Recruiting Form A, 1914.



First Newfoundland Regiment

ATTESTATION PAPER

		Regimental	No. //8 /
()	-		
Name in full Za	rd Tran	reiskoope	Ages o
Address	Melmore	5 Street.	7800
W			/
Single /	Height		13/11
Color	Hair /	Eyes	Backs & Stone
Other distinguishing mark	of Julian	11	12acks & Nema
Nearest relative		Frank)	
Address	allmore.	theet ;	
Dependents	cone.	\mathcal{A}	
Occupation /5 a	roer	Present Wage	soper west
Previous service			
Decorations			
General Remarks	1010/ 12	1,1	
Date of Enlistment	000000	15	
Land -	Frank.	5/	, do sincerely pro-
J,	reviews . ex	Jan.	, do sincerely pro-
mise and swear that I will	be laithful and bear to	ue allegiance to This IV	iajesty, and that I win
aithfully serve His Majes Newfoundland, as the case			
ording to the condition of		This chemics and opp	oscis whatsoever, ac-
1000		10 4	11.
		12 march 9.4	cines beinging
	16		the state of the s
Declared before me this	days		
of	1914	2	
30	truck	exerch -	
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DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1187

Name	Davi	d Franci	a Coope	r						
Apparent	age_	20 y	ears	m	onths.	He	ight_		5 fe	et5_inches.
Chest me	asuren	ant 4		ALL CALLS IN MICHAELES AND ADDRESS OF	nded			ies.		
Distinctiv	e mar	ks Colo	r: Fair	, Hai	r: Light	Brown	1, E	yes:	Blue	,
										nach
			INFORM	ATION	SUPPLIE) BY	RECE	UIT.		(
Name and	l Addr									John's
-					_ Relation	ship		F	ather	•
	19	•		Partio	culars as to	Marria	ge.			
(an and Surname	of Woman to (c) Presen	whom mar	ried, and whether d) Initials of Offi	spinster o	or widow ing entry	(b) P1	acs and d	late of marriage.
	(a)			(b)			(c)			(d)
									- Interest	
				Particu	lars as to Cl	nildren.				
40.000	Chri	stian Names				Da	te and P	lace of E	Birth	-
·Corps in	Regt, or	Promotions, I		FEMEN'	OF THE	Service lowed t	not al-	Service	e in Re- tallowed	Signature of Officers
which served	Depot	Casualties		Rank	` Dates	rate of years	pens on days	wards G years		certifying correctness of entries
		John s			3/15 ch, 1915					
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	-		7							
	-									
									-	2
\					1					
V-1	total Ser	vice forfested as	above							
otal Service	towards I	Engagement to			(date of disch	arge)	yea	18	days	<u> </u>
	, I				—(")				

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1187 Name David Francis Cooper Apparent age ______ years _____ months. Height____ 5 feet_ (Girth when fully expanded___ inches. Chest measurement Range of expansion_ inches. Distinctive marks Color: Fair, Hair: Light Brown, Eyes: Blue Other distinguishing marks: Operation marks on back a stomach INFORMATION SUPPLIED BY RECRUIT. Name and Address of next of kin Frank Cooper, 6 Gillmore St., St. John's Relationship_ Father Particulars as to Marriage. (a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Initials of Officer verifying entry. Particulars as to Children. Christian Names Date and Place of Birth STATEMENT OF THE SERVICES. Service not al- | Service in Reervenotallowed Signature of Officers certifying correctness of entries Corps in Regt. or which served Depot Promotions, Reductions, Casualties, &c. owed to reckon Army Rank for fixing the rate of pension to reckon to-wards G. C. Pay Dates years | days years | days Service towards limited engagement reckons from 12/3/15 Joined at St. John's on 12th March. 1915 Total Service forfested as above 24 -6-16 (date of discharge) Total Service towards Engagement to-" Pension

D'Capper. C.R. 1187

Prh.o.

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

MEDICAL HISTORY

surname Cooper

Christian Name

David

Table 1.—GENERAL TABLE.

Birthplace:—Parish			/ Count	y	
Examined	on	SPECIAL RI	Marin Marin Control of the State of the Stat	+ \	y of 191
Declared Age		20 years Barb	days	s y	ears days
Trade or Occupation					
Height	1	5 feet	5 inches	s fe	et inches
Weight	1		/33 lbs		lbs.
Chest Measurement Girth when fully expanded			32 inches	The second secon	inches inches
Physical Development	-				الريم ال
Vaccination Marks Arm		Right	Left	Right	Left.
When Vaccinated		neve	~		
Vision	R.F	L-V= $6/6$	2	R.E.—V==	
(a) Marks indicating congenital peculi- arities or previous disease	(a)			(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)			(b)	
Approved by (Signature)		Spotes Ougst	Bon		
(Rank)		Caff	• Medical Officer		Medical Officer.
Enlisted	at	WHEN PERSON NAMED IN COLUMN 2	men 191	at on d	ay of 191
Joined on Enlistment	1:	Corps. 4. 7. L. D.	1187.	Corps,	Regtl. No.
Transferred to					
Became non-effective by					
	on	day of	191	on d	ay of ° 191
(Signature)			4 1 3		
(Rank)	1				[P.T.o.

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	Unfit for any military service - see report of medical board . She highe						

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
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					The state of the s

To be used for recruits enlisting direct into the Regular Army only.

Army Form B. 178.

Army Form B. 178.

Army Form B. 178.

Army Form B. 178.

Special Reserve recruits and Special Reservists enlisting into the Regular Army.

KR 1	MEDICAL	HISTORY	of	0
Surname Coop	MEDICAL Chr	istian Name_9	avid .	France

	TABLE I.—GENERAL TABLE.	
Birthplace Parish	County	
	(onday of	191 .
Examined	{at	
Declared Age	years	days.
Trade or Occupation		
Height	feet,	_inches,
Weight		lbs.
Chest Girth when fully Expanded.		_inches.
Measurement Range of Expansion		_inches
Physical Development		5
Vaccination Marks Arm	Right Left	
Vaccination Marks Number		
When Vaccinated		
Vision {	R.EV = L.EV =	
(a) Marks indicating con-	(a)	
genital peculiarities or previous disease		
	(b)	
(b) Slight defects but not sufficient to cause re-	(0)	
jection		
Approved by (Signature)		
(Rank)		Medical Officer.
Enlisted	at	101
	on day of Ocrps	Regtl. No.
Joined on Enlistment	Hewloredland	1187
Transferred to [1 Beginsent	
1	-6	
Became non-effective by	9	
	on day of	191 .
(Signature)		
(Rank)		

Name of Hospital		Admitte Hospie	d to	Discl	harged Hospita	from	Disease	Number of days in Hospital	Remarks buring on the cases, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, unlaisted and re-estimates to hospital will be shown. The attacement recognition is including particulars of treatment out of hospital, treatment, as, will be given in the special syphilis case show:	
Avante of Hospital	Day	Month	Year	Day	Month	Year		in Hospital	treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
OBPITAL	20	વ	15	4	10	15	a ampical	15	Left krong said to have been jenered in July 1514.	C. Ch'17/1-
4th 80017.31 DENZAAL HOSPITAL RAMAG. (T.F.) STOBHILL 8LASGOW.									Inid to have been passed for christment by the surgeon who served the kingen	In S. Mildelin 21. Id. OpinCT
BCOTT.S:1 R.A.E STOBHIL									Right king calonged,	
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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	7.
0/9/15	Medical	Board N	econ mend	y hand of granger
	military	pende	Dal Mark	- Gudaner
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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
					* 1
	- Paris				
AND ADDRESS OF THE PARTY OF THE		and the same of th			100
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				-	and the state of the

DISCHARGE APPROVED. Medical Report on an Invalid. Army Form B. 179.

