer Commanding,**
2nd Bn. Royal Newfoundland Regt.
Hazeley Down Camp.

To **Officer Commanding,**
2/Bn.R.Nfld.Regt.,
Hazeley Down Camp,
Winchester.

To **The Chief Paymaster,**
Royal Newfoundland Regiment,
London, S.W.

WF/BC

ANSWER.

Pay and Record Office.

4th December 1918.

Dec. 10th 1918.

5478.PTE.J.R.COLLINS.

The attached letter
29/11/18 (10467), from the
above named Soldier is passed to
you for attention please.

Remittance for 5478
Collins was forwarded to The
Registrar, David Lewis, Northern
Hospital, Liverpool.

A.C. Minnow

Major.
Chief Paymaster & O.I/c. Records.

NEWFOUNDLAND CONTINENT, PAY & RECORD OFFICE.	
In f. Nos. In	10736
Rec'd	11 DEC 1918
ACK	<i>A. P. Baxton</i>

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

BLANK	
Comd	
P & A	
R & C	
B & F	
P.S.	

[Signature]

Transfer Statement of Clothing and Necessaries.

INSTRUCTIONS.—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units, and in all cases of Transfer, except when men proceed overseas.

5448 Newfoundland.

STATEMENT showing the Articles in possession of (Regimental No.,

Rank and Name)

Lt. Collins J.P.

proceeding from the

Contract Centre.

to the

1st W.G. Hqs. Newmarket.

Date of Entry

15/9/19

Date of Transfer

17/9/19

FOR DETAIL OF ARTICLES, see overleaf.

Certified that this Statement, as detailed overleaf, is correct in every particular.

SEAFORTH MILITARY HOSPITAL

(1) Station ROAD,

LITHERLAND,
LANGS.

Date

17/9/19

D. E. Fildes MAJOR
Commanding Squadron, Battery, etc. C.

O. 1/0 MILITARY HOSPITAL

Name of Unit man is leaving

(2) Station

Commanding Squadron, Battery,
or Company.

Date

Name of Unit man is joining.

Articles of Clothing and Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

CLOTHING	No.	NECESSARIES	No.
Aprons, kilt		Badge, cap	
Boots, ankle, pairs	2	Bag, Kit	
Caps, Service Dress	1	Braces, pairs	
Caps, Glengarry	1	Brass, Button	
Drawers, pairs	1	Brush, Brass	
Frocks, Canvas	1	" Blacking	1
Greatcoat, D.M.	1	" Clothes	1
Jackets, Service Dress	1	" Hair	1
Kilts	1	" Polishing	1
Pantaloons, cord. pairs	1	" Shaving	1
Putties, pairs	1	" Tooth	1
Spurs, Jack, pairs	1	Cap, Comforter	
Trousers, Service Dress, pairs	1	Comb, hair	
Trousers, Canvas or Khaki)		Disc., identity, with cord ...	
Drill Overalls, pairs)		Fork	
Waistcoat, cardigan		Garters, Highland, pairs ...	1
Coat, Waterproof		Holdall	
Gloves, leather, pairs		Hose Tops, pairs	
Gloves, Motor Cyclist, pairs...		Housewife	
Goggles, pairs		Knife, Clasp... ..	
		Knife, Table	
		Laces, leather, spurs, pairs	2.
		Shirts, flannel <i>Khaki</i> ...	3.
		Socks, worsted, pairs ...	
		Spoon	
		Titles, metal, pairs	
		Towels, hand	2.
		Wax Polish, tin	

I certify that this statement is correct.

Date

Signature of the Soldier

19/8/18
Isaac R. Collins

Collins, Isaac

5478

Ray Sept

August 11, 1919

Mr. Isaac Collins,
Seldom,
Vtgo.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 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..... *Isaac* 2. Surname..... *Collins*
3. Rank..... *Pvt* 4. Regtl. No..... *5478*
5. Address in full to which future payments of gratuity are to be forwarded..... *Sedon Fogo*
6. Date of enlistment in the Regiment..... *Nov 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..... *No*
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?..... *No*
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..... *Fourteen months*
- 1. $\frac{1}{2}$

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

no

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

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

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

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

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

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

19. Are you now serving in the Regt.? *no* If not give - (a) date of discharge. *Aug. 22/18* (b) Reason for discharge.

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.

England

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.

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: - *Collins - J. W.*
 Place of Residence: *Seldon, Iowa*
 Declared before me at: *Orphus*
 This *8* day of *July* 19...*19...*

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

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

Paymaster

August 5th 1919.

#5478, Pte. Isaac Collins,
Seldom Come Bye.

Dear Sir:

Enclosed please find Discharge Certificate
3405.

Yours truly,

Capt. & Paymaster
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5478 Rank Pte Name Collins Isaac
 Intended place of residence Seldon C Baye
 2. Occupation Dishwasher
 Classification of soldier A Medical Category A1

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

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

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

STATEMENT OF SERVICE

7. Enlisted for service 29-5-18 No. of days on Military
 Discharged from service JUL 22 1919 Plus 14 days Service 436

APPROVAL OF DISCHARGE

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

CONFIRMATION OF DISCHARGE

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

Handwritten notes at bottom: AUG 13 20 7 9/3405

Vertical handwritten notes on right margin: 5, 20, 31, 5, 91

The Royal Newfoundland Regiment

Class for Demobilization:

76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *17.19*

Regimental No. *5478*

Name .. *Collins* .. *James*

Address .. *Saldon - Conn. 137*

Present Medical Category .. *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board {

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

S. Paterson
Senior Medical Officer

D.W. Surden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5048 Rank Capt Name Hollins, Isaac
 Date of Enlistment 27-5-18 Address Peldambury District St. John's
 Occupation Bookbinder Classification for Discharge By Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Hollins I. Jr.

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 _____

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11850 to his home at Seldoum County and Release Certificate No. 3286 issued.

Date 8-7-19 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 5-8-19.

Date 8-7-19 Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	122	Board 1st	" 2
B 178a	D 400A	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		

2 Form B

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

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919 D.R. Cooper Capt
for 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.

bs

Hollins J. Jr

Signature of Man.

J. H. Howland
Signature of the Vocational Officer or his Representative.

Reg. No. 3478

Place

St Johns

Date

8-7-19

191

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

MEDICAL HISTORY

OF

Surname Collins

Christian Name Isaac R.

Table I.—GENERAL TABLE.

Birthplace:—Parish Seldom Come By County Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined on 27 day of May 1918 on day of 191

Declared Age... .. at 24 years days years days

Trade or Occupation Fisherman

Height 5 feet 8 1/2 inches feet inches

Weight 138 lbs. lbs.

Chest Measure { Girth when fully expanded... .. 37 1/2 inches inches
 Range of Expansion... .. 2 1/2 inches inches

Physical Development... ..

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Vaccination Marks { Arm Number	/		/	

When Vaccinated
 Vision R.E.—V= 6/6 L.E.—V= 6/6 R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lammie Patterson
 (Rank) Medical Officer.

Enlisted at Seldom on 27 day of May 1918 on day of 191

Joined on Enlistment... .. Royal Nfld Corps. Regtl. No. 51478 Corps. Regtl. No.

Transferred to.. .. Nfld

Became non-effective by on day of 191 on day of 191

(Signature)
 (Rank)

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Sanford	17	8	18	17	8	18	Appendicitis	1	Inf. to 7 th Co. S. H. Fagbueley (Northern Hospital)	D. P. Dalton Major For Col. R. A. M. C. GENERAL MILITARY HOSPITAL
DAVID LEWIS NORTHERN HOSPITAL Spool	17	8	18	10/12/18			Pneumonia	115	Subacute purpura	H. Reid (Home Physician)

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

Date	Brief Details, and Signatures
28 ⁵ / ₁₈	Vacc. 10
13-6-18	T A B 10
11-7-18	T A B 10
11-7-18	T A B. 10

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 10 for Discharge on Home Discharge. Medical category

7-7-19
Date of T.M.B.

[Signature] Captain
Discharge Officer
Medical Department

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

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 N. F. S. B.* 7. Former Trade or Occupation } *Fishman*
2. Regtl. No. *5478* 3. Rank. *P. 16* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Collins* *Leaac* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *23*...
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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 general disease.

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

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

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

to complaints of no disability

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

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.)

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.

Rotation

W.S. Procmis *Staff Nurse*

Station *Harrogate*

Medical Officer in charge of case.

Date *14-1-19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office 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 *Collins Isaac*

Regiment from which discharged **Royal Newfoundland**

Regimental number *82478*

Intended address *Seldonsomebyr, Fogo*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *Sqll*

Christian name of Father *Fredrick*

Christian name of Mother *Lavenier*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Seldonsomebyr, 14 Feb. 1896*

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

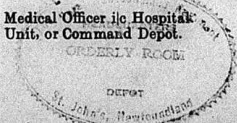
(Soldier's signature in full) *Collins I. R*

(Rank) *[Signature]*

Station *[Signature]*

Date *4-7-19*

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



Station

Date

Temporary

MEDICAL HISTORY of

Surname *Bollins*

Christian Names *J. R.*

TABLE I.—General Table.

Birthplace { Parish _____
County _____

Examined { on _____ day of _____ 191____
at _____

Declared Age _____ years _____ days.

Trade or Occupation _____

Height _____ feet _____ inches. Weight _____ lbs.

Colour of Hair _____ Complexion _____

„ Eyes _____

Chest Measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Physical Development _____

Vaccination Marks { Arm,

RIGHT	LEFT
-------	------

Number _____

When Vaccinated _____

Vision { R.E.—V = _____ With Glasses { R _____
L.E.—V = _____ L _____

Identification Marks, such as Tattoo, Moles, Scars, etc.:—

Defects or Ailments:—

Examined and found—

Fit for Grade { I.
II.
III.
IV.

(Strike out those which do not apply.)

Signature _____
Chairman of Medical Board.

Re-examined for posting at _____
On _____ day of _____ 191____

Enlisted { at _____
on _____ day of _____ 191____

Joined on enlistment	Corps	Regtl. No.
	<i>Newfoundland</i>	<i>5478</i>
Transferred to	<i>Rein.</i>	

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature

Special Remarks:

TABLE IV.—Service Table

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Became non-effective by _____
on _____ day of _____ 191____

(Signature) _____

(Rank) _____

FORM K

No 4753



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Isaac Collin, Regl. No. 5498

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 July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4378	Father	Frederick Collin	Seldona Cove Nfld	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 Capt. Officer Commanding Company H. Gorman June 13th 1918

(Sig.) Isaac Collins (Rank) Lt

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B 121.
39.

Regiment of ⁹ The Royal Newfoundland Number of Sheet One
Signature of O. C. Company C. Dicksfield

Regimental Number and Name		Enlistment		Trade <u>Fisherman</u>	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5478</u>	Age on	<u>22</u> years <u>00</u> months			
<u>Isaac R. Collins</u>		Place and Date of Enlistment	<u>St. John's</u> <u>July 5-18.</u>	Religion <u>Methodist</u>		
Joined	Date	Period of } with Colours } <u>1 7/30</u> years. with Reserve } <u>36</u> years.	Place of Birth <u>St. John's Con. Bn.</u>			
Joined	Date					
Joined	Date					

Place	Date of Offence	Rank	Character of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>	<u>5-19</u>				

To be carried over.

25478

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5478 Rank Cpl Name Bollins Isaac
 Date of Enlistment 27-5-18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge 1 Medical Category H1
 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	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 7-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Bollins I. Jr.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable £60.00

(b) Clothing Supplied _____

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **11850** to his home at **Jeldom County** and Release Certificate No. **3286** issued.

Date **8-7-19** 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 **5-8-19**.

Date **8-7-19** Depot Paymaster.

Discharge approved for **22-7-19**

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36	B 268	B 121	N.F. Med.	D.F. 1	1/2 Form B
E 178	W 3494	B 22	Board 1st	" 2	
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 **8-7-19** 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 **JUL 22 1919** **J.R. Coope Capt**
O. C. Discharge Depot.

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

Date **July 21/19**

Reg. No. *1474* Rank *Plt.* Name *Gallies J*
Attested Address *Seldom come by*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassandra* Cause *Discharge*

89A
22 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.