



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1187

Name in full David Francis Cooper 20
6 Gillmore Street Age 33

Married _____
Single Yes Height Light Brown Weight Blue
Color _____ Hair _____ Eyes _____

Other distinguishing marks Operation marks on Back & Shoulders

Nearest relative Father (Franks)
Address 6 Gillmore Street

Dependents None
Occupation Barber Present Wage \$ 7.00 per week

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment March 12/15

I, David Francis Cooper, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

David Francis Cooper

Declared before me this 16 day March
of 1914

Eric Shreeve

D. D. Cooper.

C.R. 1187

P. 16. 0.

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

MEDICAL HISTORY

Surname Cooper OF Christian Name David

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	11 day of <i>men</i>	<i>st John's</i>	1915	191
Declared Age.....	20 years			
Trade or Occupation.....	<i>Barber</i>			
Height	5 feet	5 inches		
Weight		133 lbs.		
Chest Measurement {	Girth when fully expanded...	32 inches		
	Range of expansion..	35 inches		
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated	<i>never</i>			
Vision	R. E.—V=	<i>6/12</i>	R. E.—V=	
	L. E.—V=	<i>6/6</i>	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)	<i>A. Peterson</i>			
(Rank)	<i>Capt</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>st John's</i>		at	
	on <i>12 day of men</i>	1915	on	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>1st H.F.L.D.</i>	<i>1157.</i>		
Transferred to.....				
Became non-effective by.....				
	on	day of	191	on
				day of
				191
(Signature)				
(Rank)				

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
18/5/16	<p>Unfit for any military service — see report of medical board</p> <p style="text-align: right;">J. M. McIntyre</p>

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
St John's N7					

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178a to be used for Special Reserve recruits and
 Special Reservists enlisting into the Regular Army.

25 B

MEDICAL HISTORY of

Surname Cooper Christian Name David Francis

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191
 at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet, _____ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. _____ inches.
 Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
 Number _____

When Vaccinated ... _____

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

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____

(Rank) _____ Medical Officer.

Enlisted ... { at _____
 on _____ day of _____ 191

Joined on Enlistment ...	Corps <u>Hampshire</u>	Regtl. No. <u>1187</u>
Transferred to ...	<u>Regiment</u>	

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

(Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4th SCOTTY GENERAL HOSPITAL R.A.M.C. (T.F.) STOBHILL GLASGOW.	20	9	15	4	10	15	a suppurative kidney.	15	2 1/2 years. Left kidney said to have been removed in July 1914. Said to have been passed for enlistment by the surgeon who removed the kidney. Right kidney enlarged. On a blood in urine.	J. S. Mitchell 21.10.1915

DISCHARGE APPROVED.
16/10/15.

Army Form B. 179.

Medical Report on an Invalid.

Station 4th SCOTTISH GENERAL HOSPITAL
R.A.M.C. (T.F.)
STOBHILL,
Date 22.9.15 GLASGOW.

1. Unit 1st Newfoundland Regt
2. Regimental No. 1184
3. Rank Pte
4. Name Coffin, David
5. Age last birthday 20
6. Enlisted { on 3 March 1915
at St. John Newfoundland
7. Former Trade { Barber
or Occupation {

8. Disability. Kidney disease

A kidney lesion of a surgical nature,
possibly tubercular in a definite diagnosis
of the pathological condition
can only be made after operation
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.

2 1/2 years ago

10. Place of origin of disability.

Newfoundland

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Suffered from urinary
symptoms - frequency pain haematuria.
Left kidney removed in 1914 - before
ulcer formed. Appendix removed in 1914

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

not due to military
service

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.

Looks well.
Urine contains few
+ blood, + he has
frequency of micturition

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?

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

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

19. Do you recommend

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

Discharge as permanently unfit

Geo. S. Middleton H. Col. R.A.M.C.
Officer in medical charge of case.

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

22nd¹ 4th SCOTTISH GENERAL HOSPITAL
R.A.M.C. (T. F.)