	4III BUUTTIBII GENERALE TIGOTA
	Station R.A.M.O. (T.F.)
.	STUDRILL
	Date 22.9:15 GLASGOW.
1. Unit / hanfoundl	01201-
1. Unit / Muscourou	5. Age last birthday
	(on 3 m arch 1913
2. Regimental No. 1/8 4	6. Enlisted } 100 h h Sruudlauc
8. Rank Ple	and Rest 5. Age last birthday 20 6. Enlisted {at SI John hew found and
- Cot . 0 . 0	7. Former Trade { Barber
4. Name Cooker: David	or Occupation (
	Li hine
	8. Disability. Fidney Decrars
0 175 0	· o hundel and that
a Kedney &	cour 1 a success mount
	the tuber cul ar a dufin de ducemois
the palp flue scal con di lass	erion of a surgical nature, obly tubu cul an a dupie de desymptio

Cau only be made of the Truction

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 letween 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 fears ago henfoundland
- 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.

snoonploms - pe queuey fain daemalutia. ve. Left Kidney removed in 1914 - lifae eulis brief, appendix removed in 1914

- (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).

hot du le military Service

Looks well 13. What is his present condition? Weight should be given in all co when it is likely to afford evidence the progress of the disability. me contain four loud, + le has ency of michination 14. If the disability is an injury, was it

- - (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 P
 - (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,

(b) Change to England?

Dis Chang as

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,

GLASGOW.

tt. Col., R.A.M.C. (T.)

Officer in charge of Hospital.

SEP 22 1915 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 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.

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

have of these

- 21. Has the disability been aggravated by
 - (a) Intemperance? n. an.

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

- 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}{4}\$, \$\frac{1}{4}\$, \$\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,
 - (b) Change to England?

Ry 3/4

brochange as permanently unfit for an kind of hillitary duty.

Signatures :—	John le arlan Lieux, Coh., R.A.M.O	. (T.President.
4th 800TTISH GENERAL HO8	PITAL Las Maclean Copy DATE	Members.
ate 30-5.15- GLASGOW.	At Tindel Copt Rame. T.	
Approved.		

Station

Administrative Medical Officer.

Date

Opinion of the Medical Board.

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

have of these.

- 21. Has the disability been aggravated by
 - (a) Intemperance?
 - (b) Misconduct ?

the disability permanent?

not permanent, what is its probable

stated in months.

1100

- 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}{4}\$, \$\frac{1}{4}\$, \$\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,
 - (b) Change to England?

By 3/4

Yes.

kind of hillitary duty.

Signa	tures	:
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Totale arlaw Lieut, Col., R.A.M.O. (T. President.

brischarge as hammanenthy unfit for any

4th SCOTTISH GENERAL HOSPITAL as Maclean Cept DATICS R.A.M.C. (T. E.) Station

STOBHI L. Date 30.5.15.

AS hindel Capt Rame. T.

Members

Approved.

Station

Administrative Medical Officer.

Date

Medical Report on an Invalid.

	4th 80		NERAL HOSPIT
Station_		STOBHILL,	(T. F.)
Date	22:9:15	(GLASGOW.

1. Unit I herry oundland Regl-

2. Regimental No. 1187

3. Rank Plu

4. Name Ceople : David

- 5. Age last birthday 2 0
 6. Enlisted {on 3. march 1915 Age last birthday 2 0
 Company of the standard of the
- 7. Former Trade { Bar ber

8. Disability.

a kioner lesion of a conficul nature, from its tubercular! a definite diaposis I the hathological condition for East. on he made 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.

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

2/2 years ago. newfoundland.

suffered from minning symptoms - frequency, haemahina, is. Left kidne senered in 1514 - before relistment. Appendix Vern mer in 1914.

(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, ex-plain the specific conditions ex-which you attribute it (See notes on page 3).

not me to militury Denice.

Lorks well, 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. Wine contains Jus & blood, & he has prepare of michniting, 14. If the disability is an injury, was it (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 P 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

(b) Change to England?

(a) Discharge as permanently unfit, Dycharft

permanents unfit. Es. S. middleha M. Gd. NomCT

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 SEP 22 1915 GLASGOW.

· 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

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.
- (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.
 - (b) If due to one of these causes, to what specific conditions do the Board attribute it?

Home of these.

01	TT	17	** ****			
21.	nas	the	disability	been	aggravated	hv

(a) Intemperance?

no

(b) Misconduct P

no.

24a. Is this man suffering from a disability which would obviously, a s far as you can judge, dause him to be rejected by an Approved Seciety under the National Health Insurance Acte 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 \(\frac{1}{4}\), \(\frac{1}{4}\), \(\frac{1}{4}\), are total incorposition. 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,

(b) Change to England?

Drichange as per

Signatures :-

Station 4th SCOTTISH GENERAL HOSPITAL Tanklacles

R.A.M.C. (T. F.) 1/5 STOBHILL

A hindal Capt Man

Members.

GLASGOW. 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 Chelses Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

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

Home of there.

21.	Has	the	disability	been	aggravated	by	
-----	-----	-----	------------	------	------------	----	--

(a) Intemperance ?

(b) Misconduct ?

Is the disability permanent?

no yes.

If not permanent, what is its probable minimum duration?

be stated in months.

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}{4}\$, \$\frac{1}{4}\$, \$\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,

(b) Change to England ?

Drichange an (

Signatures :-

Station 4th SCOTTISH GENERAL HOSE	PITAL a Maclean Experience	£
Date 30/9//SSTOBHLL	At Tindal Capt Rama T.	Members.
Approved.		

Administrative Medical Officer.

Date

Voucher No. 191 6 .

NON-EFFECTIVE ACCOUNT.

		the same than to be a first than the
Regiment or	corps	lat Newfoundland

Rank No. 1187 Name D.F. Cooper

191 Died (a) at on the of Embarked for St. John's 1916 Deserted at on the

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

	STA	ren	IEN	T C	OF ACCOUNT.	FOR	RM 1	
Date	Dr.	£	s.	d.	Cr.	£	S	1
	Balance Dr. last month				Balance Cr. last month			
	Consolidated stoppage Balance due by the Paymaster	,		•	Clothing and kit allowance			

I hereby Certify that the above account is correct in every particular, and that the debtor balance of & Charles correctly chargeable against the Public's

Dated at LONDON, S.W day of 3 1 AUG

pairs 191 Paymaster ?

(a) Here state whicher the soldier died intestate, or whether he left a Will. In the latter case the Will should be annual?

(a) Here state whicher the soldier died intestate, or whether he left a Will. In the latter case the Will should be annual? Spurs, swan-neck, pair

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

Titles, metal, for shoulder straps Towels

W 14c66—626—300M, 4/15. Forms
(C. & Co., Grange Mills, S.W.) O. 1625

this

Ca

PAY LIST. 13- 5 -16

ORIGINAL

IQI

Army Form O. 1625.

Paymaster.

Voucher No.

NON-EFFECTIVE ACCOUNT. Regiment or corps 1st newfoundland Name D. Cooper Rank Private No. 1187 Died (a) on the of 191 Discharged Deserted at on the 191 I Certify to the correctness of above in every particular. Lorsan frent Commanding Squadron, Troop,
Battery or Company. STATEMENT OF ACCOUNT. FORM 1. Date. Dr. d. Cr. £ d. Balance Dr. last month Balance Cr. last month Pay 28 days at \$ 1.10 from 5 16 to 9616 Cash issues (Date of each issue to be stated) Proficiency, Service or good conduct pay 15 may 19 th 1916 days at from__ 15 0 Messing allowance days at 15 0 from 2 5 0 Clothing and kit allowance allotment / £2-17-6 Boot Me Amount produced by the sale of Necessaries Barrack Damages Personal Clothing and Effects from Form 2... 18 9 Consolidated stoppage...... Amount of Savings Bank balance, including interest (if no balance, to be so stated) Final Pa 10 2 Deferred Pay or Gratuity Balance due by the Paymaster Balance due to the Paymaster...... 6 6 I hereby Certify that the above account is correct in every particular, and that the is correctly chargeable against the Public. debtor balance of £_

9-6-16

191 (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.

Ub 1910

day of

W. 9667—4002—750M. 9/15 FORMS
O. 1625.
O. 1625.

Dated at this

PAY LIST.

Army Form O. 1625

Voucher No.

ACCOUNT. NON-EFFECTIVE

Regiment or corps

No.

Died (a)

Name -

on the

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

	STAT	EN	IEN'	T C	F ACCOUNT.	[For	ем 1	
Date	Dr.	£	s.	d.	Cr.	£	s.	
	Balance Dr. last month Cash issues (Date of each issue to be stated) \$\mathbf{s}\$ s. d.		,		Balance Cr. last month Turned Pay days at from to Proficiency, Service or good conduct pay days at from to Messing allowance days at from to			
	Consolidated stoppage				Clothing and kit allowance			
	£				#			-

I hereby Certify that the above account is correct in every particular, and that the is correctly chargeable against the Public (8) debtor balance of &____

Dated at

this

day of 3

191

Paymaster.

(a) Here state whether the soldier died stream A.F.B. 2000 or Army
(b) Words in Italies to be struck our when there is no debter balance. whether he left a Will. In the latter case the Will should be annexed a A.F.B. 2000 or Army Form O. 1815.

W 14066—626—300M. 4/15. O. 1625 (C. & Co., Grange Mills, S.W.)

Nº 1102



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS avid Francis Cooper hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and fufty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz. : Identity Whether Wife, Child, Certificate other Relative or AMOUNT NAME (in full) (each person) Father Francis Corps Total Allotment, \$ 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.) Officer Commanding Company april 10th, 1915

Cooper, to I 1187 Flag Lough

[P.T.0

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

MEDICAL HISTORY

Surname Cooper

Christian Name and

	Table I.—GENI	ERAL TABLE.		
Birthplace:—Parish		County		
	A STATE OF THE PARTY OF THE PAR	ESERVE.	REGULAR	
Examined	on 11 day of 7	a, eh 1915	on day of	
	at Si- Johnis		nt .	
Declared age	24 years	days	years	days
Trade or occupation	Barta			
Height	· 4 feet	s inches	feet	inches
Weight		123 lbs.		lbs.
Chest Girth when fully expan- Measure- ded		32 inches		inches
ment (Range of expansion		35 inches		inches
Physical development	700		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Vaccination marks Arm	Right	Left	Right	Left
Vaccination marks { Number				
When vaccinated	Topes			
v:	R.E V =	~	R.E V. =	
Vision	L.E V = 61	3	I.E V. =	
(a) Marks indicating congenital	(a)		(a)	
peculiarities or previous disease				
	(^(b)		(b)	
(b) Slight defects but not suffici- ent to cause rejection				
Approved by (Signature)	(sqd) LPale	000)		
(Rank)	617	(n - m-		
		Medical Officer.		Medical Officer.
	at 9r Doe		at	
Enlisted	1 2 0 -	- 1 · ·		
	on 12 day of	Regtl. No.	on day of Corps	Regtl. No.
Joined on enlistment				110ger 210s
Transferred to	John lea.	1187		
Transferred to	1		a	
Became non-effective by	10			
		*		
	100			
	on day of	191	on day of	191
(Signature)				
(Rank)				
	de la companya della companya della companya de la companya della		I the second second	

Name of hospital		dmitte	d to	Dis	scharge hospit	l from	Discase	Number of days in hospital	Remarks bearing on the cases, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and readmissions to inequital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfer, de, will be given in the special syphilis case sheets.	Signature of Medical Officer
	Duy	Monti	Year	Day	Month	Year				
stration for Had Stration for Had Story on	20	9	เร	4	10	12	Asurgical Kidne	15	21/2 years left Kidney Sais to Rave been semoved in July 1914.	
Sosly									July 1914. Said to lave been fassed for anest ment by the surgeon who remove	G.S. Middleton. Pt- Col. RAME
									andestment by the surgeon who remove	o Pt-Coe. RAWE
	-				-				Right Ridney Enlayed. Pas + Blood in write	
	-	-		-	-				Right Ridney Gulayed.	
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		1		1	18					
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1					133					
			1000		100			10000		1

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.

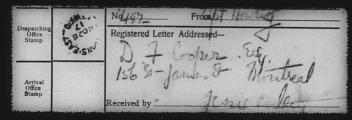
Date	Brief details, and signature
30/9/15	Thedres board personners discharge of permanently unfit for any Kind
	- Cept Rames
18/5/16	Medical Board Du Medical Papare Ir

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
					Ar Jan 6

Houtvery an 4/11/17 Deay bapt . O. gracky just a line from a & Member off the first al 7- 80 Regt as sing you for a backy for a returned Soldier I am here in Montrealand Conscription is comming to show that I was across I was speaking to coupt

6 harlis Figure and he told my adolvers is me to write to you that I D.7. booky wer entitled to a Boilge as well as him I would be 156 St James Street more them themsoul if you Hontreal could let my have on at the earliest time convient for you to send it I will Regt Wumber was 1187 E Company hoff that you will ging this you consideration I remain as every Dane bookey





1st Newfoundland Regiment

HEADQUARTERS

St. John's, Newfoundland, October 76th 1916

seputy Paymaster.

1187 Phe S fasper was discharged on June 14/16 but was subsequently

employed as the depat.

It will be in order to take up his former diochange and issue a new one, to date October 26/0916 from which date he ceased serve

The is entitled to the clothing allowance but no gnatuity

Australia Depot.

Commanding Depot.

First Newfoundland Regiment,

ST. John's, Nfld,

NON-EFFECTIVE ACCOUNT.

Regiment or corps

1st Newfoundland

No. 1187

Deserted at

Rank Private

Name D.F. Cooper of

Died (a)

Embarked for St. John's

on the 9th on the

June

191 1916

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

	STA	TEN	IEN	T C	OF ACCOUNT.	[For	RM 1	•
Date	Dr.	£	S.	d.	Cr.	£	s	
	Balance Dr. last month				Balance Cr. last month			
	Consolidated stoppage		98		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		92	24
	Balance due by the Paymaster		-		Balance due to the Paymaster	•		

I hereby Certify	that the above account	is correct in eve	ry particular,	and the	it the
	is correctly	auble against The	Duhlie (b)		

Dated at this

day of

STERA OF SIC Paymaster.

left a Will. In the latter case the Will should be annexed Army Form O. 1815. (a) Here state whether the soldier di hereto, if not already sent to Wa

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

W 14c66-626-300M. 4/15. (C. & Co., Grange Mills, S.W.) O. 1625

DUPLICATE

Army Form O. 1625.

13/5/16. PAY LIST.

9/6/16 to

191 6. Voucher No.

NON-EFFECTIVE ACCOUNT.

Pt Newfoundland. Regt. Regiment or corps No. Rank of Died (a) at on the 191 Deserted at on the of 191

I Certify to the correctness of above in every particular.

Misour dant	Commanding Squadron, Troop, Battery or Company.
1 /	Battery or Company.

STA			MEI	T	OF ACCOUNT.	[Form ·1.		
Date	Dr.	£	s.	d.	Cr.	£	s.	
ay	Balance Dr. last month	2	5	0.	Balance Cr. last month Pay 28 days at 1000 from 1/1/10 1/1/16 Proficiency, Service or good conduct pay days at from to Messing allowance days at from to	6	6	3
	Allor - 1. 2-17-6. Book 9ht Barreett Barreger 7. Consolidated stoppage	2 /	18 2		Clothing and kit allowance			
	£	6	6	4	£	6	6	3

										und that the
debtor	balance of	11	 is co	rectly	chargeabl	-	gainst th	e I	ublic".	

Dated at

191 6.

Paymaster.

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

W. 9667-4002-750M. 9/15. Forms
O. 1625.

⁽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.

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



Medical Report on an Invalid.

NOTES:-

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.

1. Unit Isl. Newfoundland

- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use
- (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

Date

5. Age last birthday. 20

2. Regimental No. 1187 6. Enlisted on 3rd March, 1915

at St. John's, Nfld. 3. Rank. Pte

4 Name. Cooper David .7. Former trade or Barber occupation

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.

(This is the brief—the need be we Meall)	yold Kedney	General here trouble .	It for
operat	tion		
			/
12. Do you reco	ommend discharge as **	Yes	
		Signature	F. W. Burden,
		Rank or Qualification	Lieut.
1			
Remarks if a	ny by Officer i c Hospital.		
Place		Signature	
	*	Dignature	
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 auch be considered as aggravated by:— due to
	(a) Service during this war.
	(b) Climate.
	(c) Ordinary Military Service
	Remarks if any: Wer servoisly ill before Eliabount Had a Critical operator on the Reducey. Health always impaired.
14.	Itill informhealth due to old Many troubt. At present his capacity for earning a full livlihood in the general lat r market is lessened by:- (Here the president should write in Total, 3-4, 1-2, or 1-4).
	1/1
	Remarks if any:— /7
15.	The refusal of operation is:—
	(a) Reasonable.
	(b). Unreasonable.
	Remarks if any:-
16.	We recommend discharge from the Army
	Remarks if any:
	Signatures. Daterson may, President
	Signatures.
Plac	11. 5 10.2
Date	
	TOR OF MEDICAL SER
Stat	ion (5)
Date	
	No. E 82 Administrative Medical Officer.

Medical Report on an Invalid.

Station 4th Teatrick Garage Hapitas gov Date 22/9/15

13 New Toundland Regt

5. Age last birthday 20

2. Regimental No. (187 Ple.

3. Rank

6. Enlisted on 3th march 1917 at 54 John herfoundland

4. Namo Cooper. David

7. Former Trade { Bober

8. Disability. Time. Resease A Kedney lesion of a surgical nature possible of the Pathological Statement of Case the speration

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.

21/2 Years ago

10. Place of origin of disability.

Newfoundland

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

Suffered from woring Symptomo - frequency pain hacuaturia rc. Kedney removed in 1914 - before enlishment. 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, ex-plain the specific conditions to which you attribute it (See notes on page 3).

not due to hillan Service

13. What is his present condition? 14. If the disability is an injury, was it (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, (b) Change to England? whit Seo. S. Meddeston It Coe RAMET Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except† WHS cotted German Horpitas Creoe PALLE (1) Officer in charge of Hospital. Date 279 15 eLoss 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 avent of the man being invalided, it is essential that the Commissioners of Chelses Hopital 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.

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

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

Thom of These

dept co

01	TT	42.	Man Lillian	hann	aggravated	L
21.	nas	tne	disability	peen	aggravated	Dy

- (a) Intemperance?
- (b) Misconduct ?
- 22. Is the disability permanent?
- 23. 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?
- In defining the extent of his inability to earn a livelihood, estimate it at \(\frac{1}{2}, \frac{1}{2}, \fra
- 25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

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

Descharge as permanethy with for any Kind of military services

Signatures:

Station Hy Scottish Hopelale
Date 30/9/15

John Moreon Prea RAMPASTION.

Junkischem Capt Much Members.

13. Jundas Capt Rowers.

Approved.

Station

Administrative Medical Officer.

Date

Name in full

Regimental number

Height on discharge & Feet & Color of hair on discharge Light Brown

& Johns My

Intended address

Color of eyes



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, iIc 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.

Regiment from which discharged 1st. Newfoundland

4 Central Pl.

Figure on discharge Medicien.
Christian name of Father Roux.
Christian name of Mother Chorlotte
Wife's maiden name in full
Date and place of marriage Christian names of children
Christian names of children
Place and date of soldier's birth. Il Johnso y 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) Dewist booket (Rank) PT
Station It John N. F. Date Jun 3/17 (Rank)
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. Nº 1102



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

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

to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof

Cents, per diem, from my Pay,

(Sig.) Danis/Francis kurpy

and Francis Cooper

Officer Commanding

april 1000,191 5

Company

ntity ificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMO (each 1	
3/	Father	Francis Cooper	6 Gilmonest	_	5
	•				
	~				
		supe 24/15		-	
		· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			`
			Total Allotment, §	-	5

St. John's, Nfld. May 22nd.1916 The Paymaer, First Newfoundland Regiment, City. Dear Sir:-My son, Pte David F. Cooper, Regtl. No. 1187 . makes an allotment & in my favour of fifty sents (50g) per day. Elease 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 Looper Witnes Mistowley

	Cooper DJ.			Folio 52.	4 54/1
Date	Particulars	Ch. No.	Dr.	Cr.	Bal
de126 aly 21 ans 27	Pay Jans 9-22 @ 12. allottment svenchanged may in Jane 9. borneran blothing Lo Pay ino @ 7": Rome o 20.	140	15 00 26 00	14 30 3 20 4 50 25 20	14 50 19, 50 26 00 47 00 26 00 57 05
			, ,	117 00	

1/9202

Grand Falls Club

GRAND FALLS, NEWPOUNDLAND

April 4/4/17

bapt J. J. C. Grady

Wear Sir

Would you stindley let me

Harry one off the Discharged Soldier's Badges My norme & all with Pit

Badges My name & adolness is Private

D. F. & Booker Wo 1187 Grand Falls

and Kinelly Oblige Some



D.F. booker Haurolnesser P. 6: But 301 Ground Falls





1st NEWFOUNDLAND REGIMENT

In Acct.	with	David	F. Cooper.			No. 2	
Reg'l A	c No.	N	lame	C.B.	Folio	No.	
Date	Req'n No.	Invoice No.	Particulars.		Ī	Amou	
July 21	, 134.		Pay. in full to june 24/16	\$6 0	0		
				35			
				133			
					•		
						\$ 6	
Dissect ^a Sh Recap. She Checked b	eet No. 13	54.	CERTIFICATION	wl	ey PAYM	IASTER	
		1	RECEIPT July	21st	•	_191	6
	ceived	fron	the 1st. NEWFOUNDLAND REC	GIME			
Six			Cents in Pa	yment a		ove sta	9
	Jul	у	1916				
\$ 6.00	- prismillianness	urinama.	[Sig.] D.7.	6	rop	ey	

No.



1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Ac	n Acct. with Pte.D.F.Cooper, 1st.Nfld.Regiment.					Voucher No.25892 Cheque No.25892			
				180.Blid.regiment.		heque	No.	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	
Reg'l	Ac 1	No	N	ame	C.E	B. Fol	io No	•	
Date	e is	[Req'n No.	Invoice No.	Particulars.			Am	ou	
Oct.	27,	204.		Pey	\$1	00			
				Clothing.	25	00			
							\$2	5 00	
				•					
				1	,		\$ 26	00	
Dissect ⁿ Recap.			204.	CERTIFICATION	toa				
Checked	d by								
				RECEIPT					
				October				1 6.	
F	kecei	bed	from	the 1st. NEWFOUNDLAND RE	GIME	ENT	the su	ım o	
(*)	Twent	y Si	C=		m.m.m.m.	. FC. 90. FC. 80	D	ollars	
and			. M. M. M. M. M.	Cents in Pay	yment	as al	ove s	tated.	
	oct	ober	24%	6191.6.		1			
+			1	1s: 1 Fl. 7.	10	111	1		

Extract of Rell of Officers, N.C.Os. and Men 26 Discharged from The Royal Newfoundland Regiment. Anthority: Pay Office, St. John's.

No. Rank.		Name.	Date.	Reasone		
2207	Pte.	David F. Cooper.	June 28th 1916.	Med. Unfit.		

Artract from Code Telegram from Capt. Timewell received 10th. June 1:16

1187 Cooper

Medically Unfit.

Left Liverpool for mebec, Scandinavian, June 9th.

Extract from Nominal Roll Draft "E" Company Embarked per S.S. Staphanor" April 2/15.

1187 Cooper D.

C.R. 1117

David Francis Cooper was attested for General Service with the NEWFOUNDAND REGIMENT on March 12th 1915.

Regimental No 1187 was alloted 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.

Number of Sheet W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. [522] W18871/604 400m 2/15s-1 22 56 Regiment of First Newfoundland Signature of O. C. Company J. G. Berrele Regimental Number and Name Enlistment Good Conduct Badges, Service Pay or Proficiency Pay 2 Lier Hairdnesser Age on 20 years Groter D.7 Place and Date of Enlistment Joined/ 8/3/15 (with Colours 1/09 years. Date Cases of Drunk-Date of Names of OFFENCE Punishment awarded By whom awarded REMARKS Offence Witnesses 18/11 loopt E.S. ayre Leaving Hospital without Documentary 7 days to & permission from Epon to 10 Soft-Evidence about from Daths Egt. White 7 days C/3 275/16 until 10am 4/2/16 Marten 4.2.16 Major C. W. whiteke Topfeets 3 Days Redually Unfix Storis 24 76 To be carried over