



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4561 Name Edward Cottrell Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Edward Cottrell
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 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, Edward Cottrell 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, Edward Cottrell 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 17 day of April 1918

Signature of Attesting Officer Ed. James

†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 April 17 1918

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).....

4 FIRST NEWFOUNDLAND REGIMENT 1

ATTESTATION

No. 4561 Name Edward Costello R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? *Edward Costello*
2. What is your full Address? *St. John's*
3. Are you a British Subject? *Yes*
4. What is your age? *21* Years *0* Months
5. What is your Trade or Calling? *Fisherman*
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? *No*
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*

I, *Edward Costello* 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.

Edward Costello SIGNATURE OF RECRUIT.
J. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, *Edward Costello* 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 and 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 *22* day of *April* 191*5*.
Signature of Attesting Officer *J. James*

†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the *1st Bn.*
If enlisted by special authority, such will be attached to the original attestation.
Date *22 April 1915*
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

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

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

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Sarah Costello
Harder Train | 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	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>22-4-18</u>									
Joined at <u>Hydrus</u> on <u>April 22, 1918</u>									
<u>Embarked at Hydrus. Nov. 29/1918.</u>									
<u>Embarked at Halifax N.S. 11/28.</u>									
<u>Admitted Madelon Camp, Halifax, Nova Scotia, 23-7-18.</u>									
<u>Admitted to 3rd unit 3-8-18. Departed at Hydrus, Nova Scotia, 3-8-18, and joined 3rd unit. to be transferred for discharge 16-10-18</u>									
<u>Arrived at Hydrus 3-1-1918</u>									
<u>Discharged Medically 29/18</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-11-1918 (date of discharge) — years 222 days

C.R. 4561

Extract from Moninal Roll of Repatriation Draft, Embarked
for Newfoundland, 16-10-18.

DISCHARGED UNDER A.F. B.179.

4561 Pte. E. Costello,

LM.

C.R.

4561

Extract from Daily Orders, Part 11, UNIT: Royal WFLA. Regts.
dated Dec. 1902. 1910.

STANLEY BAKER SAS.

4561 Pte. Edward Costello

Having been found Mentally Unfit is Discharged from 26/11/18.

C.R. 4561

Extract from Daily Orders part 11, Depot. St. John's
dated December 3rd., 1918.

~~#3318 Pte. F. J. Lynch~~
~~#4938 L-C O. G. [unclear]~~
~~#4561 Pte. E. Costello~~

Having been found medically unfit is discharged from 29-11-18.

C.R. 4561

Extract from Medical Board Held Friday Nov. 15th, 1918.

4561 Pte. Costello.

Recommended Discharge--Permanently Unit.

MM.

C.R. 4561

Extract from Telegram to Military St. John's, dated October 17th, 1918.

Being sent home for Discharge:

4561 Costello.

C. 4561

Extract from Daily Orders Part 11. from Unit The Royal Field.
Regiment, St. John's, dated June 14th 1918.

4561 Pte. J. Costello

Embarked for Overseas with draft 11-6-18.

C.R. 4561

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regt. St. John's, dated April 23, 1918.

#4561 Pte. Edward Costello.

Attested for General Service with the Royal Wfld. Regt.
from 22/4/18 ~~to report 1/6/18~~

Costello, J.

C.R. 4561

P.F.R.O.

Originals

This space to be left blank for the Chalice Number.

Army Form B. 268.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4561</u>	Army Rank <u>Private</u>														
Name <u>Costello Edward</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>															
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>															
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>															
Date of discharge _____															
Place of discharge _____															
<p>1. Description at the time of discharge.</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> <p>Age <u>21</u> years _____ months</p> <p>Height _____ foot _____ inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Trade _____</p> <p>Intended place of residence (To be given as fully as practicable) _____</p> </td> <td style="width:50%; border:none; vertical-align:top;"> <p style="text-align:center">Descriptive marks.</p> <div style="border:1px solid black; padding:5px; margin:10px auto; width:fit-content;"> <p style="text-align:center; margin:0;">COPIES SENT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">To</td> <td style="width:30%;">No.</td> <td style="width:40%;">DATE</td> </tr> <tr> <td>M. of M.</td> <td><u>1668</u></td> <td>15 OCT 1918</td> </tr> <tr> <td>G.O.C. 1st. Div.</td> <td><u>168</u></td> <td></td> </tr> <tr> <td>2nd Div.</td> <td></td> <td></td> </tr> </table> </div> </td> </tr> </table> <p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p>		<p>Age <u>21</u> years _____ months</p> <p>Height _____ foot _____ inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Trade _____</p> <p>Intended place of residence (To be given as fully as practicable) _____</p>	<p style="text-align:center">Descriptive marks.</p> <div style="border:1px solid black; padding:5px; margin:10px auto; width:fit-content;"> <p style="text-align:center; margin:0;">COPIES SENT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">To</td> <td style="width:30%;">No.</td> <td style="width:40%;">DATE</td> </tr> <tr> <td>M. of M.</td> <td><u>1668</u></td> <td>15 OCT 1918</td> </tr> <tr> <td>G.O.C. 1st. Div.</td> <td><u>168</u></td> <td></td> </tr> <tr> <td>2nd Div.</td> <td></td> <td></td> </tr> </table> </div>	To	No.	DATE	M. of M.	<u>1668</u>	15 OCT 1918	G.O.C. 1st. Div.	<u>168</u>		2nd Div.		
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M. of M.	<u>1668</u>	15 OCT 1918													
G.O.C. 1st. Div.	<u>168</u>														
2nd Div.															
2. The above-named man is discharged in consequence of _____															
<p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p>															
3. Military character:—															
4. Character awarded in accordance with King's Regulations:—															
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>															
<p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.</p>															
<p>Initials of Commanding Officer. _____</p>															
<p>Army Form B. 2088 has been issued to* _____</p>															

To be filled in on the soldier quitting the Colours.

Medical Report on an Invalid.

Station Hugh Dr. Ck.
 Date 5-10-18

1. Unit Gr. Ry. Hospital.
 2. Regimental No. 4561
 3. Rank Pte.
 4. Name COSTELLO Edward.
 5. Age last birthday 27 yrs.
 6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ 22 April 1918.
S. Tom.
 7. Former Trade or Occupation } Printer.
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 12)

Cholelithiasis

COPIES SENT		
TO	No.	DATE
M. of M.	<u>1660/108</u>	<u>15 OCT 1918</u>
O.C. 1st. Bn.		
.. 2nd. Bn.		

Statement of Case.

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

9. Date of origin of disability.
 10. Place of origin of disability.
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Hugh Dr. Ck. Winchester.
He states that he takes pills every few days.

Not attributable to military service conditions.

Constitutional

h.u.

I certify that I have seen this man
in a typical epileptic seizure.

20-9-18.

W. K. S.
Cap. R. C.

13. What is his present condition?

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

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

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

na.

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

If so—(a) When?

na.

(b) Where?

(c) Opinion?

na.

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

na.

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

na.

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?

na.

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

20. Do you recommend—

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

Discharge as permanently unfit
for military service.

W. K. S.
Cap. R. C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

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

MEDICAL HISTORY

OF

Surname

Costello

Christian Name

Edward

Table I.—GENERAL TABLE.

Birthplace:—Parish

Romaine

County

Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	day of	191
Examined	on	<i>27</i> day of <i>Apr</i>	on	day of 191
	at	<i>S. Johns</i>	at	
Declared Age		<i>21</i> years — days		years days
Trade or Occupation		<i>Fisherman</i>		
Height		<i>5</i> feet <i>1 1/2</i> inches		
Weight		<i>128</i> lbs.		
Chest Measurement	{	Girth when fully expanded...		
		Range of Expansion...		
Physical Development				
Vaccination Marks	{	Arms		
		Number	<i>3 scars</i>	
When Vaccinated		<i>3/17/20</i>		
Vision	{	R. E.—V=	<i>6/6</i>	R. E.—V=
		L. E.—V=	<i>6/6</i>	L. E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)		<i>Lambert Paterson</i>		
(Rank)		<i>Major</i>		
		Medical Officer.		Medical Officer.
Enlisted	at	<i>S. Johns</i>	at	
	on	<i>27</i> day of <i>Apr</i>	on	day of 191
Joined on Enlistment		Corps. <i>The Royal</i>		Corps.
		Regtl. No. <i>4561</i>		Regtl. No.
Transferred to		<i>Nfld Regt</i>		
Became non-effective by				
	on	day of 191	on	day of 191
[Signature]				
[Rank]				

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To	No.	DATE
M. of M.	<i>100</i>	15 OCT 1911
O.C. 1st. Bn.	<i>100</i>	
.. 2nd. Bn.	<i>100</i>	

Table II.—Only for admission to hospital or to the sick li

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions of treatr
	Day	Month	Year	Day	Month	Year			
MAGDALEN CAMP HOSPITAL WINGHESTER Col 4	23	7	18	13	8	18	Phemisis	22	Very o m + Intention

tal or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Very small opening Circumcision healed 1st
Intention 11. beyond limit.

Brownhead
Supt Capt R.M.C.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), F., or P.(T), of the Reserve, as follows—

(1) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(2) By the Officer in Charge Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer in Charge of Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

Part A. of Army Form W. 3463A and W. 3463B are to be filled in at the same time by using carbon paper.

Part B. and C. are to be completed by the Officer in Charge.

Part C.

Soldier's Name Costello Stewart (Surname) (Christian names in full)

Unit from which discharged 2nd Bn R. Newfoundlands Rent.

Regimental Number 456 Rank on discharge Private Age on discharge 21

Married, widower with children, or single _____

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life _____

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge Costello Stewart
the main Newfoundlands

Name of Approved Society (if any) _____

Part B.	Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India				
	South Africa						
	Disallowed						
	Service towards pension						

Part C.

Number of G.C. badges _____ medals _____

Wounds and actions in which received _____

Part D.

Where born (parish, town and county), and date _____

Colour of hair on discharge _____ Colour of eyes _____ Complexion _____

Christian name of father _____

Christian name of mother _____

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer in Charge hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
55 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4561	Plt	Castello ^E J.	\$250	F. Castello

I have the honour to be, Sir,
Your obedient Servant.

Date July 1/18

F. Castello

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No 4561 Rank Pte. Name Castillo E. Unit Royal Wfld who was Transferred to Newfoundland on 16/10/18 Authority W.O. Cause Expatriation

OFFICE COPY

DR. STATEMENT OF ACCOUNT

PERIOD:	PARTICULARS					PARTICULARS					CR.											
	\$	¢	£	s	d	\$	¢	£	s	d	\$	¢	£	s	d							
From 24/9/18 to 25/10/18	Balance Dr. from					Balance Cr. from																
	Allotment 28 days @ 60					116	80	13	9	1	Pay 28 days @ \$1.00					12800						
	Cash Payments:										Field Allow 28 days @ \$1.10					3080	130	80	16	6	7	
	24/9/18 12/-										Other Allowances days @ \$											
	4/10/18 12/-								1	4	0	Other Credits:										
	Other Debits:										Total Credits								16	6	7	
	Laundry etc								2	11	Balance due to Paymaster											
	Total Debits							14	16	0												
	Balance due by Paymaster							11	10	7												
								16	6	7									16	6	7	

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TO	DATE
N.F.P. 20.10.18	
D.C. 1st Div.	16/10/18
2nd Div.	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of C. Comant Harley Down Camps. 16/10/18. (Date)

Made up/Checked in accordance with information received in the Pay & Record Office G. W. Emerson to O.C. "E" Company. and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, 25 OCT 1918 191

Chief Paymaster & Officer i/c Records.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Costello Edward
(Surname) (Christian names in full)

A. Unit from which discharged 2nd Bn. R. Newfoundland Regt.
 Regimental Number 4561 Rank on discharge Private Age on discharge 22
 Married, widower with children, or single _____
 Occupation before enlistment Fisherman
 Special qualifications (if any) for }
 employment in civil life } _____
 Nature and locality of employment desired _____

Full postal address to which } Costello, Edward W. Main Crs. nfd.
 proceeding on discharge } _____
 Name of Approved Society (if any) _____

PART B. Nature of medical unfitness Epilepsy.

Service with Colours _____ years _____ days, of which _____ years
 _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge 5. 10. 1918.

Station Angley Barr Camp.

Date 5. 10. 18 Officer i/c Records _____

To be completed by the Officer
i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the G.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Costello, Ed.

4561

Hay sept.

COPY.

4009

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 4561 Army Rank Private

Name Costello Edward
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge November 29th 1918

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age	Height	Chest measurement	Complexion	Eyes	Hair	Trade	Intended place of residence	Descriptive marks.
<u>21</u> years <u>11</u> months	<u>5</u> feet <u>3</u> inches	girth when fully expanded _____ ins. range of expansion _____ ins.	<u>fair</u>	<u>blue</u>	<u>dark brown</u>	<u>Fisherman</u>	<u>St. John's, Nfld.</u>	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)								

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2. The above-named man is discharged in consequence of being no longer physically fit for war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B, 2667* and that Army Form D, 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2688 has been issued to*

To be filled in on the soldier quitting the Colours.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Bn/tn. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's _____ (Signature of Soldier.) F. Costello

(Date) 18/12/18. _____ (Signature of Witness.) Holland

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No reservations

C. Costello
J. Holland

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 4561 Rank Pte. Name Costello E. Unit Royal Nfld. who was Transferred to Newfoundland on 16/10/18 Authority M.O. Cause Repatriation

STATEMENT OF ACCOUNT

DR.

PARTICULARS	£			s			d			PARTICULARS	£			s			d			CR.
	£	s	d	£	s	d	£	s	d		£	s	d	£	s	d				
Balance Dr. from										Balance Cr. from										
Allotment 28 days @ 60	1	6	80	1	3	9	1			Pay 28 days @ \$1.00				1	2	80				
Cash Payments:										Field Allow 28 days @ \$1.00				1	3	80				
28/9/18 12/-																				
7/10/18 12/-								1	4	0	Other Allowances days @ \$									
Other Debits:										Other Credits:										
Laundry etc																				
Total Debits					1	4	16	0		Total Credits									1	
Balance due by Paymaster					1	1	10	7		Balance due to Paymaster										
					1	6	6	7												

PERIOD: From 27/9/18 to 20/10/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

E. Costello
Private Royal Canadian Mounted Police
(Place) 15/10/1918 (Date)

J. O. M. Emerson
O.C. "C" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 456 Rank Pte Name Castells E. Unit Royal Newfoundland Rifles Cause Transferred to Newfoundland on 16/10/18 Authority MO

STATEMENT OF ACCOUNT

DR.

PERIOD:	PARTICULARS					PARTICULARS					
	\$	£	s	d		\$	£	s	d		
From 26.9.18 To 25.10.18.	Balance Dr. from					Balance Cr. from					
	Allotment 28 days @ 60 ^t	16	80	3	9	1	Pay 28 days @ \$ 100			128 ⁰⁰	
	Cash Payments:					Field Allow 28 days @ \$10				128 ⁰⁰	
	28/9/18 Cash 12/.									130 ⁰⁰	
	4/10/18 " 12/.				1	4	0	Other Allowances - days @ \$ -			
	Other Debits:										
	Laundry Exp 3/11					2	11	Other Credits:			
	Total Debits				4	16	0	Total Credits			16
	Balance due by Paymaster				1	10	7	Balance due to Paymaster			
				16	6	7				16	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

C Company
Harsley Camp Windward 191
(Place) (Date) 15/10/18

W. M. Emerson Capt.
O.C. "C" Company.

Made up/checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
28. OCT 1918 191

W. M. Emerson
Chief Paymaster & Officer i/c Records.

Handwritten initials

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 4561 Rank Private Name Edward Costello

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60 ⁰⁰ ₁₀₀

Date Dec 18/18

St. John's

E Costello

Signature of Soldier

Holland
Signature of Witness

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:

I hope to return to my work as a fisherman.

Edmund Costello

Signature of Man.

G. W. Mackall.

Reg. No. *H 561*

Signature of the Vocational Officer or his Representative.

Place

N. Y. C.

Date

Nov. 18

191

8

Medical Report on an Invalid.

Station Hazeley Down Camp,Date 5/10/18

- | | |
|---|---|
| <p>1. Unit Royal Wfld.</p> <p>2. Regimental No. 4561</p> <p>3. Rank Private</p> <p>4. Name OCSTELLE, EDWARD</p> <p>5. Age last birthday 21</p> <p>6. Enlisted { on April 22nd., 1918
at St. John's</p> | <p>7. Former Trade } Fisherman
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|---|---|

8. Disability in respect of which invaliding is Proposed.

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

E P I L E P S Y

Statement of Case.

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

9. Date of origin of disability.
10. Place of origin of disability. **HazeleyDown Camp, Winchester**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that he takes fits every few days**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). **Not attributable to military service conditions**
- (b) constitutional or hereditary, and not aggravated by service during the present war. **Constitutional**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

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.

I certify that I have seen this man in a typical epileptic seizure 20/9/18

(Sgd) J. StP. Knight, Capt. R. A. M. C.

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

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

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

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

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

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

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

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

20. Do you recommend—

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

Discharge as Permanently Unfit for military service

(Sgd) J StP Knight, Capt. R. A. M. C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

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

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

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

No

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

No

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

23. Is the disability permanent?

Yes

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

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

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

Nil

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

27. Do the Board recommend—

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

Yes

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

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

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

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

Signatures:—

N. S. FRASER

President.

Station St. John's

J. S. TAIT

Members.

Date Nov. 15th '18.

L. PATERSON, Major

Approved.

Station _____

(Sig) GLUNY MACPHERSON, Major
Administrative Medical Officer.

Date _____





Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. & 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 *Costello, Edward.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4561*
 Intended address *Harbour Main, Conception Bay.*
 Height on discharge *5* Feet *3"*
 Color of hair on discharge *Dark Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father
 Christian name of Mother *Sarah*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Harbour Main Dec. 25, 1897*
 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) *Edward X Costello*
mark.

(Rank) *PTC*

Station *St. John's Nfld.* Date *Nov. 13/18.*

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.

Robert Capps
 Medical Officer i/c Hospital,
 Unit, or Command Depot.

Station *St. John's Nfld.* Date *Nov. 13/18.*

COPY.

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

MEDICAL HISTORY of

Surname Costello Christian Name Edward

TABLE I. GENERAL TABLE.

Birthplace ... Parish St John County Gld

Examined ... { on 22 day of Apr. 1918
at St John

Declared Age ... 21 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 1 1/2 inches.

Weight ... 128 lbs.

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

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number 3 yrs ago 3 Years

When Vaccinated ...

Vision ... R.E. - V = 4/6
L.E. - V = 4/6

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

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

Approved by (Signature) Wd. Lamont Peterson
(Rank) Major Medical Officer.

Enlisted ... at St John
on 22 day of Apr 1918

Table with 2 columns: Corps, Regt. No. Row 1: ROYAL NEWFOUNDLAND REGIMENT, 4561

Became non-effective by ... on ... day of ... 1918

(Signature) _____
(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
Magdalen Camp Hoell Winchester Col. 4	23	7	18	13	8	18	Phimosis	22	

List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

*Very small opening circumcision Lealed 1st
Intention Fit to rejoin unit*

*Appt Bernard A Meade
Samp Capt - CA MC*

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

Date	Brief details, and signature
23-4-18	Vacc LP
10-5-18	} TAB LP
17-5-18	} HP
25-5-18	} LP
5-10-18	<p>Boarded Hazelby Down Camp, marked E Category Epilepsy Anthy May M. C. etc.</p> <p>(Sgd) J. S. Knight Capt R. A. M. C.</p>

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

FORM K

No 4178



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edward Costello, Regl. No. 4561
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz. :

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3945	mother	Mrs Peter (Sarah) Costello	Her main C. B.	
			Total Allotment, \$	60 ⁰⁰

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]
 Officer Commanding
a Company
St Johns
May 17 1918

(Sig.) Edward Costello
 (Rank) Pte

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60⁰⁰

Dec 2nd 1918

Received from the First Newfoundland Regiment
the sum of Sixty ⁰⁰/₁₀₀ Dollars.
~~on account~~ of Pay. E Costello

CA. No.	6226	Initials	KW
Pay Ledger	399	Initials	WR
Gen. Ledger		Initials	

Regtl. No. Rank

[Signature]

No. 4561

Rank P.

Name Costello, E

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 9.³⁰

Nov 30⁰ 1918

Received from the First Newfoundland Regiment
the sum of Nine³⁰/₁₀₀ Dollars.
~~on account~~ of Pay. E Costello

Ch. No.	6227	Initials	KW
Pay Ledger	399	Initials	WN
Gen. Ledger		Initials	

Regtl. No.

Rank

Harbour Main C.B.

50

No. 4561

Rank Pl

Name Costello, E

C.R. 4561

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.

Date... *Dec 6th 1919*

Place... *Harbour Main*

Name... *Edward Costello*

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

OCT 15 1921

1921.

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

is/are forwarded herewith to

Edward Costello

in respect of his service as No. 4561 Rank PtO.

Name E. Costello

Royal Nfld. Regt.
~~1st Battalion~~

Receipt of the same should be acknowledged hereon.

Received

medal

Signature

Edward Costello

Date

November 19

Address

Hr main

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

1

Signature of O. C. Company

G. J. Barrett

Regimental Number and Name		Enlistment		Trade
No.	<i>4561 Costella. 18.</i>	Age on	<i>21</i> years <i>0</i> months	<i>Fisherman</i>
Joined	Date	Place and Date of Enlistment	<i>St. John's 22.4.18</i>	Religion
Joined	Date	Period of } with Colours <i>22</i> days with Reserve <i>0</i> years.	<i>R. C.</i>	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

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
-------	-----------------	------	----------------------	---------	--------------------	--------------------	---	-----------------	---------

Medically unfit *St. John's* *29* ^{*11*}/_{*18*}



To be carried over

Army Form B. 121.

Reg. No. 4661 Rank Pvt Name Costello E

Attested Address.....

Allotment..... Allottee

Date of Allotment..... Returned from Overseas 8-11-18

Embarked for Overseas Cause Discharge

12-11-18 See his - Per Kapit

DISCHARGED—MEDICALLY UNFIT

29-11-18 Adj 718

54561

St John's, NFIA.

Dec. End, 1918

Officer Commanding,
Headquarters

Sir-

The undermentioned men have been discharged
on the dates given. Kindly note and post in Daily
Orders Part II.

I have etc.

(sgnd) J.M. HOWLEY

Capt etc.

2358	Pte. Rockwood, J.	Oct. 4th, 1918	Med. unfit
55	Sgt. Andrews, Ralph	Nov. 26th, 1918	do.
2720	Pte. Boone, Thomas	26th	do.
2284	L/C. King, John	do.	do.
2789	Pte. Chaffey, Chas.	do.	do.
2838	" Baber, Malcolm	do.	do.
2540	" Atwood, Kenneth	do.	do.
2854	" Kelly, Ernest	do.	do.
1244	Sgt. Kelly, Peter	do.	do.
2216	Pte. Lynch, Theo.	29th	do.
4968	L/C. Thornhill, Chas.	do.	do.
4561	Pte. Costello, Edward	do.	do.

November 16th, 1918

From Assistant Adjutant
Depot.

To Paymaster & Officer i/c Records.
Militia Dept.

4958, L/Crpl. C.G. Thornhill
3218, Pte. T. Lynch
4561, Pte. E. Costello.

The marginally
noted men were re-
commended for discharge as
permanently unfit by Med-
ical Board, held on Friday
November 15th. I am send-
ing them herewith for your
attention and necessary
action, please.

WFC