



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5639 Name James Collins Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Collins
2. What is your full Address? 2. Wingfield St. St. John's Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Labourer
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, James Collins 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.

James Collins SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Collins 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 on this 8 day of June 1918

[Signature] Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

Date 191
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

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

Name James Collins
 Apparent age 19 years months. Height 5 feet 10 3/4 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Collins
Dayton, Ohio | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or 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 limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5639 Name James Collin Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? James Collin
2. What is your full Address? Wingus C/O
3. Are you a British Subject? Yes
4. What is your age? 19 Years 0 Months
5. What is your Trade or Calling? Lifesman
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? Yes
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? Yes

I, James Collin 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.

James Collin SIGNATURE OF RECRUIT.

8/6/18

J. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Collin 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 correctly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at

on this 8th day of June 1918

Signature of Attesting Officer C. Brooks 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 compiled with. I accordingly approve, and appoint him to the

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

Date 191
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

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

5639

Name James Collins
 Apparent age 19 years months. Height 5 feet 10³/₄ inches
 Chest Measurement { Girth when fully expanded 36¹/₂ inches
 Range of expansion 3¹/₂ inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Collins
Driggs C.B. | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or 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 limited engagement reckons from 8-16-18
 Joined at St. Louis on June 8 1918
Transferred August 4 1919
Embarked St. Louis S.S. Columbellia to Halifax N.S. 22-7-18
Isolated at Aldershot H.Q. on account of 'flu 15-8-18
Embarked at Sydney, N.S. 29-8-18 Arrived Sydney 9-9-18
Wrote to Home Dept 10-9-18
to H.Q. for demobilization 24-6-19 Arrived H.Q. 1-7-19
Demobilization St. Louis 4-8-1919
 Total Service forfeited as above

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 58 days
 " " Pensions " [" "] " " "

C.R. 5639

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilization has been
APPROVED by U.C. Discharge Depot with effect from following
date

~~19-7-19.~~
21-7-19

5639, Pte. J. Collins.

C.R. 5639

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilisation has
been CONFIRMED by Officer i/c Records from noted date
4-8-19.

5639, pte. J. Collins.

C.R. 5639

Extract from Daily Orders Part III Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5639 Pte. J. Collins.

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

C.R. 5639

**Extract from Nominal Roll of Casualties From C.C. Embarkation
Casualty Section, No. 6 District Depot, Halifax, Canada.**

5639 Pte. H. Collins, Reported from Aldershot 15-8-18 Overseas
27-8-18,

MM.

C.R. 5639

Extract from Orders, Part 11, by Lt. Col., B.J. Barton, D.S.O.,
Commanding 2nd Bn., Royal Newfoundland Regiment, dated 10/9/18.

The undermentioned who arrived from Newfoundland on the 9/8/18 are taken
on the strength from that date:

5639 Pte. J. Collins.

C.R. 5639

Details of Draft under Capt. Leo Murphy admitted Hospital
Quarantine at Aldershot. (no date given).

#5639 Pte. J. Collins.

C.R. 5639

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

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

#5639 Pte. James Collins.

C.R. 5639

Extra + from ~~General~~ Daily Orders part 11, from
Unit The Royal Field Regt. St. John's, dated June 10, 1918

#5659 Pte. Jas. Collins.

Attested for General Service with the Royal Field Regt.
~~dated~~ from 8.6.18

J Collins

C.R. 5639

1110

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 Tropic* }
 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5739* 3. Rank. *Plat.* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Collins James*
 (Surname) (Christian Names)
5. Age last birthday *20*
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.
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? }

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.)

The complainant of 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.

Repatatriation

W. E. Proctor, Capt RMC
 Medical Officer in charge of case.

Station ... *Hazelton*

Date ... *1/4/19*

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

No. 5081/738



N.F.P./79.

From NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

PD 09 31/3

31st March 1919

April 2nd 1919

5639 Pte. Collins Jas.

With reference to the following telegram from the Minister of Militia / / (107)

"Pay to- 5639 Collins
£5. 0. 0.

Cheque £5. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder..

J.W. ...

LIEUT. COLONEL,
Officer Commanding 2nd Bn. ROYAL NEWFOUNDLAND REGT.

Received the sum of Five pounds in respect of

telegraphic remittance from the Minister of Militia.

James Collins
No 5639 Rank Pte
Witness W. Barnes

Collins, J

5639

Ray sept

August 11, 1919

Mr. James Collins
Brigus, C.B.

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

Paymaster & Officer i/c Reserves

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..... James 2. Surname..... O'Brien

3. Rank..... Pte 4. Regtl. No..... 56 89

5. Address in full to which future payments of gratuity are to be forwarded..... Bugus C.B

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

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

8. Relationship of such dependents..... ---

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

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

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... Overseas

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... fourteen months

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 R.A.F.?..... no ..If not give:- (i) date of discharge, July 31/19 (ii) Reason for discharge, Demob

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: *Joe Collins*

Place of Residence: *Breigus CB.*

Declared before me at: *St John's.*

This *19* day of *July* 19*19*....

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

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

August 4th 1919.

#5639, Pt .J.Collins,
Brigus, C.B.

Dear Sir:

Enclosed please find Discharge Certificate # 3520.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3639 Rank Pte Name Collins J
 Intended place of residence Bugus P.S.

2. Occupation Fisherman
 Classification of soldier E Medical Category A

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 19 1919

[Signature]
 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 19 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 19 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 8-6-18 No. of days on Military
 Discharged from service JUL 21 1919 Plus 14 days Service 422

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 21 1919

[Signature]
 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 4/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

Aug 13 20 29 / 3520

23
31
4
8

The Royal Newfoundland Regiment

Class for Demobilization:—

R6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No.

