



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 377 Name Arthur John Cooper Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------|
| 1. What is your name? | 1. <u>Arthur John Cooper</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fireman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. { Name |
| | { Duration of the War |

Arthur John Cooper 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.

A. J. Cooper SIGNATURE OF RECRUIT.
H. Edwards Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
 I, A. J. Cooper 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 14 day of May, 1915.
Charles A. [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 1st Company.
 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Herbert John Cooper
 Apparent age 22 years — months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks —

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Alfred Cooper
Boncuista | 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.	
(a)	(b)	(c) Present address.	(d) Initials of Officer verifying entry.

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 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 " _____ [" "] _____ " _____ "

3771



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3771 Name Robert John Coope Corps Infantry

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Robert John Coope
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years 12 Months
5. What is your Trade or Calling? 5. Interman
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, Robert John Coope 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.

14-5-17 R. J. Coope SIGNATURE OF RECRUIT.
R. J. Coope Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, R. J. Coope 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 on this 14 day of May 1915.

Signature of Attesting Officer Chas. A. [Signature]

†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 } Approving Officer.
Place

† 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 Herbert John Cooper
 Apparent age 22 years — months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Concetta | Relationship Wife
St. John's Coopers

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 <u>14-5-17</u>									
Joined at <u>St John's</u> on <u>May 14th 17</u>									
<u>Exchanged April 2nd 1919</u>									
<u>Embarked St John's St. Helier to Halifax N.S. 4th 17</u>									
<u>for Pt. 4-2-18 disembarked Queen's 6-2-18</u>									
<u>in the field 15-2-18 Wounded 8-3-18 Admitted 87 St. John's Hospital 8th 18</u>									
<u>Admitted to England 21-3-18 Admitted 3rd Lt. P. H. W. and void 21-3-18</u>									
<u>Surround then command depot 20-6-18 posted to Major Winchester 4-7-18</u>									
<u>to H.Q. for demobilization 30-1-19 Arrived Southampton 7th 19</u>									
<u>Demobilization St John's 27-4-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 27-4-19 (date of discharge) 1 years 349 days
 " " Pensions " " " " " " " " " " " "

C.R. 3771

Extract from Daily Orders part II,
Depot St. John's dated April 29th.1919.

The discharge of the undernoted on demobilization
has been confirmed by Officer i/c Records on 27-4-19.

#3771 Pte. Albert Cooper.

C.R. 3771

Extract of Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated April 14th/19.

The discharge of the undernoted on Demobilization has been
APPROVED by O.C. Discharge Depot from noted date.

#3771, Pte. John Cooper.

13/4/19.

C.R. 3771

Returned from daily orders 1st 11 Unit the night
of 11. Sgt. St. John, 11-3-19.

The material returned from overseas and reported to
Depot 7-11-19.

Registered on A.S. 3173.

3771 Pte. Albert Copper.

C.R. 3771

Extract from Nominal Roll of the Royal Nfld. Regt.

Embarked S.S. Corsican, Jan. 30th, 1919.

3771 Cooper.

C.R. 3871

Extract of Daily Orders by LT. COL. B.J. BARTON, D.S.O.,
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.

17/1/19.

The following having reported back from the 1st. Battalion
is taken on the strength and posted to "H" Co'y from 16/1/19.

#3871 Pte. J. Ludlow.

C.R. 3771

Extract from Daily Orders by Lieut. Col. B. J. Barton,
D.S.O., Commanding 2nd Bn. Royal Nfld. Regt. dated
6-7-18.

Reported for Duty from 1st Battalion:

#3771 Pte. G. Cooper.

July 4, 1918.

3771

Extract of Casualties from Pay and Record Office, London dated 12th June, 1918.

The undermentioned was discharged from 3rd L.G.H. on 11/6/18 and granted furlough to 20/6/18:

3771 Pte. J. Cooper

Fit for 11 Command Depot.

Authority: A.Fs. W.3016 from 3rd L.G.H.

CR. 3771

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. In the field, dated April 13, 1918.

#3771 Pte. A. J. Cooper

Invalided to England (Wounded) March 21 1918.

C.R. 3771
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 J. R. Bennett Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Mar. 23rd, 1918.

To Alfred Cooper, Bonavista.