Station STOBHILL, GLASGOW.

Date SEP 22 1915

Maflin
Lieut. Col. R.A.M.C. (T.)
Officer in charge of Hospital.

* 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

None of these.

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

21. Has the disability been aggravated by

(a) Intemperance?

No.
No.

24a. Is the man suffering from a disability which would obviuously, as far as you can judge, cause him to be rejected by an Approved Society under the National Health Insurance Act?

No.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

By 3/4

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

No.

26. Do the Board recommend

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

Discharge as permanently unfit for any kind of military duty.

Signatures:—

4th SCOTTISH GENERAL HOSPITAL
Station R.A.M.C. (T.E.)

Date 30.5.15. STOBHILL, GLASGOW.

John G. Arden Lieut. Col., R.A.M.C. (T) President.
As Maclean Capt. R.A.M.C. } Members.
A. S. Hindle Capt. R.A.M.C. }

Approved.

Station _____

Administrative Medical Officer.

Date _____

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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

None of these.

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

21. Has the disability been aggravated by

(a) Intemperance?

No.

(b) Misconduct?

No.

the disability permanent?

Yes.

not permanent, what is its probable minimum duration?

stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

By 3/4

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

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

No.

26. Do the Board recommend

(a) Discharge as permanently unfit,

Discharge as permanently unfit for any kind of military duty.

or

(b) Change to England?

Signatures:—

Johnnie Wilson Lieut. Col., R.A.M.C. (T) President.
James Maclean Capt. R.A.M.C.

Station 4th SCOTTISH GENERAL HOSPITAL
R.A.M.C. (T.F.)

Date 30.5.15. STOBHILL,
GLASGOW.

Members.

Approved.

Station _____

Administrative Medical Officer.

Date _____

Medical Report on an Invalid.

Station 4th SCOTTISH GENERAL HOSPITAL
R.A.M.C. (T.F.)
STOBHILL,
 Date 22.9.15 GLASGOW.

1. Unit 1st Newfoundland Regt.
 2. Regimental No. 1187
 3. Rank Plt
 4. Name Captain: David
 5. Age last birthday 20
 6. Enlisted { on 3 March 1915
 at St John Newfoundland
 7. Former Trade { Barber
 or Occupation {

8. Disability.

*a kidney lesion of a surgical nature,
 probably tubercular: a definite diagnosis
 of the pathological condition can only be made
 after operation.*

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.

2 1/2 years ago.

10. Place of origin of disability.

Newfoundland.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*suffered from urinary
 symptoms — frequency,
 pain, haematuria, etc. Left kidney removed
 in 1914 — before enlistment. Appendix
 removed in 1914.*

12. (a) Give your opinion as to the causation of the disability.

- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

not due to military
 service.

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.

Looks well,
Urine contains pus
& blood, & he has
recurrence of micturition.

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?

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

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

19. Do you recommend

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

Discharge as
permanently unfit.

Res. S. Middleton M.D. R.M.C.
Officer in medical charge of case.

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

4th SCOTTISH GENERAL HOSPITAL
R.A.M.C. (T.F.)

Station STOBHILL,

H. Macfarlane Lieut. Col., R.A.M.C. (T.)
Officer in charge of Hospital.

Date SEP 22 1915 GLASGOW.

* 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).
- (iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i) active service, (ii) climate, or (iii) ordinary military service.

None of these.

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

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

24a. Is this man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Health Insurance Act? *No.*

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

By 3/4.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

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

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Discharge as permanently unfit for any kind of military service.

Signatures:—

John Maclean Lieut. Col., R.M.D. President.

J. Maclean Major

A. Hindal Capt. R.A.M.C.

Station 4th SCOTTISH GENERAL HOSPITAL
R.A.M.C. (I.F.)

Date 30/9/15 TOBHL

GLAGGOW.

Approved.

Station _____

Administrative Medical Officer.

Date _____

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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).
- (iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

None of these.