5639

Name

Collins, James

Address

Brigus

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

N.R. Cooper Capt.

O.C. Discharge Depot.

Members of Board

J.P. Atkinson

Senior Medical Officer

W.E. Borden

M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5639 Rank Plt Name Collins J. P. H.
 Date of Enlistment 8.6.18 Address Brighton District H.1
 Occupation Postman Classification for Discharge H.1 Medical Category H.1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	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.....	4
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	5
B 179b.....	B 103.....	ME 2.....		" 6.....	6
B 179c.....	B 120.....	M 93.....			

Date 18-7-19

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. [Signature]

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 [Signature]

Date 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **B2483** to his home at **Bugis** and Release Certificate No. **3745** issued **[Signature]**

Date **19-7-19** 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 **4-8-19**

Date **19-7-19** Depot Paymaster. **[Signature]**

Discharge approved for **21-7-19**

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st.	" 2
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.		

[Signature]
Demobilization Officer.

Date **19-7-19**

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 21 1919** **L. R. COOPER, CAPT.**
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

J. Collins

Signature of Man.

M. B. ...

Reg. No. 3639

Signature of the Vocational Officer or his Representative.

Place *21 Johns*

Date *19.7.19.*

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

MEDICAL HISTORY

Surname Collins OF Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Brigus C. P. S. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>St John's</u>	at	
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>10 3/4</u> inches	feet	inches
Weight		<u>148</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded		inches	
	Range of Expansion		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=	<u>6/24</u>	R.E.—V=	
	L.E.—V=	<u>6/24</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lambert Peterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	day of	on	day of
		191		191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld</u>	<u>5639</u>		
	<u>Regiment</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				



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 *James Collins*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5639*

Intended address *Bugis.*

Height on discharge *5* Feet *11*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *scar Right Side.*

Figure on discharge *medium*

Christian name of Father *Thomas.*

Christian name of Mother *Maryant*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Bugis. Dec 6th, 1899*

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)

James Collins

Pte
(Rank)

Station

ST. JOHN'S.

Date *17-7-19*

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.



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

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 N.F.L.P.*
2. Regtl. No. *3639* 3. Rank. *Pvt.*
4. Name *Collins James*
 (Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fishman*
- 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) 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. *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?

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.)

no complaints of no sensibility

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?

Refutatory

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.

W.E. Proemier

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



Magistrate's Office

Allotment of 60
2485
cents per day current
to Mr J. S. Dobby
of Brigus B.P. commencing
12th Aug 1918.
mailed sept. 16 1918

Sept 6th 1918

5639

Capt. J. S. Dobby

Paymaster, Royal North Devon Regiment
21. Dennis

Dear Sir,

Mrs. Margaret Collins mother of
Private James Collins of the R.N.D.R. was to me
some time ago about not receiving her
sons allotment of £18. per month which
she says her son made to her, and I then
inquired her that she would probably get
it later. But she called again today
and says she has not yet received it.

James Collins of Cross Roads,
Brigus, joined the Regiment on the 8th of
June, 1918, and is now in Halifax, N.S. When
writing to his mother Monday week he
asked her if she had received the
allotment.

Will you kindly have this
matter looked into and let me know
about it; and reply
yours very truly,

J. B. Thompson

5639

Sept. 10th. 1918.

J.V. Thompson, Esq., B. M.,
BRIGUS, C.B.,
Newfoundland.

Dear Sir:

With reference to your letter of Sept. 5th. on behalf of Mrs. Margaret Collins, I beg to inform you that her son declared an allotment of 60s per day in her favour, commencing from Aug. 1st., therefore the first cheque posted to her was on Sept. 6th. in payment for the month of August, and no doubt she has received it ere this.

Yours truly,

Lieut.
For Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet One
Signature of O. C. Company Edwards Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5639 Collier James</u>	Age on	<u>19</u> years <u>0</u> months	<u>Bolesman</u>		
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>8.6.1914</u>	Religion		
Joined	Date	Period of	with Colours <u>58</u> years. with Reserve <u>365</u> years.	Place of Birth		
Joined	Date				<u>R.C.</u>	
Joined	Date			<u>Brigus. C. B.</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Winchester</u>	<u>5/4-19</u>	<u>Private</u>	<u>1</u>	<u>Drunk in parchment St John's</u> <u>at about 2200 clock</u> <u>Disorderly conduct in taking part in a fight in parchment St about 2200</u> <u>Resisting the Court</u>	<u>Cp M Macleay</u> <u>He W Nash</u> <u>J Morris</u> <u>Sturland</u> <u>Robinson</u> <u>St Wilkinson</u>	<u>14 days CB.</u>	<u>9/4/19</u>	<u>Lt Col St Barrow</u>	<u>St John's</u>
				<u>Demobilized St John's 14-19</u>					

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 57639 Rank Pvt Name Collins J
 Date of Enlistment 8.6.18 Address Brighton District P.D.C.
 Occupation Insurman Classification for Discharge F 1/2 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 18.7.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J. Collins

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 [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2483 to his home at Bugur and Release Certificate No. 3745 issued [Signature]

Date 19-7-19 [Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-8-19

Date 19-7-19 [Signature]
Depot Paymaster.

Discharge approved for 21-7-19

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
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 19-7-19 [Signature]
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

JUL 21 1919

[Signature] R. COOPER, CAPT.
O. C. Discharge Depot.

Date

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

Date Aug 1 1919 [Signature]

Reg. No. *1139* Rank *Pvt.* Name *Collins J.*
Attested Address *Brigus*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

19-7-19 PASSED TO DEMOBILIZATION OFFICER
21-7-19 DISCHARGE APPROVED ON DEMOBILIZATION