Regret to inform you that Record Office, London,
officially reports No. 3771, Private Albert John
Cooper at Wandsworth.

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

J.R. Bennett

Acting Minister of Militia.

FOR TYPEWRITER

C.R. 3771
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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.

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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 **March 19th, 1918.**
To **Alfred Cooper, Bonavista.**

Regret to inform you that Record Office, London, officially reports **No.3771, Private Albert J. Cooper wounded March 8th, no particulars.**

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

J.R. Bennett,

Acting Minister of Militia.

FOR TYPEWRITER

CR. 3771

Extract from Casualties received from Pay & Record
Office, London, dated March 18th, 1918.

#3771 Pte. J. Cooper

Wounded March 8th, 1918.

C.R. 3771

extract from Nominal Roll Draft No. 36, 200 Other Ranks
from 2nd., (Reserve) Bn. Royal Newfoundland Regiment
and proceeded to join the 1st. Bn., Royal Wfld., Regt.
B. E. F., Embarked Southampton 4/2/ 16.

#3771 Pte. A. J. Cooper.

C.R. 3771

Extract from Nominal Roll Embarked S^t. John's for Overseas,
per S.S. "Florizel" Aug.4,1917.

3771 Pte. J. Copper

C.R. 3771

Extract from Daily Orders Part 11 Unit The Royal
Hfld. Regt, St. John's, May 14th, 1917.

3771 Pte. J. Cooper.

Attested this day, posted to f. Coy, and assigned to
number as shown.

J. Cooper

C.R.

3771

PRD

Medical Report on an Invalid.

Station Hazelton Camp
 Date Nov 28th 1918

1. Unit Royal Newfoundland 7. Former Trade }
 or Occupation }
 2. Regimental No. 3771
 3. Rank PTE 7A. If with previous service in Army, state—
 4. Name COOPER. J. (a) Former Unit;
 5. Age last birthday (b) Regimental No.;
 6. Enlisted { on (c) Date of Discharge;
 at (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

G. S. W. Lt fore. - arm.

Statement of Case.

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

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

Belgium

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

Wounded on active service

N. A

N. A

Scar size 50 cents, outer side
 lt. forearm, painful on
 palpation. no bony
 disease. vide X Ray
 report. Complaints of pain on doing heavy
 work loss of power in hand.

13. What is his present condition?
 Weight should be given in all cases when
 it is likely to afford evidence of the
 progress of the disability.
14. If the disability is an injury, was it
 caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?

15. Was a Court of Inquiry held on the
 injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?

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

Yes. Shrapnel removed.

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

N. A.

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

N. A.

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

N. A.

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

Repatriation (3)

Mc
C. A. M.

ROYAL NEWFOUNDLAND REG.

 Officer in medical charge of case.

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

Station _____

 Officer in charge of Hospital.

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.

† Delete this word if no exceptions are to be made

FORM K



No. 3936



1st. NEWFOUNDLAND REGIMENT 6

ALLOTMENTS

I John Cooper, Regl. No. 3771.

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and _____ 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 1917.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3070.	Sister	Alfred Cooper	Bonaville	6s
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] Capt
 Officer Commanding
[Signature] + Company
[Signature]
 1917

(Sig.) [Signature]
 (Rank) _____

FORM K

No. 3936



1ST. NEWFOUNDLAND REGIMENT 6

ALLOTMENTS

I John Cooper, Regl. No. 3771.

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 1917.

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, and AMOUNT (each person). Contains one entry for 'Ladies Alfred Cooper, Bonaville' with an amount of 60 cents.

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.) [Signature]
Officer Commanding Company
[Signature]
1917.