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

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

Is the disability permanent?

Yes.

If not permanent, what is its probable minimum duration?

to be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

By 3/4.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{8}$, or total incapacity.

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

26. Do the Board recommend

(a) Discharge as permanently unfit,

Discharge as permanently unfit for any kind of military service.

or
(b) Change to England?

Signatures:—

J. Maclean Lieut. Col., R.S.M.C. President.

Station 4th SCOTTISH GENERAL HOSPITAL

J. Maclean Capt. R.A.M.C. Members.

R.A.M.C. (I.F.)

Date *30/1/15* STOBHILL,

A. Tindal Capt. R.A.M.C. Members.

GLASGOW.

Approved.

Station _____

Administrative Medical Officer.

Date _____

132

PAY LIST.

to 9th June

1916 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland**

No. **1187** Rank **Private** Name **D.F. Cooper**

Died (a) at on the of 191

Deserted at **Embarked for St. John's** on the **9th** of **June** 1916

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battalion or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay			
	191				days at from to			
	"				Messing allowance days at			
	"				from to			
	"				Clothing and kit allowance			
	Consolidated stoppage				Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£				£		

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ **AND CONTAINS** correctly chargeable against the Public^(b)

Dated at this day of **31 AUG 1916**

191

Paymaster

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

132

PAY LIST.

to

7th June 1911

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

1st Newfoundland

No. 1187

Rank

Private

Name

D. F. Cooper

Died (a)

Deserted at

embarked for St. Johns.

on the

9th June

of

1911

6

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....	-	-	-	Balance Cr. last month.....	-	-	-
	Cash issues				Pay days at from to.....			
	(Date of each issue to be stated)				Proficiency, Service or good conduct pay			
	£ s. d.				days at from to.....			
	191				Messing allowance days at			
	"				from to.....			
	"				Clothing and kit allowance			
	"				Amount produced by the sale of Necessaries			
	Consolidated stoppage				Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
	£				£			

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £..... is correctly chargeable against the Public^(a)

Dated at

this

day of 31 AUGUST

1911

Paymaster.

(a) Here state whether the soldier died intestate, and whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office and A.P.B. 3090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

Cooper, to J.

1187

Ray Sept

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

MEDICAL HISTORY

Surname Cooper OF Christian Name David

Table I.—GENERAL TABLE.

Birthplace:—Parish		County			
		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on	11 day of <u>March</u> 1915	on	day of 191
		at	<u>St. John's</u>	at	
Declared age		20 years	days	years days
Trade or occupation		<u>Barber</u>		
Height		5 feet 5 inches	feet	inches
Weight		123 lbs.		lbs.
Chest Measurement	{ Girth when fully expanded		32 inches		inches
	{ Range of expansion		35 inches		inches
Physical development				
Vaccination marks	{ Arm	Right	Left	Right	Left
	{ Number				
When vaccinated		<u>Never</u>		
Vision	R.E. - V =	<u>4/12</u>	R.E. - V =	
	L.E. - V =	<u>6/12</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>Sgd) L. Peterson</u>			
(Rank)		<u>Capt</u>			
		Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
		on	12 day of <u>March</u> 1915	on	day of 191
Joined on enlistment		Corps		Corps
		Regtl. No.		Regtl. No.
Transferred to		<u>1st H. Bd.</u>		
			<u>1187</u>		
Became non-effective by	on	day of 191	on	day of 191
(Signature)					
(Rank)					

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the case, 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4 th Scottish Pa. Hosp Stobhill Glasgow	20	9	15	4	10	15	Asurgical Kidney 15	2 1/2 years	Left kidney said to have been removed in July 1914. Said to have been passed for amputation by the surgeon who removed the kidney. Right kidney enlarged. Pus + blood in urine	G.S. Middleton. Pt. Col. R.A.M.C.

