



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *5162*

Name *John Cooze*

Corps *Infantry*

Questions to be put to the Recruit before Enlistment.

1. What is your name? *John Cooze*
2. What is your full Address? *17 Brookfield Bay*
3. Are you a British Subject? *Yes*
4. What is your age? *21* Years Months
5. What is your Trade or Calling? *Labourer*
6. Are you Married? *No*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? *No*
8. Are you willing to be vaccinated or re-vaccinated? *Yes*
9. Are you willing to be enlisted for General Service? *Yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?) Name)
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? *Yes*

John Cooze 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.

John Cooze SIGNATURE OF RECRUIT.
John Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

John Cooze 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 ~~made~~ given as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this *18/5/18* day of *May* 191*8*.

Signature of Attesting Officer *A. B. Dickson Lieut.*

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the *1st Battalion*

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

Date *18/5/18*
Place *St. John's* } Approving Officer.

* The signature of the Approving Officer is to be affixed in the presence of the Recruit.
† Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

5162

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

Name John Dooze
 Apparent age 21 years 0 months. Height 5 feet 2 1/2 inches
 Chest Measurement { Girth when fully expanded 32 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Dooze
Brookfield Bay Relationship Father
 Particulars as to Marriage _____

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-5-18</u>									
Joined at <u>Albion</u> on <u>May 18-1918</u>									
<u>Embarked August 8-1918</u>									
<u>W.</u>									
<u>Embarked Albion S.S. Boston to Halifax N.S. 22-7-18</u>									
<u>to be transferred for demobilization 22-6-1919</u>									
<u>Arrived to be transferred 1-7-1919</u>									
<u>to demobilization 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge)									
Pensions									

J. P. Coyle

C.R. 5162

J. P. Coyle

C.R. 5162

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated August 18th 1919.

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

5162, Pte. J. Cooze.

C.R. 5162

Extract from Daily Orders Part 11 Unit The Royal NFM.
Regt. St. John's, July 15, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 25-7-19.

5162 Pte. John Goose.

C.R. 5162

Extract from Daily Orders Part II Sent The Royal Field Artillery
St. John's, July 23rd 1919.

5162 Pte. J. Coze.

Reported at Headquarters 1st Div on "Jassandwa" which sailed
Glasgow 24th June 1919.

Extract from Daily Orders Part II Sent The Royal Field Artillery
St. John's, July 23rd 1919.

C.P. 5162

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

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

#5162 Pte. John Cooze.

Extract from Daily Orders part 11, from U it The Royal Wfld.
Regt. St. John's, dated May 20, 1918.

#5162 Pte. John Coose.

Attested for General Service with the Royal Wfld. Regt. S
from 18.5.18

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Rifle* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *51.62* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Coage* *Johan* (a) Former Regts. or Corps; (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *22*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war ✓
 - (ii.) Previous active service.. .. . ✓
 - (iii.) Climate in pre-war service ✓
 - (iv.) Ordinary military service before the war ✓
 - (v.) Serious negligence or misconduct on the }
man's part. }
14. If not due to any of these causes, to what }
specific condition do you attribute it ? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complaints of no disability

16. Was an operation performed? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—
(a) Discharge as permanently unfit ?
(b) Change to United Kingdom ?

Repatriation

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. E. Proemer, Capt. R.A.M.C.

Station .. *Mozley Town*
Date .. *1/4/19*

Medical Officer in charge of case.

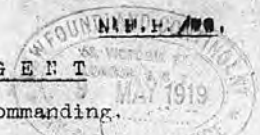
* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

No. 93/1012

From. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester



2nd May 1919

5162 Pte J. Cooze

With reference to the following telegram from the Minister of Militia / / (160.)

"Pay to 5162 J. Cooze

£3-0-0

Cheque £ 3-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. J. ...
Chief Paymaster & O. i/c Records.

May 6th 1919

Receipt hereunder.

J. ...
LIEUT. COLONEL,
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

Received the sum of Three
Pounds in respect of
telegraphic remittance from the
Minister of Militia.