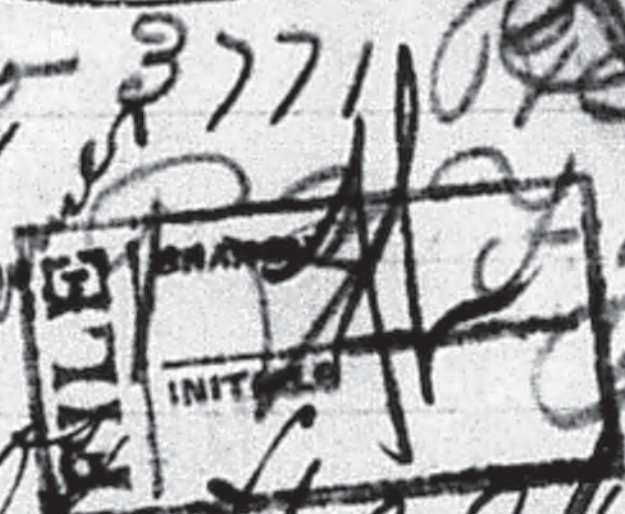
(Sig.) [Signature]
(Rank) [Signature]

Please send me one

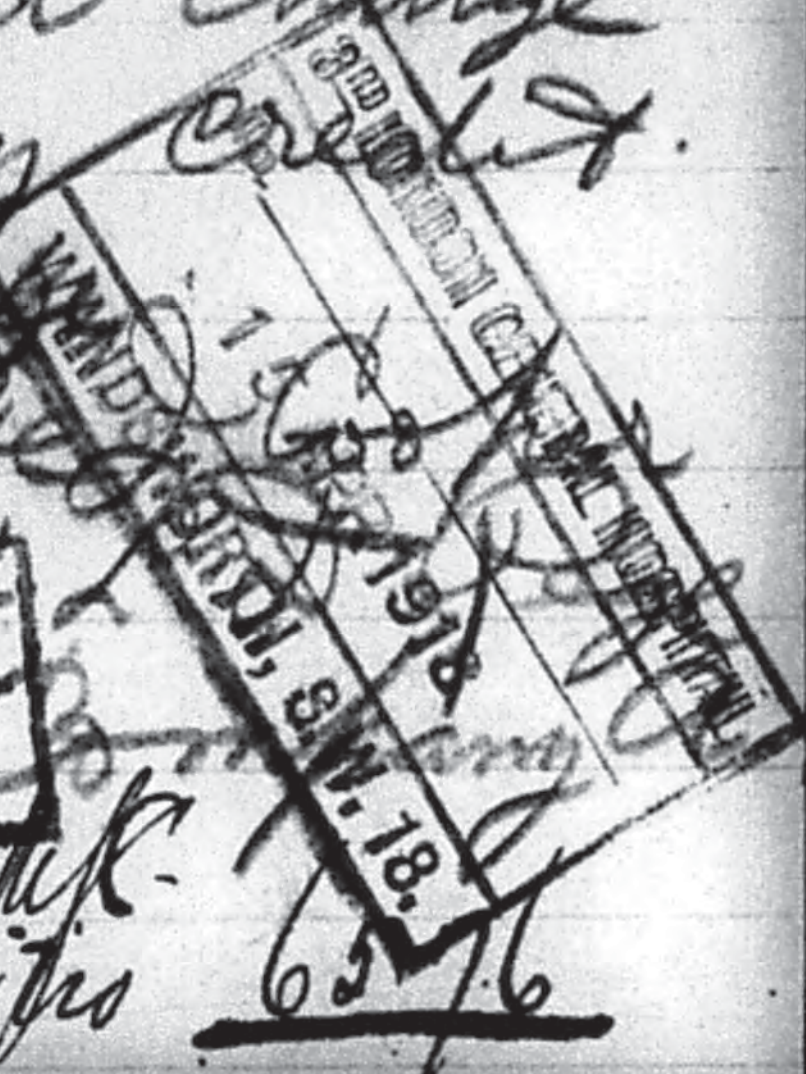


and charge
to my credit.

Approved
Wm. M. M. M.
C. H. M. M.



L. O. O. M. K.
Receipts



6100/137

3rd London General Hospital,
Wandsworth.

20th April 1918

3771, Pte. A. J. Cooper,

3584

20 4 B.

Pay to 3771 Cooper £5:0:0

See No 2/c

BE

May 14th / 18

Berkham Lodge
Weybridge
Surrey



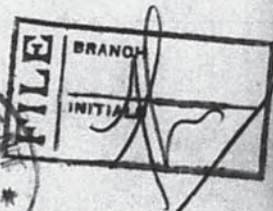
No 3741: Pto. J. Cooper
Royal Newfoundland
Regt

Please oblige me with
the sum of (£1.00) one
Pound and Charge to account

3741 Pto. J. Cooper

OK. £1.0.0 M^{rs}. Grace Hauberg
Nation

15th / 18. Receipt No 7140



A.M.F.O.

INVENTORY OF WOUNDED MEN'S EFFECTS.

M.F. 22.

HAVRE.

Sack No. _____

Inward Pro. No. 45.
 Package No. 11464
 Rank Pvt
 Name Cooper J.
 Regtl. No. 31471
 Regiment 1st Regt Infldo

£	s.	d.
Fcs.	Cs.	

Articles

6 Handkerchiefs

1295

Waybiller Dye

Caller-Off CHB

WESTERN UNION

ANGLO-AMERICAN

DIRECT UNITED STATES

CABLEGRAM

SENT

FOR STAMPS

At _____

To _____ By _____

VIA WESTERN UNION

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

Prefix	Code
WORDS	CHARGE
13	2 1/2

16/4/18

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM ALFRED COOPER

BONAVISTA (Newfoundland)

PLEASE CABLE FIVE POUNDS THROUGH MINISTER MILITIA

J COOPER

13 ✓
 2 1/2 ✓
 2 6 1/2 ✓
 32 1/2 ✓

2/8/17

CHECKED
 21-5-18

Charge a/c of 3771

CHARGED
 PAY BOOK
 Date 18/4/18

Authorised.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address 58 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

No. 3771

Rank Pte

Name Cooper J.

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

N.W.P. 73

E.H.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To			£	s	d
Balance					Balance	15 ⁷ / ₁₈				1	14	4
Acquittance Rolls		1	15	0	Pay @ Net Rate	16 ⁷ / ₁₈	11 ⁶ / ₁₈	116	50.	58	00	11 18 4
Hospital Advances		2	15	0	Ration Allow today @ 1/10							1 0 10
A.B. 64.												
P.&.R.O. Payments		11	0	0								
E. F. M. h. h. f. e. d			2	9								
Cash Receipt No 7687		1	0	10		12 ⁶ / ₁₈	20 ⁶ / ₁₈	9	50	4	50	16 8

~~14 13 6~~

15 . 10 - 2

15-12-9

16-13 7

~~1-19-3~~

E. 1-3-5

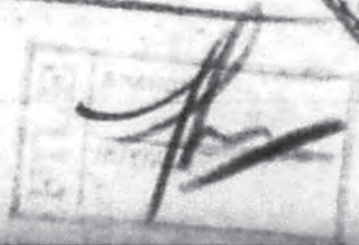
OK
11/6/18

Approved
W. J. Cassinetti

Please send me one pound and
charge same to my credit &
oblige

No 3771 P. J. Cooper
1st Lt. P. J. D. Regt
Company a

OK
24 1/8 Regt
L. O. O. W. C.
7742



Ward 7



Barham Lodge
Weybridge
Surrey

5-6-18

Chief Cash Master
Newfoundland Cash Office
58 Victoria St
London.

Dear Sir

Please Permit the sum
of 2 £ two pound and
charge it to any account
due to me

Est J. Cooper
No. 3551.



Approved

Grace Humbery
Nation

Handwritten note: £ 2 = 0 = 0
Receipt no 7588

FILE BRANCH
INITIALS

25. 5. 19

Chief Pay Master
Newfoundland Pay & Record Office
58 Victoria St.

NEWFOUNDLAND
68 VICTORIA ST.
LONDON, S.W. 1
25 MAY 1919
PAY & RECORD OFFICE

London S.W. 1

Dear Sir

Please Permit the Sum - 2 £
two Pounds in any balance due to
me.

Prst J. Cooper
No. 3451

1st Royal Newfoundland
Regt

Barham Lodge
Weybridge
Surrey

O.K. £2.0.0 left.
25⁵/₁₈ Receipt No 7383
~~778?~~

Approved.

Grace Wadbery
Tation

OK
6 4/8
£1-0
Ref No
6467

LONDON GENERAL HOSPITAL
No.

6 - APR 1918

WANDSWORTH, S.W. 18.