Montreal
Nov 4/11/17

Dear Capt. C. Grady

Just a line from a ~~ex~~
Member off the first A. F. S. D.
Regt asking you for a badge
for a returned Soldier
I am here in Montreal and
Conscription is coming
in force and I have nothing
to show that I was across
I was speaking to Capt

my address is

D. F. Cooper

156 St James Street

Montreal

Regt Wumbey was

1187 E Company

Charlie Fyne and he told
me to write to you that I
was entitled to a Badge
as well as him I would be
more than thankful if you
could let me have one at
the earliest time convenient
for you to send it I will
hope that you will give
this your consideration

I remain as ever
Dare Cooper

Despatching
Office
Stamp



Arrival
Office
Stamp

No. 497

From PT Honored

Registered Letter Addressed--

D. F. Cooper, Esq.
156 St-James St. Montreal

Received by

Jessie Cooper



1st Newfoundland Regiment

HEADQUARTERS

St. John's, Newfoundland,

October 26th 1916

Deputy Paymaster.
City

1187 Pte D. Cooper was discharged on June 24/16 but was subsequently employed at the Depot.

It will be in order to take up his former discharge and issue a new one, to date October 26/1916 from which date he ceases to serve at the Depot.

He is entitled to the clothing allowance but no gratuity.

Raymond J. ... MAJOR

Commanding Depot,
First Newfoundland Regiment,
ST. John's, Nfld.

132

PAY LIST. to 9th June 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland
No. 1187 Rank Private Name D.F. Cooper
Died (a) at on the of 191
Embarked for St. John's on the 9th of June 1916
Deserted at on the of 191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Table with columns: Date, Dr., £ s. d., Cr., £ s. d. Rows include Balance Dr. last month, Cash issues, Proficiency, Service or good conduct pay, Messing allowance, Clothing and kit allowance, Amount produced by the sale of Necessaries, Personal Clothing and Effects from Form 2, Amount of Savings Bank balance, including interest, Deferred Pay or Gratuity, Balance due by the Paymaster, Balance due to the Paymaster.

I hereby Certify that the above account is correct in every particular, and that the debt balance of £ is correctly chargeable against the Public Contingent

Dated at this day of

31 AUG 1916 191

F. H. Marshall 2nd Lt Paymaster

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2000 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE ORIGINAL



Army Form O. 1625.

PAY LIST. 18/5/16. to 9/6/16 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *1st Newfoundland Regt.*
 No. *1187.* Rank *Private* Name *De Cooper.*
 Died^(a) at _____ on the _____ of 191 .
 Deserted at _____ on the _____ of 191 .

I Certify to the correctness of above in every particular.

W. Bain (Commanding Squadron, Troop, Battery or Company.)

STATEMENT OF ACCOUNT. [FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 28 days at £1.10 from 17/5/16 to 9/6/16	6	6	4
		£	s.	d.	Proficiency, Service or good conduct pay			
<i>May</i>	19 th	19	6	0	days at _____ from _____ to _____			
<i>"</i>	26 th	"	6	0	Messing allowance days at _____			
<i>June</i>	2 nd	"	6	0	from _____ to _____			
				2 5 0	Clothing and kit allowance			
	<i>Allow = 1/2 2-14-6.</i>				Amount produced by the sale of Necessaries			
	<i>Post 7/8</i>				Personal Clothing and Effects from Form 2...			
	<i>Parasol, Damages 7.</i>				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage.....	2	18	9	Deferred Pay or Gratuity			
	<i>Final Pay</i>	1	2	10	Balance due to the Paymaster.....			
	Balance due by the Paymaster							
		£	6	6		£	6	6
				4				4

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 6 6 4 is correctly chargeable against the Public^(d).

Dated at *St. John's* this 12 day of *June* 1916. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

January 8th., 1917.

Dr. Fraser,

City.

Dear Sir:-

Herewith N. M. D. Form B 179 in case of 1187,
Private David Cooper. Please fill in question 10, Present
Condition.

A.B.

For

NEWFOUNDLAND.



Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *S. Johns*

Date *Jan. 5th 1917*

1. Unit *1st. Newfoundland*
2. Regimental No. *1187*
3. Rank. *Pte*
4. Name. *Cooper David*
5. Age last birthday. *20*
6. Enlisted on *3rd March, 1915*
7. Former trade or occupation *Barber*
8. Disability

Kidney Disease

9. History *A kidney lesion of a surgical nature possibly tubercular*
A definite diagnosis can only be made of the Pathological condition after operation.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Recall of old kidney trouble

General health poor

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Yes

Signature

F. W. Burden,

Rank or Qualification

Lieut.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x *cannot* be considered as aggravated by:—
due to
- (a) Service during this war.
 - (b) Climate.
 - (c) Ordinary Military Service

Remarks if any:— *was seriously ill before enlistment had a
critical operation on the kidney. Health always impaired.
Still in poor health due to old kidney trouble*

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:— *1/4*

15. The refusal of operation sanatorium is:—
- (a) Reasonable. *i*
 - (b) Unreasonable.

Remarks if any:—

16. We recommend discharge from retention in the Army

Remarks if any:—

R. S. Travis
 Signatures. *L. Peterson* President
J. M. D. Tait

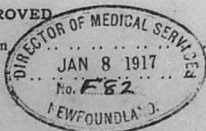
Place *Sydney*

Date *Jan 5 1917*

APPROVED

Station

Date



Clay Macpherson
 Administrative Medical Officer. Major.

COPY

Medical Report on an Invalid.

Station 4th Scottish General Hospital
Stocks - Glasgow

Date 23/9/15

- 1. Unit 1st Newfoundland Regt
- 2. Regimental No. 1187
- 3. Rank Pk.
- 4. Name Cooper. David
- 5. Age last birthday 20
- 6. Enlisted on 3rd March 1915
at St John Newfoundland
- 7. Former Trade or Occupation Barber

8. Disability. Kidney Disease

A kidney lesion of a surgical nature possibly tubercular: A definite diagnosis can only be made of the pathological condition after operation

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. 2 1/2 years ago

10. Place of origin of disability. Newfoundland

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Suffered from urinary symptoms - frequency pain haematuria etc. left kidney removed in 1914 - before enlistment, appendix removed 1914

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

not due to military service

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.

Looks well
urine contains pus & blood
the less frequency of
micturition (S)

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?

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

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

19. Do you recommend

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

Discharge as permanently unfit

Geo. S. Middleton M.C. R.A.M.C.†

Officer in medical charge of case.

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

except†

Station 4th Scottish General Hospital
Stobhill Glasgow

Date 27/9/15

At ease R.A.M.C. (1)
Officer in charge of Hospital.

* 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).

(iv) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

None of these

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

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

no

22. Is the disability permanent?

Yes

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24A Is this man suffering from a disability which would otherwise, in your opinion, be regarded as a permanent one? Can you judge cause him to be rejected by an Approved Society under the National Insurance Act. No

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

By 3/4.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

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

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Discharge as permanently unfit for any kind of military service

Signatures:—

John Marlow P.O. Captain President.
James Nicolson Capt. Member.
H.S. Gindal Capt. Member.

Station 4th Scotch Hospital

Date 30/9/15

Approved.

Station _____

Administrative Medical Officer.

Date _____



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 *Davis Cooper*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *1187*
 Intended address *4 Central St.*
 Height on discharge *5 Feet 5*
 Color of hair on discharge *light brown*
 Complexion *fair*
 Color of eyes *blue*
 Figure on discharge *medium*
 Christian name of Father *Frank*
 Christian name of Mother *Charlotte*
 Wife's maiden name in full
 Date and place of marriage } *not married*
 Christian names of children }
 Place and date of soldier's birth. *St John's 13 Jan. 1895*
 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) *Daniel Cooper* (Rank) *10th*
 Station *St John's N. F.* Date *Jan 3/17*

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.

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

Station *St John's N. F.* Date *Jan 3/17*

St. John's, Nfld. May 22nd. 1916

The Paymaster,

First Newfoundland Regiment,

City.

Dear Sir:-

My son, Pte David F. Cooper, Regtl. No. 1187, makes an allotment of
in my favour of fifty cents (50¢) per day.

Please make future cheques payable to the Bank of Montreal
to be deposited ~~in~~ to the credit of a joint account in the names
of David F. Cooper, and Francis Cooper, his father, payable to either.

Yours truly,

Francis Cooper

Witness W. Howley

STATEMENT OF ACCOUNT

No. 1187Name Cooper S.S.

Folio 524 541

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
Jan 30	Pay Jan 9-22 @ 1 1/2%			14 30	14 30
	" 22-24 @ 1 1/2%			3 20	17 50
	Allotment overcharged May 2 - Jan 9.			4 50	22 00
Oct 26	General clothing			25 00	47 00
July 21	To Pay	140	6 00		41 00
Jan 23	"		15 00		26 00
		32	26 00		—
Oct 27	War Service Gratuity 1 mo @ 7%			7 00	7 00
	Bonus		12 95		57 05
Mar 1	To Pay		57 05		—
			117 00	117 00	0

Signed Alvany S.S.M.

✓
 11
 1920

Grand Falls Club

GRAND FALLS, NEWFOUNDLAND

April 4/14/17

Capt J. J. C. Grady

Dear Sir

Would you kindly let me
Have one off the Discharged Soldiers
Badges My name & address is Private
D. J. ~~G~~ Cooper ^{Regt} No 1187 Grand Falls
and kindly oblige some

~~Handwritten scribbles~~
D. J. Cooper
Handnessesey
P. O. Box 301
Grand Falls

~~Handwritten scribbles~~
D. J. Cooper
P. O. Box 301
Grand Falls

C.R. 1187

Extract of Roll of Officers, N.C.Os. and Men ~~Men~~ Discharged
from The Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
1187	Pte.	David F. Cooper.	June 25th 1916.	Med. Unfit.

C.R. 1187

Extract from Code Telegrams from Capt. Finwell received 10th. June
1916

1187 Cooper

Medically Unfit.

Left Liverpool for Quebec, Scandinavian, June 9th.

C.R. 1187

Extract from Nominal Roll Draft "E" Company Embarked
per S.S. ~~Stephano~~ "April 22/15.

1187 Cooper D.

C.R. 1187

David Francis Cooper was attested for General service
with the NEWFOUNDLAND REGIMENT on March 12th 1915.
Regimental No 1187 was allotted to Pte. D.F.Cooper

AUTHORITY:

Record Ledger,

Depts. of Militia,

March 25th. 1919.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
(322) W1887/004 400s 2/15a-1 22 56Forms
B. 121
22.

Regiment of

*First Newfoundland*Number of Sheet *1*

Signature of O. C. Company

J. C. Bennett

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>1187 Cooper D. J.</i>	Age on	<i>20</i> years months	<i>Hairdresser</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion	
Joined	Date	Period of { with Colours <i>1109</i> years. with Reserve <i>363</i> years.	<i>St John's</i>	<i>R.C.</i>	
Joined	Date				

2 Lic

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hawick</i>	<i>22/5/15</i>	<i>Pvt</i>		<i>Leaving Hospital without permission from 1pm to 11.30pm - evidence Aug 21st.</i>	<i>Documentary</i>	<i>7 days C.D.</i>	<i>21/5/11</i>	<i>Capt E. S. Dyer</i>	
<i>Newton</i>	<i>2/2/16</i>			<i>absent from duty Sgt White 2-2/16 until 8.10am 4/2/16, 8.7/16</i>	<i>Sgt White</i>	<i>7 days C.D.</i>	<i>4.2.16</i>	<i>Major C. W. White</i>	<i>20 pence 3 days pay</i>
				<i>Medically Unfit</i>	<i>St John's</i>	<i>6</i>			<i>24 76</i>

To be carried over