

**FIRST NEWFOUNDLAND REGIMENT.****ATTESTATION OF**No. 1945 Name Ward Copps Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Ward Copps
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your Age? 4. 19 Years Months.
5. What is your Trade or Calling? 5. None
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, Ward Copps 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ward Copps do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St. John's

on this 27th day of October 1915
Signature of the Attesting Officer. Ward Copps

† 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

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, the 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 Ward Cooper
 Apparent age 19 years _____ months. Height 5 feet 6 1/2 inches.
 Chest measurement { Girth when fully expanded 37 inches.
 { Range of expansion 4 inches.
 Distinctive marks 1 Scar

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mrs J Jones Milltown
 | Relationship Mother

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	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension	Service in Re-warded to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries
					years days	years days	
Service towards limited engagement reckons from <u>22.10.15</u>							
Joined at <u>St. John's</u> on <u>October 22/15</u>							
		<u>Embarked for St John's train to St John</u>		<u>18.10.15</u>			<u>Embarked South Hampton</u>
		<u>Embarked for France 25-8-16</u>		<u>admitted 15th hospital</u>			<u>General 29-8-16</u>
		<u>admitted Recorder hospital London, No 10 37</u>		<u>10.37</u>			<u>admitted to England 9-3</u>
		<u>admitted to depot 25.7.17</u>		<u>Embarked Southampton</u>			<u>admitted at Bay & Camp Office 24.7.17</u>
		<u>Joined Detachment 28-8-17</u>					<u>Discharged from 24.7.17</u>
		<u>Killed in Action</u>			<u>9-10-17</u>		
Total Service forfeited as above							
Service towards Engagement to <u>9-10-17</u> (date of discharge) years <u>3.53</u> days							
		" Pension "					



REGIMENTAL NUMBER 1945.

COMPANY A.

THE
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions.

For the duration of the present war, or until my
discharge.

Subject to the Army Act. The King's Regulations
and to such ordinances as may apply or may be
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act.
5 George V., Chapter IV.

Signed H. Cooper

Witness W. J. Rendell
Major

Dated at St. John's Nfld.

June 30 1916.

C.R! 1943

Extract from Nominal Roll of MFLA. Regt. Draft No.10
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton,
24-8-16.

1943 Pte. W.Cooper.

C.R. 1945

Ward Cooper

was attested for General

Service with the NEWFOUNDLAND REGIMENT ON October 22nd 1915

Regimental No. 1945 was allowed to Ptes Ward Cooper

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

FIELD SERVICE.

Army Form B 213 (A) **CR 1945**

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS Newfoundland Squadron, Troop, }
Battery or Company } B. Coy.

Regimental No. 1945 Rank Private.

Surname Cooper. Christian Names W.

Died { Date 9/10/17. Place France or Belgium.

Cause of Death* Killed in Action.

Nature and Date of Report B 213 d/12/10/17.

By whom made _____

* Specially state if killed in action, or died from O.C. Unit action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____

By whom reported _____

State whether he leaves { (a) in Pay Book (Army Book 64) _____ (b) in Small Book (if at Base) _____
a Will or not { (c) as a separate document Not received Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date C.H.C. 3rd. Echelon. Signature of Officer in charge of Section J.S. Boyd
Adjutant-General's Office at the Base

(1452) W8587/M:30 500,000 Imp. JW 18222; Forms/B2090A/2

2nd Lt. for Mjr
Officer i/c No. 1 Infantry Section

PERSONAL EFFECTS

Received from Militia Department
One Kit Bag of the late #1945 Pte. W. Cooper.

Signed

Date July 16-1958 Mrs John Jones.

C.R. 1945

June 26, 1928.

Mrs. J. Jones,
Millertown, B.D.B.

Dear Mrs. Jones:-

I am writing to inform you that it is my regrettable duty to forward to you by "Express" one Kit Bag, which belonged to your son #1945 Pte. W. Cooper of The Royal Newfoundland Regt.

Assuring you of my deepest sympathy in your bereavement, and in the renewed sorrow which the receipt of these effects must entail.