J. Cooze
No. 5162 Rank Pte.
Witness W. Barnes

No. 18951/2103

065495

HC



N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To:
Officer Commanding,
2nd Bn, Royal Wfld. Regt.
Winchester.

21st November 1918

26 - 11 - 1918

Subject: 5162, Pte. J. Cooper

Receipt hereunder.

With reference to the following telegram (9984) from the Hon. Minister of Militia, received

Chas. J. **LIEUT. COLONEL.**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

Pay to 5162 Cooper £10:0:0

Received the sum of Ten

pounds on account of
cable remittance from Newfoundland.

Draft £10:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Wm. J. Boyle
No. 5162 Rank Pte

A. S. Munnell Maj.
Chief Paymaster & O. i/c Records.

Witness *J. Taylor CSM*

No. 21607/2494/P.&A

21607/2494
066475



NEWFOUNDLAND CONTINGENT

From:

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

J.C.
Officer Commanding,
2/Bn. Royal Nfld Regt.,
Hazeley Down Camp,
Winchester.

30th December 1918

2 - 1 - 1919

Subject: 5162 Pte. J. Cooze,

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

Receipt hereunder.

C. Maund
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding 2nd Batt'n,
Royal Newfoundland Regiment.

"Pay to 5162 Cooze, £5.0.0.

Draft £ 5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Five
Pounds on account of

cable remittance from Newfoundland.

J.H. Maund
for Chief Paymaster & O. i/c Records.

J. Cooze
No. 5162 Rank Pte.

Witness A. Maund

B

Cooze, John

5/62

Ray sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5162 Rank Plt Name George J
 Intended place of residence Brookfield

2. Occupation Fisherman
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of

DEMobilIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S
 Date JUL 11 1919

H. M. S. D.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S
 Date JUL 11 1919

John X Coyle
 Signature of soldier

W. H. Houston
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S
 Date JUL 11 1919

John X Coyle
 Signature of soldier

W. H. Houston
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18.5.18 No. of days on Military
 Discharged from service JUL 25 1919 Service 445
 Plus 14 days

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S
 Date JUL 25 1919

L. R. Cooper Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S
 Date August 8/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

J. J. B. 2079/2620

124
 30
 31
 8
 3

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.7.19

Regimental No. 5162

Name George John

Address Brookfield

Present Medical Category A-1

Recommended for:— (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board

R. H. East Major
O.C. Discharge Depot.

W. Paterson
Senior Medical Officer

W. B. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5162 Rank Pvt Name George J. Bonavista
 Date of Enlistment 18-5-18 Address Brookfield District Bonavista
 Occupation Fisherman Classification for Discharge F1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1 D 400A.....	1 B 1915.....	1	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	1 D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		" 6.....	" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £6.00

(b) ~~Clothing Supplied~~

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. PP2414 to his home at Brownfield and Release Certificate No. 3449 issued

Date 11-7-19 *J.A. Knowlton*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-5-1914

Date 11-7-19 7 *J.A. Knowlton*
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	1	N.F. Med.	D.F. 1	<i>2 Tom B</i>
F 178	W 3494	B 122	1	Board 1st	" 2	
R 178a	D 400A	B 1915	1	do 2nd	" 3	
H 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 11-7-19 *J.A. Knowlton*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919 *H.P. Coolee Capt.*
O. C. Discharge Depot.

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

Date 11-7-19

Civil Re-establishment Committee



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

To resume former Occupation.

George J.

Signature of Man.

Reg. No. 3162

J. A. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

11-7-19

191

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

MEDICAL HISTORY

Surname Coage OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Brookfield P.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	18 day of May 1918	Sophus		
Declared Age	21 years	days		
Trade or Occupation	Fisherman			
Height	5 feet 2 1/2 inches			
Weight	113 lbs.			
Chest Measurement	Girth when fully expanded	32 inches		
	Range of Expansion	3 inches		
			3 inches	
Physical Development				

Vaccination Marks	Right	Left	Right	Left
	Number		1500	

When Vaccinated 7 March 1910

Vision
 R. E.—V=6/6
 L. E.—V=6/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

(a)

(b)

Approved by (Signature) L. J. Peterson
 (Rank) Major Medical Officer.