NEWFOUNDLAND COAST GUARD
10, VICTORIA ST.
LONDON, S.W.
Please oblige
6 - APR 1918
PAY & RECORD

THOMAS
MAY

approx
small
caps

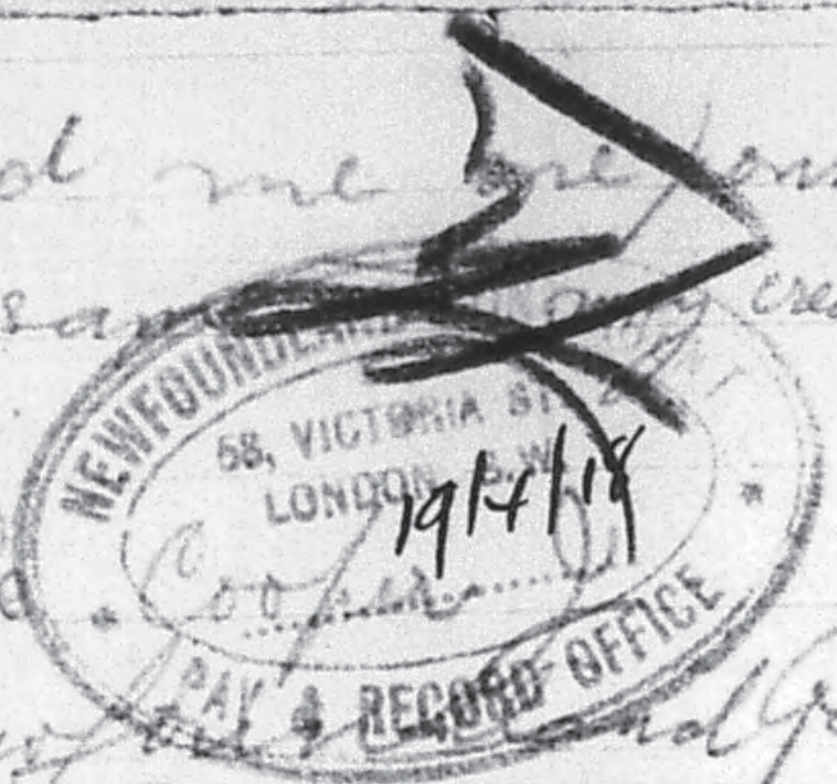
April 6/4/18

Registrar, R.A.M.C.

3rd London General Hospital
WANDSWORTH, S.W.

Please send me one pound
and charge same to my credit
and oblige

903771170



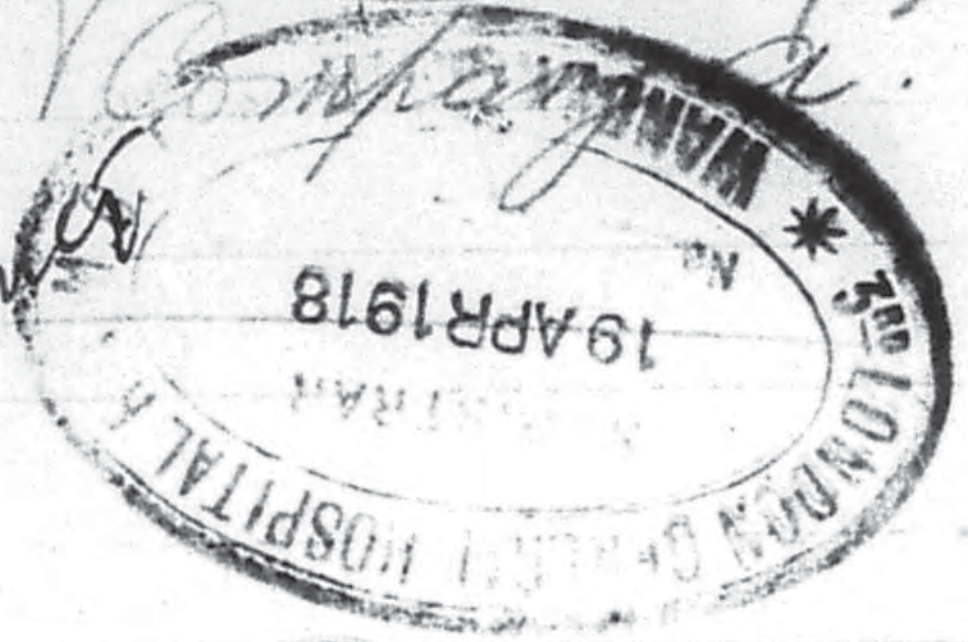
1/16

7-1-0-0

DRB

Receipt No 19/4/18
1/16
5/45

Samuel
Cappin



May 2nd/18

Berham Lodge
Weybridge
Surrey

P/O Pay and Record
Office



3771. Pte. J. Cooper
Royal W of F. O Regt

Please send by Bearer the
sum of one Pound (£1.00)
and Charge to account of

3771. Pte. J. Cooper

Grace Newbery
Nation



J. K. H. a. o. Regt
Ref No 6895

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
53 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 the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
5771	Pte.	Cooper J.	£2.50	<i>[Signature]</i>

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

Date 12th July - 18

[Signature]

No. 3771 Name Cooper, A. J. Sqn., Batty., }
 or Company }

Corp. 1st Newfoundland Regt. Date of enlistment } 14-5-17 G.C. Badges }

Service or Proficiency Pay } from

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra line }

Sheet No. 1

Signature O.C. } J. P. ... Company, etc. }

Character }

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
Field	23-2-18	Pte		Deficient of Iron Nails	Capt Davis	Pay for loss of	23-2-18	Capt Riley	KRC

Handwritten signature
 Army Form B. 193
 3/1/18

Cooper, John

3771

Ray Sept.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3771 Rank PM Name Cooper, John
 Date of Enlistment 14.5.17 Address Burrows District Comber
 Occupation Transport Classification for Discharge 4 Medical Category A III
 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 <u>3</u>
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	<u>3.7.1</u>	

Date 16.4.19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

A J Coote

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 11.4.19 O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ^{R 1278} to his home
 at Donovista and Release Certificate No. ²⁰⁸² issued.

Date 11-4-19

J.A. Crawford
 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 27-4-19

Date 11-4-19

H. Mears
 Depot Paymaster.

Discharge approved for 13-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
E 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
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.....	172.....	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 11-4-19

J.A. Crawford
 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

APR 13 1919

Date

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

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3771 Rank Private Name Cooper John
 Intended place of residence Bouarville

2. Occupation Fisherman
 Classification of soldier E Medical Category A III

3. The above named man is discharged in consequence of.....

 **DEMONILIZATION!**
 **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 APR. 11 1919
 H. Mews
 for Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
APR 11 1919
 at J Cooper
 Signature of soldier
 W. J. Bowley
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
11-4-19
 at J Cooper
 Signature of soldier
 W. J. Bowley
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 14-5-17 No of days on Military
 Discharged from service 13-4-19 Plus 14 days Service 714

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
 Date APR. 13 1919
 R. H. Lat
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
 Date April 27/1919
 W. J. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

At. b. 5099/5097.

14
3
17

April 27, 1919

#3771 P e. Albert Cooper,

Bonavista. B.B.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2097."

Yours truly

Paymaster & O. i / c Records ^{Captain,}

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
Fishing

A. J. Coote

Signature of Man.

J. A. Crawford

Signature of the Vocational Officer or his Representative.

Reg. No. 3771

Place **ST. JOHN'S**

Date **APR 18 1910**

191

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *3771*

Name *John Cooper*

Address *Bonaville*

Present Medical Category *E*

Recommended for:— { (a) ~~Immediate discharge~~
(b) Standing Medical Board.....

Members of Board { *R.H. Lant* Capt.
O.C. Discharge Depot.

P. Storer
Senior Medical Officer

G.W. Burdett
M. O. Depot

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

MEDICAL HISTORY

OF

Surname Cooper

Christian Name John

Table I.—GENERAL TABLE.



Birthplace:—Parish Bonaville County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>14</u> day of <u>May</u> 1917		on _____ day of _____ 191	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>22</u> years — days		years days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>5</u> inches		feet inches	
Weight	<u>115</u> lbs.		lbs.	
Chest Measurement	Grith when fully expanded ... <u>35</u> inches		inches	
	Range of Expansion .. <u>3</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/9</u>		R.E.—V=	
	L.E.—V= <u>6/9</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>Lamont Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns.</u>		at _____	
	on <u>14</u> day of <u>May</u> 1917		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Bn. Fd. Co. 3771</u>			
Transferred to	<u>Royal Newfoundland</u>			
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 cases of syphilis, admissions and re-admissions to hospital 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				
3 rd LONDON GENERAL HOSPITAL WANDSWORTH.	21.	5	18.	11.	6	18.	G.S.W. (shell) L. forearm 82. (sample flesh)	82.	Wounded in France 8/3/18.	<i>W. H. Singley, Capt R.A.M.C.</i>

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

Date	Brief Details, and Signature
21-6-17	<i>W.C. 2D</i>
29-5-17	<i>A.H.B. 2D</i>
11-6-17	<i>3 2D</i>
18-6-17	<i>2D</i>
SOUTHERN COMMAND DEPOT.	
ARRIVED 21 5 18	
DISCHARGED 6 7 18	
CATEGORY <i>All</i>	
8-1-19	Recommend Rehabilitation <i>W.C. 21</i> <i>Capt D.P. 2.</i>

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
<p>It is hereby certified that this officer has been before the Standing Medical Board and has been classified as <i>6</i> for discharge on Demobilisation. Medical category <i>All</i></p> <p><i>8-1-19</i> Date of S.M.B.</p> <p><i>[Signature]</i> Captain Assistant Adjutant General</p>					

Medical Report on an Invalid.

Station Hazelton Down Camp
 Date 28/11/18

- | | |
|--|--|
| <p>1. Unit <u>Royal Newfoundland Regt</u></p> <p>2. Regimental No. <u>5771</u></p> <p>3. Rank <u>PTE</u></p> <p>4. Name <u>COOPER J.</u></p> <p>5. Age last birthday _____</p> <p>6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ _____</p> | <p>7. Former Trade }
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|--|

8. Disability in respect of which invaliding is Proposed.

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

G. S. W. Left Forearm

Statement of Case.

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

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

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

13. What is his present condition?

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

Scar size 50¢ outer side left forearm painful on palpation no bony disease note X. Ray report Complain of pain on doing heavy work loss of power in hand

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

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

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

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

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

Yes. Stump removed

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

N. A.

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

N. A.

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

N. A.

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

Repatriation (3)

MR [Signature]
Captn.

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

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.

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

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—
- This man has not made any complaint*
- (i.) Service during the present war; *yes*
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent? *no*

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present? *nil*

Degrees of disablement should be expressed in the following percentages:—
100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or *A 14*
- (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

[Signature] President.
[Signature] Members.
[Signature] Members.

Station *Orkney*
 Date *April 8th 1919*

Approved
 Station *[Stamp]* APR 8 1919
 Date No. *[Stamp]*

[Signature]
 Administrative Medical Officer



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

John Cooper

Regiment from which discharged

Royal Newfoundland

Regimental number

3771

Intended address

Bonavista

Height on discharge

5 Feet *6*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

Left forearm

Figure on discharge

medium

Christian name of Father

Alfred

Christian name of Mother

—

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Bonavista, Jan 20th, 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)

J Cooper

Pte

(Rank)

Station

S + Johns

Date

5-4-19

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.

Station

Date

Casualty Form - Active Service.

Regiment or Corps *Royal Newfoundland*

Rank *Plt* Surname *Cooper* Christian Name *John*

Religion *Meth.* Age on Enlistment *22* years *—* months

Enlisted (a) *14-5-17* Terms of Service (a) *Duration* Service reckons from *14-5-17*

Date of promotion to present rank Date of appointment to lance rank *14-5-17*

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

Occupation *Fisherman* Signature of Officer *T. R. [Signature]*



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...		3 FEB 1918	
		Disembarked...		6 FEB 1918	
		Joined Battalion		15 FEB 1918	
<i>10/3/18</i>	<i>Of clear</i>	<i>Wounded in action</i>		<i>4/3/18</i>	<i>B213</i>
	<i>87 Co</i>	<i>ad Shell Wtds for main trench</i>		<i>8/3/18</i>	<i>Co 8609</i>
	<i>14 Platy 4th</i>	<i>Shell Wtd. Left trench</i>		<i>21-3-18</i>	<i>W 3004</i>
	<i>Plat de command</i>	<i>To England</i>		<i>21/3/18</i>	<i>W 3003</i>
		<i>MAJOR</i>			
		<i>Infantry Section</i>			
		<i>G. H. Q. 3rd Echelon</i>			

[Handwritten signature]

(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, Shoeing-Smith, &c.

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				
No. 1 Wing Southern Command Depot Perham Down nr. Andover Hants.		Joined.	Perham Down	20.6.18.	
		Occupation Cards despatched		28.6.18.	
		Posted 2 nd B. Newfoundland			
		Regt. Category A 3.	Winchester	6.7.18	

W. J. Oliver

No. 1 Wing Southern Command Depot
Perham Down nr. Andover Hants.

9

Ward _____ Hospital. No. of Bed _____ Date _____

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
3771	Pt Cooper	2nd Bn. R. Ufld.	

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Saw arm.
~~for~~ sequestra removed
 rd. since joint motion.
 for skin graft plan
 ? by fresh revision.

Signature of M.O. apt. RameDate 16-7-18

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate _____

Plats taken shows no evidence
 of bony disease or
 sequestra.

Signature of Radiographer E. HearnDate 22-7-18

April 29, 1919

#3771 Pte. Albert J. Cooper,

Bonavista.

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 & U. i/c Records

17436

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.

1. Christian name..... *a. J.* 2. Surname..... *Cooper*

3. Rank..... *Pte* 4. Regtl. No..... *3771*

5. Address in full to which future payments of gratuity are to be forwarded..... *Bonaville*

6. Date of enlistment in the Regiment..... *May 14! 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..... *do*

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

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..... *Twenty three months*

Seven days 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.....

\$161.81. Clothing Board and Pay allowances

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

No

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

No

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

No

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

No

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

No

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

No

April 25/19

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

*France January 1917 - to March 1918
Then went to Hospital*

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:

A J Booker

Place of Residence:

Bonamata,

Declared before me at:

St John's Newfoundland,

This

11th

day of

April

1919

John McCarty

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	Paid	War Service Gratuity.	Net amount due
	Soldier.	Dependent.	<i>H mes.</i>	<i>280 00</i>
Certified correct.				Registrar <i>[Signature]</i>

ST. JOHN'S, APR 11 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr. A. Cooper

Billeting Soldiers as undermentioned

from Feb 8th /19 to Apr 13th /19

J. C. J.
3771 - Mr. A. Cooper 67 00

B. M.
15567 ew

Certified correct for \$ 67.00

R. J.
J. Cooper for Billeting Officer.

The Royal Newfoundland Regiment

3771

DEMOBILIZATION OF

Reg. No. 3771 Rank PM Name Cooper John
 Date of Enlistment 14.5.17 Address Bonaville District Bonaville
 Occupation Fisherman Classification for Discharge E Medical Category A III
 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	3.7.1	

Date 10.4.19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

A J Cooper

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 Nil

Date 11-4-19

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. ²⁰⁸² issued.

Date 11-4-19

J.A. Crawford
 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 27-4-19

Date 11-4-19

H. Mears
 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.....	1	
E 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	1	Form B
B 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.....		
B 179b.....	B 103.....	ME 2.....	3172.1	" 6.....		
B 179c.....	B 120.....	M 93.....				

Date 11-4-19

J.A. Crawford
 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 APR 13 1919

R.H. [Signature]
 O. C. Discharge Depot.

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

Date 17/4/19

H.H. [Signature]
 for officer i/c Records

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2082 to his home at and Release Certificate No. issued.

Date 11-4-19

[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 27-4-19

Date 11-4-19

[Signature]
Depot Paymaster.

Discharge approved for 13-4-19

Forwarded with following documents to O.C Discharge Depot.

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	<u>3172</u>	" 6	
B 179c	B 120	M 93			

Date 11-4-19

[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 Credits

Date APR 13 1919

[Signature]
O. C. Discharge Depot.

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

Date 17/4/19

[Signature]
for officer i/c Records

Reg. No. *3771* Rank *Pte* Name *Cooper Albert Jr.*
Attested Address *Bonavista*
Allotment Allottee
Date of Allotment Returned from Overseas *9-2-18*
Returned on S.S. *Lossiean* Cause *Discharge*

8.4.19. Rec. Dis - from the Army.

APR 10 1919 PASSED TO DEMOBILIZATION OFFICER

13.4.19. DISCHARGE APPROVED ON REMOBILISATION.