I am enclosing herewith, receipt, will you kindly sign same and returnat your earliest convenience.

Yours sincerely,

Lieut.
for Lieut.Col.C.S.O.

Enc'l 1.

No. of Paper 1141

PERSONAL EFFECTS.

Name Cooper W.M. No. 1945

Rank Plt Regiment THE ROYAL NEWFOUNDLAND REGT.

Article	Where stored	Notified by
<u>Kit Bag</u>		
	Final disposal	
		Shipped from Depot.

Remarks: — KIA.
Next of Kin: Mother.
Mrs. J. Gouge
Mother's name

C.R. 1245

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

DUPLICATE.

REGIMENT OR CORPS Newfoundland Squadron, Troop, Battery or Company B. Coy.

Regimental No. 1945 Rank Private.

Surname Cooper. Christian Names W.

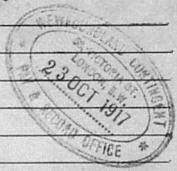
Died Date 9/10/17. Place France or Belgium.

Cause of Death* Killed in Action.

Nature and Date of Report B 213 d/12/10/17.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.



Burial Place _____ Date _____
By whom reported _____

State whether he leaves a Will or not (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received
(c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G. Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date G.I. 3rd. Echelon Signature of Officer in charge of Section J. J. Boyd Adjutant-General's Office at the Base Sub Lt. for Mr

Officer i/c No. 1 Infantry Battalion

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 _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

October 20, 1917.

To

Rev. William Eddy,
Millertown.

Regret to inform you Record Office, London,
today reports No. 1945, Private Ward Cooper,
son of Mrs. J. Jones, Millertown, was killed
in action October ^{ninth} ~~eighth~~. Please inform
relatives.

R.A. SQUIRES

Colonial Secretary

JUNDLAND 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.

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I request that the following Telegram be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Recd	By	Sent	by	Check

Dated October 20, 1917.

To Mrs. J. Jones,
Millertown.

Regret to inform you Record Office, London today reports No. 1945, Private Ward Cooper, was killed in action October ~~sixth~~ ^{ninth}.
R.A. SQUIRES
Colonial Secretary.

NOTE FOR OPERATOR

This message is not to be sent until receiving office notifies that message to Rev. W. Eddy, Millertown has been delivered and acted upon.

FOR TYPEWRITER

C.R. 1945

Extract from Nominal Roll of Draft No. 29, embarked Southampton
Barry Camp.
22/7/17 from 2/1st Newfoundland Regiment to 1/1st Newfoundland

Regiment B.E.F.

1945 Pte. Cooper, W.M.

M.P.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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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

Line
Number

Rcd

By

Check

Dated

March 19, 1917.

To

Mrs. J. Jones,

Millertown.

Correct report regarding No. 1945, Private Ward Cooper,
is as follows admitted Alexandra Hospital, Cosham, skin
disease.

J. R. BENNETT

Colonial Secretary.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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 _____

Line Number	Rod	By	Sent	by	Check

Dated March 17, 1917.

To Mrs. J. Jones,

Millertown

Regret to inform you that Record Office,

London, officially reports No. 1945, Private Ward

Cooper, has been admitted to the University War Hospital, Southampton, but that his case has not yet been diagnosed.

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

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

See corrected report (week)

1945 Cooper

C.R. 1945

Extract from Casualties received from P.&.R.Office,London,
Mar.17th,1917.

1945 Cooper.

Alexandria Hospital Casham, Venereal disease.

CR. 1945

~~Extract~~ from War Office List H.A.2119.

1945 Pte. Cooper, W.

1/Nfld. R. NYD. Sgt. Adm. 1sty.H. Rouen, 29th, Aug.16.

C.R. 1945

Extract from Nominal Roll Entrained St. John's for Overseas,
Dec. 18. 1915. "H"

1945 Pte. Copper Ward.

M. Cooper

C.R.

1945

P.R.O.

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

MEDICAL HISTORY

OF

Surname CooperChristian Name Ward

Table I.—GENERAL TABLE.

Birthplace:—Parish

County Ni. liff

	SPECIAL RESERVE.		REGULAR ARMY	
	on	day of	on	day of
Examined	on	<u>23</u> day of <u>Oct</u> 191 <u>5</u>	on	day of 191
	at	<u>St John Ni. liff</u>	at	
Declared Age		<u>19</u> years	years	days
Trade or Occupation				
Height		<u>5</u> feet <u>6½</u> inches	feet	inches
Weight		<u>130</u> lbs.	lbs.	
Chest Measurement	Girth when fully expanded...	<u>39</u> inches		inches
		Range of expansion...	<u>4</u> inches	inches
Physical Development				
Vaccination Marks	Right		Right	
	Left	<u>(1)</u>	Left	
When Vaccinated				
Vision	R.E.—V=	<u>4/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</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>Samuel Paterson</u>			
(Rank)	Capt. Medical Officer.		Medical Officer.	
Enlisted	at	<u>St John Ni. liff</u>	at	
	on	<u>28</u> day of <u>Oct</u> 191 <u>5</u>	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.	<u>17th Regt. Fus</u>	Regtl. No.	<u>1945</u>
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname W. Cooper Christian Name William

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 _____ Regt. No. _____

2/1 nfid Regt	1945
---------------	------

Transferred to _____

Became non-effective by _____

on _____ day of _____ 191

(Signature) _____

(Rank) _____

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.



REGIMENT (OR CORPS) Newfoundland Squadron, Troop, Battery or Company B. Coy. *

Regimental No. 1945 Rank Private.

Surname Cooper. Christian Names W.

Died Date 9/10/17. Place France or Belgium.

Cause of Death Killed in Action.

Nature and Date of Report B 213 d/12/10/17.

By whom made O.C. Unit.

COPIES SENT TO
O.C. H.Q.
ST. JOHN'S, N.F.L.D.
N.F.P.Z.B. No. 1037/1/03
DATED 21 DEC. 1917

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial Place _____ Date _____

By whom reported _____

State whether he leaves a Will or not (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received
(c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

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Station and Date G.H.W. 3rd. Echelon Signature of Officer in charge of Section G.H.W. Adjutant-General's Office at the Base 2nd Lt. for Mjr

Officer i/c No. 1 Infantry Section.

From Medical Officer i/c.,

Workhouse Military Hospital, Newcastle-on-Tyne.

To O.C. F Coy. 2nd Newfdld Regt. DATE Mr - 6 - 1916.
Apr.

1945 Pte Cooper, W
will be discharged at 10am on Thurs 15-6-1916

Recommended 3 days light duty.

ROBT. A. BOLAM.

A F B128 Enc.

Lieut. Col. R.A.M.C. T.

Nov 12 1916

pte Ward. Cooper

Regt. 7th 1945. 1st. Wld. Regt

No 1 Statary Hospital

Rouen France



Capatin Jewell

Dear Sir

I Received a Letter from you some time ago saying that the Bank of Montreal St Johns Newfoundland sent \$4 pound to the British Liner Bank ays scotland for me and as I was in France you got it handed over over to you and as I am in hospital I would be very thankful if you would kindly forward it on to me to this address

I Remain yours

Sincerely

pte Ward. M. Cooper

1st. Wld. Regt. No 1945

No 1 statary Hospital

Rouen France

S. M. O. S. Clerk
No 1 Sty

4402
NOV 12 1916
1923/4 Ch.
App'd
Tracked off

21st November, 6

4923/7

Credit Lyonnais,
Cockspur Street,
London.

REMITTANCE TO B.E.F.

Kindly remit the equivalent of £4 : 0 : 0 in French Currency to the Medical Officer in Charge No.1 Stationary Hospital, Rouen, France; for payment to

No. 1945, Pte. W.M. Cooper,
1st Newfoundland Regiment.

Charges included. Insury and register, Bank incurring no risk.

Capt.,

FM/JC

Paymaster & O. 1/c Records.

November 21st 6.

M. O. i/c.,

4922/1 .

No. 1 Stationery Hospital,

Rouen, France.

F.M/W.F.

No. 1945, PTE. W. M. COOPER (WARD N. 3).

1st. NEWFOUNDLAND REGIMENT.

A remittance of £4. 0. 0. has been received here, on account of the above soldier, from Newfoundland.

The Credit Lyonnais have been asked to remit the equivalent of this amount to you in French Currency for payment to him. I shall be glad if you will hand the amount to him, and obtain necessary receipt, please.

... Capt.
Paymaster & O. i/c. Record

The Paymaster & O.i/c Records,
Newfoundland Contingent,
58 Victoria Street,
London S.W.



Herewith receipt from No.1945 Pte Cooper.W.M.
1st Newfoundland Regiment.

It is notified for your information that the
above mentioned was transferred to England on the 9th inst.

7

Rouen.
17/3/17.

no answer

1ST N. W. FOUNDLAND REGIMENT		Lieut Colonel.R.A.M.Corps.
PAY & RECORD OFFICE		O.C.No.1.Stationary Hospital.
Ref. No.	1350	
Rec'd.	MAR 21 1917	
Ack'd.		
Ans'd.		
File No.		

na.

OFFICER COMMANDING.

Forwarded in accordance with
Regulations for Army Medical Services.

Russell

Station Alexandra Hp. Cosham.

Date 26/4/14

Colonel A. G. S.
In charge,

Station Hospital.

Cosham.

Army Book 191.

No. 393

FOR OFFICER COMMANDING.

Station Colchester 26th day of April 1914

Received from No. 19245

Rank Pte Name Ward Cooper

Regiment 1st Buffs

Cash Cheque in full paid Hulse Kelly 1-13

Watch

Ring

Chain

Medals

Trinkets

Other valuables

Vertical stamp: RECEIVED
Station Hospital
17 Bullock
Quartermaster,
Royal Army Medical Corps.
1914

Printed for H.M. Stationery Office by Suttley & Silverlock, Ltd., London, S.W.

(OVER.)

Station Hospital Colchester

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.No. 2231/1

From
PAY & RECORD OFFICE.
 58, VICTORIA STREET,
 LONDON, S.W.
 HA/RC. March 14th 1917.

To Officer Commanding,
 Alexandra Hospital
 Gosham, Hants.

**SUBJECT:** 1945 Pte. Cooper W.~~1st Newfoundland Regt.~~**REPLY**

Reference Nos.

Dated

15/3/1917.

Will you kindly state
 the nature of the above man's
 sickness is? It is not under-
 stood what "S No. 20 slight"
 signifies, please.

A. J. Munnell Major,
 Paymaster & O. i/c Records.

This man is suffering
 from gonorrhoea; No 20
 being the number for this
 disease in the official
 Nomenclature.

Please issue instructions
 as to this man's disposal
 when fit for discharge
 from Hospital.

K. Munnell
 Colonel, A.M.S.
 1/2 Alexandra Hospital

1ST NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	1247
Rec'd.	MAR 16 1917
Ack'd.	
Ans'd.	
File No.	

March 19th

7.

2411/2.
HA/RC.

Officer Commanding,
Alexandra Hospital,
Cosham, Hants.

1945 Cooper Private W.

Reference your enquiry (10/3/17) as to disposal of this man: when ready for discharge from hospital he should be ordered to report at this office. Kindly send A.F.W 3016 in duplicate by post and furnish Cooper with a railway warrant to London.

7
Major,
Paymaster & O. i/c. Records.

No. 1945 Pte W. Cooper

1st Newfoundland Contingent.

On discharge from Hospital this day you will proceed direct to the Pay and Record Office, Newfoundland Contingent, 58, Victoria Street, London, S.W., reporting yourself to the O.C., on arrival.

Railway Warrant herewith.

#1945

Cosham.
23.5.17

R. A. M. S.

Colonel A.M.S.

O.i/c Alexandra Hospital.

Office Copy

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 1943

Rank

Private

Name

Cooper, W. B.

Died (a) Intestate at

France

on the

9th of October 1917

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.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	9	4	6
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
191					Messing allowance days at from to			
"					Kit allowance			
"					Amount produced by the sale of Effects from Form 2			
"					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage				Deferred Pay or Gratuity			
	Balance due by the Paymaster	4	9	6	Balance due to the Paymaster			
		£	4	9		£	4	9

CHECKED.

4/9/17

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 496 is not chargeable against the Public.

Dated at

this

day of



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 Army Form B. 2090 or Army Form O. 1615.
- (b) Words in Italics to be struck out when there is no debtor balance.

Cooper, W. H.

1945

Hay Sept

DUPLICATE MAIL COPY

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NOT EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **1940** Rank **Powate** Name **Cooper, W. M.**
 Died (a) *In testate* at **France** on the **9th** of **October** 191**4**.
 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.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 9.10.14	4	9	6
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____			
	"				from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage							
	Balance due by the Paymaster	4	9	6	Balance due to the Paymaster			
		£4	9	6		£4	9	6

This account is in accordance with advices received at the Pay & Record Office to **5/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

SB
4/9/18

I hereby Certify that the above account is correct in every particular, *and that the debtor balance of £* **NEWFOUNDLAND CONTINGENT** *is a claim chargeable against the Public.*

Dated at _____

this _____

day of _____



191 .

 CHIEF PAYMASTER & OFFICER IN CHARGE
 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 (Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE MAIL COPY

Army Form O. 1625.

PAY LIST.

191 . Voucher No.

~~NON-EFFECTIVE ACCOUNT.~~

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **1940** Rank **Private** Name **Cooper. W. M.**
 Died (a) **Dunkirk** at **France** on the **9th** of **October** 191**4**.
 Deserted at _____ on the _____ of _____ 191**4**.

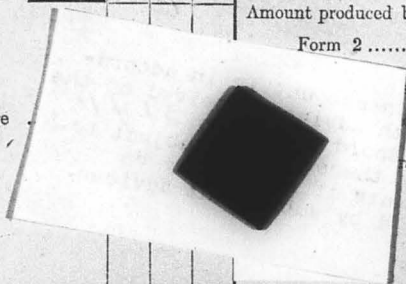
I Certify to the correctness of above in every particular.

 { 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 9.10.14	4	9	6	
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____				
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____				
	191				Messing allowance _____ days at _____				
	"				from _____ to _____				
	"				Kit allowance				
	"				Amount produced by the sale of Effects from Form 2				
	Consolidated stoppage				Bank balance, including _____ balance, to be so stated)				
					_____ gratuity				
	Balance due by the Paymaster	4	9	6	Balance due to the Paymaster				
		£4	9	6			£4	9	6



CHECKED.
Slb
 4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is chargeable against the **NEWFOUNDLAND CONTINGENT.**

Dated at _____ this _____ day of _____ 191**4**



 CHIEF PAYMASTER & OFFICER IN CHARGE
 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 (Army Form B. 2090 or Army Form O. 1815.)
 (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE MAIL COPY

Army Form O. 1625.

PAY LIST.

to **191** Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **1940** Rank **Private** Name **Cooper, W. M.**
 Died (a) **Dunkirk** at **France** on the **9th** of **October** 191**4**.
 Deserted at _____ on the _____ of _____ 191**4**.

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 9-10-14	4	9	6
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____			
	"				from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage							
	Balance due by the Paymaster	4	9	6	Balance due to the Paymaster			
		£4	9	6		£4	9	6

This account is in accordance with advices received at the Pay & Record Office to **519118** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED:

SL
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is payable against the **NEWFOUNDLAND CONTINGENT.**

Dated at _____

this _____

day of _____



191 _____

 CHIEF PAYMASTER & OFFICER I/C RECORDS
 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, Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1823.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps ROYAL NEWFOUNDLAND REGIMENT.

No. 1940 Rank Private

Name Cooper, W. M.

Died (a) Intestate at France

on the 9th of October 1914.

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.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 9.10.14	4	9	6
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	4	9	6	Balance due to the Paymaster			
		£	4	9		£	4	9
				6				6

This account is in accordance with advices received at the Pay & Record Office to 5/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

46.
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £

Dated at

this

day of



191

NEWFOUNDLAND CONTINGENT.

CHIEF PAYMASTER & OFFICER I/C RECORDS

- (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 Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 1940

Rank Private

Name Cooper, W. M.

Died (a) Interstate at France

on the 9th of October . 1914.

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.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month				Balance Cr. last month 9.10.14	4	9	6	
	Cash issues (Date of each issue to be stated)				Pay days at from to				
		£	s.	d.	Proficiency, Service or good conduct pay days at from to				
	191				Messing allowance days at from to				
	"				Kit allowance				
	"				Amount produced by the sale of Effects from Form 2				
	"								
	Consolidated stoppage								
	Balance due by the Paymaster	4	9	6	Balance due to the Paymaster				
		£	4	9		£	4	9	6

This account is in accordance with advices received at the Pay & Record Office to 5/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

46.
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 4 9 6 is correct and chargeable against the Paymaster.

Dated at

this

day of



191

 CHIEF PAYMASTER & OFFICER I/C RECORDS
 Paymaster.

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

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 1940

Rank Private

Name Cooper, W. M.

Died (a) *Intestate* at *France*

on the 9th of October 1914.

Deserted at

on the of 191 .

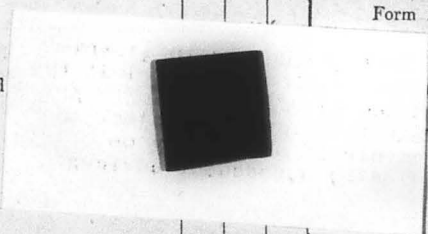
I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month				Balance Cr. last month 9.10.14	4	9	6	
	Cash issues (Date of each issue to be stated)				Pay days at from to				
		£	s.	d.	Proficiency, Service or good conduct pay days at from to				
191					Messing allowance days at from to				
"					Kit allowance				
"					Amount produced by the sale of Effects from Form 2				
"					Savings Bank balance, including (if no balance, to be so stated)				
	Consolidated				or Gratuity				
	Balance due by the Paymaster	4	9	6	Balance due to the Paymaster				
		£	4	9		£	4	9	6



CHECKED. 46 4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correctly chargeable against the **NEWFOUNDLAND CONTINGENT.**

Dated at this day of



191 *W. M. Cooper* CHIEF PAYMASTER & OFFICER I/C RECORDS 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 Army Form B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

..... Sept 23 1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. 1945 Rank AT
Name Ward M. Cooper
Royal Newfoundland Regt.

..... Mrs. John Jones (Sgd.)
..... Mother Relationship.



Address Millertown

1881

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here



[P.T.O.]

SEP 17 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Mrs. J. Jones (Mother)

in respect of his service as No. 1945 Rank Pte.

Name Ward Cooper Royal Nfld. Regt.
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received Victory Medal

Signature Mrs John Jones

Date 23 Sept

Address Milltown

Casualty Form - Active Service.

Regiment or Corps... 1st New Zealand Div
 Rank... Private Surname... Cooper Christian Name... William M.

Religion... Methodist Age on Enlistment... 19 years... months

Enlisted (a) 22/10/15 Terms of Service (a) Duration Service reckons from (a) Date of enlistment

Date of promotion to present rank... Date of appointment to lance rank...

Extended () Re-engaged () Qualification (b) or Corps Trade and Rate

Occupation... Fitterman Signature of Officer... A. Reedy, Capt.



Report		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 <u>Shampton</u>	<u>22.7.17</u>	
		Disembarked... <u>Rover</u>	<u>24.7.17</u>	
		Joined Battalion	<u>28 AUG 1917</u>	<u>B 213</u>
<u>13/0/17</u>	<u>Pl. Head</u>	Killed in Action	<u>1 OCT 1917</u>	<u>B 213</u>
		Officer in Charge		
		General Headquarters, 3rd New Zealand Division		

[Handwritten signature]

[Handwritten signature: A. T. Boyd]

(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, Shoetng-Smith, & Co.