Enlisted at Sophus on 18 day of May 1918

Joined on Enlistment	Corps	Regtl. No.
	<u>The Royal Nfld Regt</u>	<u>5162</u>

Transferred to

Became non-effective by

(Signature) on day of 191 on day of 191

(Rank)

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Artillery* 7. Former Trade } *Feshiman*
 or Occupation }
 2. Regtl. No. *5767* 3. Rank... *Pte* 7a. If the soldier claims previous service in
 Army, he should state—
 4. Name *George John* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday. *32*
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
 12. Place of origin of disability. *nil*
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

1/6 complains of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Refatuated

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

Station *Hyderabad*

Date *1-4-19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *John Loof*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5162*

Intended address *Brookfield B. B.*

Height on discharge *5 Feet 5"*

Color of hair on discharge *Black*

Complexion *Ruddy*

Color of eyes *Grey*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *Charles*

Christian name of Mother *Jane*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Brookfield 1896 Nov 11*

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)

John Loof witness *Michael C. A.*
mark (Rank) *A/C*

Station **ST. JOHN'S**

Date *7.7.19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



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

Date

August 16, 1919

Mr. John Cozse,
Brockfield, B.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due you
on account of War Service Gratuity.

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th, 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *John*..... 2. Surname *Booze*.....

3. Rank *Pvt.*..... 4. Regtl. No. *5162*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Brookfield, 13B*.....

6. Date of enlistment in the Regiment..... *May 18/18*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
.....

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

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

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From May 18/18 to July 18/19*.....

..... 1. *1*.....

his

John X Coorze
husk

Signature of Applicant:

Place of Residence:

Declared before me at:

This

11th

day of

Brookfield, B.P.
St John's, W.I.L.D.
July 1919

John M.Carthy
J.P.

Signature of Berrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
Certified correct.				Paymaster

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Signature of Berrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
Certified correct.				Paymaster

Signature of Applicant:

Place of Residence:

Declared before me at:

This

day of

19..

August 8th 1919.

#5162, Pte J. Coose,
Brookfield.

Dear Sir:

Enclosed please find Discharge Certificate
3630.

Yours truly,

Capt. &
Officer i/o Records.

RS/.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheet out

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. A. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5163 Cozge, John</u>	Age on	<u>21</u> years <u></u> months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St Johns</u> <u>18.5.18</u>	<u>Meth.</u>	
Joined		Date	Period of } with Colours <u>1³/₄</u> years. with Reserve <u>3¹/₄</u> years.	Place of Birth	
Joined	Date			<u>Brookfield N.B.</u>	

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
				<u>Demolitized St Johns</u>		<u>8 ⁵/₁₉</u>			

To be carried over

Army Form B. 121.

C.R.

5162

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name *5162... Ex. Pte. J. Cooze,*

Date *24.11.19.*

Place *Brookfield... B. B.*

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5162 Rank Pvt Name Cooper J
 Date of Enlistment 18-5-18 Address Brookside District Bonaville
 Occupation Telephonist Classification for Discharge F Medical Category A.1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 1030	ME 2		" 6	1
B 179c	B 120	M 93			

Date 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Form shall be passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £1.8.0
- (b) Clothing Supplied _____

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2414 to his home at Brookfield and Release Certificate No. 3419 issued.

Date 11-7-19

J. J. Snowless
Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19

H. W. H.
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.	B 268.	B 121.	1	N.F. Med.	D.F. 1.	
F 178.	W 3494.	B 122.		Board Ist.	" 2.	
B 178a.	D 400A.	B 1915.	1	do 2nd.	" 3.	2 Form B
B 179.	D 400B.	Form L.		do 3rd.	" 4.	
B 179a.	D 400C.	Form K.		do 4th.	" 5.	
B 179b.	B 103.	ME 2.			" 6.	
B 179c.	B 120.	M 93.				

Date 11-7-19

J. J. Snowless
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919

L. R. Cooper Capt
O. C. Discharge Depot.

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

Date Aug 7/19

[Signature]

Reg. No. *2167* Rattr. *He* Name. *Cass. J.*

Attested Address. *Brookfield*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

11 7 19
25 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION