

SHORT SERVICE (For the Duration of the War.)



ATTESTATION OF

No. 3072 Name Richard Costello Corps 2nd Bn Royal Newfoundland Regt

Questions to be put to the Recruit before Enlistment.

- 1. What is your Name? ... Richard Costello
2. In the Parish or Town were you born? ... Caplin Bay, Newfoundland
3. What is your full Address? ... Caplin Bay, Newfoundland
4. Are you a British Subject? ... Yes
5. What is your Age? ... 18 Years 2 Months
6. What is your Trade or Calling? ... Sailor
7. Are you Married? ... No
8. Have you ever served in any branch of His Majesty's Forces, naval or military? ... No
9. Have you truly stated the whole, if any, of your previous service? ... Yes
10. Are you willing to be vaccinated or re-vaccinated? ... Yes
11. Are you willing to be enlisted for General Service? ... Yes
12. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ... Voluntary (Name Richard O'Toole, Corps 2nd Bn Royal Newfoundland Regt)
13. Are you willing to serve upon the following conditions, provided His Majesty should so long require your services? ... Yes

I, Richard Costello do hereby 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.

Richard Costello SIGNATURE OF RECRUIT. R. Grimes, Sgt. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Richard Costello swear by Almighty God 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, and will observe and obey all orders of His Majesty, His Heirs, and Successors, and of the Generals and Officers set over me. So help me God.

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

Hayley Down Camp on this 13th day of August 1918. Winchester Signature of the Justice W. J. August 2/18

† 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 2nd Bn Newfoundland Regt

If enlisted by special authority, Army Form B. 203, M.N.S. Form 203 (or other authority for the enlistment) will be attached to the original attestation.

Date August 13th 1918. A. J. Barton Lt. Colonel, Approving Officer. COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Place Hayley Down Camp Winchester Here insert the "Corps" for which the Recruit has been enlisted.

* If so, the Recruit is to be asked the particulars of his former services, 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 Richard Costello
 Apparent age 18 years 2 months. Height 5 feet 10 inches.
 Chest Measurement { Girth when fully expanded 38 inches.
 Range of expansion 3 inches.
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next-of-kin Mr Richard Costello
Caplin Bay Newfoundland 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) Signature of Officer verifying entry from Certificate.

| (a) | (b) | (c) | (d) |
|-----|-----|-----|----------------------------|
| | | | Verified from certificate. |

Particulars as to Children.

| Christian Names. | Date and Place of Birth. | (d) |
|------------------|--------------------------|----------------------------|
| | | Verified from certificate. |

MILITARY HISTORY SHEET.

| | | |
|---|---|---------|
| 1. Passed classes of Instruction † | <u>Enlisted at Winchester 23-8-18</u> | |
| †This includes any authorised class of instruction, e.g., in swimming, chiropody, &c. | <u>To Newfoundland for demobilization 24-6-19</u> | |
| 2. Campaigns ... (including Actions) | <u>Arrived Newfoundland 1-7-1919</u> | |
| 3. Wounded ... | | |
| 4. Special instances of gallant conduct and mentions in public despatches. | <u>Demobilization at John's 3-8-1919</u> | |
| | <u>346 days</u> | |
| 5. Medals, decorations and annuities. | Name of Medal. | Clasps. |
| | | |
| 6. Injuries in or by the service ... | | |

DESCRIPTIVE REPORT ON ENLISTMENT.

Applicable to all ranks.
(To correspond with Entries on the Medical History Sheet.)

Name Richard Costello
 Apparent age 18 years 2 months. Height 5 feet 10 inches.
 Chest Measurement { Girth when fully expanded 38 inches.
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Caplin Bay, Newfoundland 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) Signature of Officer verifying entry from Certificate.

| (a) | (b) | (c) | (d) Verified from certificate. |
|-----|-----|-----|-----------------------------------|
| | | | |

Particulars as to Children.

| Christian Names. | Date and Place of Birth. | (d) Verified from certificate. |
|------------------|--------------------------|-----------------------------------|
| | | |

MILITARY HISTORY SHEET.

| | | |
|--|---|---------|
| 1. Passed classes of Instruction † | <u>Enlisted at Winchester 23-8-18</u> | |
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| | <u>346 days</u> | |
| | Name of Medal. | Clasps. |
| 5. Medals, decorations and annuities. | | |
| 6. Injuries in or by the service ... | | |

DUPLICATE

(141877) Wt. WOODS 7711. 230.000. 215. P. & F. Ld. 257.

Form B. 2505



SHORT SERVICE (For the Duration of the War.)

ATTESTATION OF

No. 3072 Name Richard Costello Corps 3rd Bn Royal Newfoundland Regt

Questions to be put to the Recruit before Enlistment.

- 1. What is your Name? ... Richard Costello
2. In or near what Parish or Town were you born? ... Caplin Bay, Newfoundland
3. What is your full Address? ... Caplin Bay, Newfoundland
4. Are you a British Subject? ... Yes
5. What is your Age? ... 18 Years 2 Months
6. What is your Trade or Calling? ... Sailor
7. Are you Married? ... No
8. Have you ever served in any branch of His Majesty's Forces, naval or military? ... No
9. Have you truly stated the whole, if any, of your previous service? ... Yes
10. Are you willing to be vaccinated or re-vaccinated? ... Yes
11. Are you willing to be enlisted for General Service? ... Yes
12. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ... Voluntary (Name Richard Costello, Corps 3rd Bn Royal Newfoundland Regt)
13. Are you willing to serve upon the following conditions, provided His Majesty should so long require your services? ... Yes

I, Richard Costello do hereby 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: Richard Costello, Signature of Witness: J. Grimes, Sgt.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION:

I, Richard Costello swear by Almighty God 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, and will observe and obey all orders of His Majesty, His Heirs, and Successors, and of the Generals and Officers set over me. So help me God.

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 Hazelton Camp on this 23rd day of August 1918. Signature of the Justice: W. August J.P.

† 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 Newfoundland Regt. If enlisted by special authority, Army Form B. 203, M.N.S. Form 203 (or other authority for the enlistment) will be attached to the original attestation. Date August 23rd 1918. Place Hazelton Camp. Signature of Approving Officer: J. Barton, Lieut. Colonel, Commanding 2nd Bn. Royal Newfoundland Regt.

* 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.

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(To correspond with Entries on the Medical History Sheet.)

Name Richard Costello

Apparent age 18 years 2 months. Height 5 feet 10 inches.

Chest Measurement { Girth when fully expanded 38 inches.
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(c) Present address. (d) Signature of Officer verifying entry from Certificate.

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|-----|-----|-----|-----------------------------------|
| (a) | (b) | (c) | (d) Verified from certificate. |
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| Christian Names. | Date and Place of Birth. | (d) Verified from certificate. |
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| | | |

MILITARY HISTORY SHEET.

| 1. Passed classes of Instruction † † This includes any authorised class of instruction, e.g., in swimming, chiropody, &c. | | | | | | | | | |
|--|---|----------------|---------|--|--|--|--|--|--|
| 2. Campaigns ... (including Actions) ... | | | | | | | | | |
| 3. Wounded ... | | | | | | | | | |
| 4. Special instances of gallant conduct and mentions in public despatches. | | | | | | | | | |
| 5. Medals, decorations and annuities. | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name of Medal.</th> <th style="width: 50%;">Clasps.</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table> | Name of Medal. | Clasps. | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 6. Injuries in or by the service ... | | | | | | | | | |



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 *Costello, Richard*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3072*

Intended address *Captain Bay St. John's*

Height on discharge *5 Feet 10*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Tall*

Figure on discharge *Tall*

Christian name of Father *Richard*

Christian name of Mother *Maggie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Captain Bay 24-6-1900*

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) *Richard Costello* *St*
(Rank)

Station *ST. JOHN'S* Date *18-7-19*

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

C.R. 3072

Extract from Daily Orders Battalion Unit The Royal Field.

Regt. St. John's; July 3rd, 1919.

Reported at Headquarters 1-17-19 on "Cassandra" which sailed Glasgow June 24th, 1919.

3072 Pte. R. Costello.

Reported at Headquarters 1-17-19 on "Cassandra" which sailed Glasgow June 24th, 1919.

Extract from Daily Orders Battalion Unit The Royal Field.

Regt. St. John's; July 3rd, 1919.

C.R. 3072.

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c records from noted date
3-8-19.

3072, Pte. R. Costello.

C.R. 3072

Extract from Daily Orders part II, Unit the Royal Newfoundland
regiment dated July 21st. 1919.

The discharge of the undersigned on demobilization has been
approved by C. C. Discharge Depot on noted date.

#3072 Pte. R. Costello.

20-7-19.

C.R. 3072

Extract from Daily Order By. Lt. Col. B.J. Barton, D.S.O.
Commanding 2nd Bn. Royal Nfld. Regt. 26-8-18.

Regimental No's have been allotted as under.

3072 Pte. R. Costello.

C.R. 3072

Extract from Orders By Lt. Col. B.J. Barton, D.S.O. Commanding
2nd Bn. Royal Nfld. Regt. 23-8-19,

Pte. A. Costello.

Having entisted and attested is taken on the strength and
posted to "E" Company.

C.R.

3072

Richard Costello was attested for General service
with the NEWFOUNDLAND REGIMENT on ~~August 23rd~~ 1918
Regimental No 3072 was allotted to Pte. R. Costello

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

R. Costello

3072

P. + R. 9

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 Welsh Regt* 7. Former Trade or Occupation } *Sailor*
2. Regtl. No. *3072* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Costello Richard* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *19*.....
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 ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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.
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. } | } <i>Not to be cared</i> | |

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.)

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. Proctor, Capt RSMC
 Medical Officer in charge of case.

Station *Hazelton*

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

Costello, R.

3072

Ray Depth
~

August 3rd 1919.

#3072 Pte. K. Costello,
Caplin Bay. Ferryland.

Dear Sir:

Enclosed please find Discharge Certificate
3444

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 30720 Rank Plt Name Costello R
 Intended place of residence Cape Breton

2. Occupation Sailor
 Classification of soldier F Medical Category A

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 18 1919

[Signature]
 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 18 1919

[Signature]
 Signature of soldier

[Signature]
 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 18 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-8-18 No. of days on Military
 Discharged from service JUL 20 1919 Plus 14 days Service 346

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 20 1919

[Signature]
 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 3/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

Class for Demobilization:—

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No. *3072*

Name

Costello Richard

Address

Caplin Bay Ferryland

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

L. R. Cooper Capt.

O.C. Discharge Depot.

Members of Board

J. Paterson

Senior Medical Officer

D. W. Berden

~~M.O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3072 Rank. Pvt. Name Castello R
 Date of Enlistment 23-8-18 Address Capline Bay District St. John's
 Occupation Painter Classification for Discharge E1 Medical Category A1
 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 |
| 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 18-7-19 O. C. Discharge Depot. Miss H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

R. Castello

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £60.00
- (b) ~~Clothing~~ Supplied

Ameliora

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2471A to his home at Saphin Bay and Release Certificate No. 3715 issued.

Date 18-7-19 [Signature]
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 3-8714

Date 18-7-19 [Signature]
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | |
|-----------|--------|--------|---------------|--------|----------|
| N.F. P/36 | B 268 | B 121 | N.F. Med | D.F. 1 | 1 |
| B 178 | W 3494 | B 122 | Board 1st | " 2 | 1 |
| B 178a | D 400A | B 1915 | 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 | <u>2505</u> 1 | " 6 | |
| B 179c | B 120 | M 93 | <u>1238</u> 1 | | |

Date 18-7-19 [Signature]
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 20 1919 L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

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:

R. Hostelle

Signature of Man.

M. Blonsky

Reg. No. 3072

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **18 7 19.**

191

SYPHILIS CASE-SHEET.

Regtl. No. *3042* Rank and Name *Pvt. A. Costello.* Corps *2/1. Newfoundland.*
 Placed on Syphilis Register at *Hilsca* on *3.9.18.* No. in Register *2175.*
 Disease contracted at *Oporto.* Primary sore appeared on (date)

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Indurated recent scar dorsum of*
anus.
 Lymphatic glands *Double in axilla, left epitroch., ant. axil.*
Cervical adenitis.
 Skin (nature and distribution of rash) *Indurated papules on flans*
around meatus. Multiple condylomata
 Mucous membranes *ani & moist papules scrotum.*

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *Not taken.*
 Examination of blood serum—(Method employed (original or modification) *original*
 Wassermann reaction (Result (positive or negative) *Positive.*

Station *Hilsca.* Date *4/10/18* Signature of M.O. *J. J. Smith*
Capt. R. A. C.

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register (a) Recovered
 (b) Transferred to Army Reserve
 (c) Discharged from Army

Station _____ Date _____ Signature of M.O. _____

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

| Station | Date | Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.) | Weight clothed, without boots—lb. | Urine | | Treatment | | | | Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initials) | |
|---------------|------------------|--|-----------------------------------|------------------------------|---------------------|-----------|-----------|---------------|--|---|--|
| | | | | Normal (N) Albumen (Alb.) | Wassermann Reaction | Arsenical | Mercurial | Other Methods | | | |
| | | | | | | | | | Method (Original (O) Modification (M)) | | Intravenous Injection. Dose in grammes |
| | | | | | | | | | | | |
| <i>Hiloca</i> | <i>2.9.18.</i> | <i>Admitted to Hospital</i> | | | | | | | | | |
| | <i>4.9.18.</i> | <i>WASSERMANN ++</i> | | | | | | | | | |
| | <i>6.9.18.</i> | | | | | | | <i>.45</i> | | | |
| | <i>6.9.18.</i> | | <i>AB.</i> | | | | | | <i>-</i> | | |
| | <i>13.9.18.</i> | | <i>AB.</i> | | | | | <i>.45</i> | | | |
| | <i>13.9.18.</i> | | <i>AB.</i> | | | | | | <i>-</i> | | |
| | <i>20.9.18.</i> | | <i>AB.</i> | | | | | <i>.45</i> | | | |
| | <i>20.9.18.</i> | | <i>AB.</i> | | | | | | <i>-</i> | | |
| | <i>23.9.18.</i> | <i>WASSERMANN ++</i> | | | | | | | | | |
| | <i>27.9.18.</i> | | <i>AB.</i> | | | | | | <i>-</i> | | |
| | <i>4.10.18.</i> | | | <i>N</i> | | | | <i>.6</i> | | | |
| | <i>4.10.18.</i> | | <i>AB.</i> | | | | | | <i>-</i> | | |
| | <i>15.10.18.</i> | | | <i>N</i> | | | | <i>.6</i> | | | |
| | <i>15.10.18.</i> | | <i>AB.</i> | | | | | | <i>-</i> | | |
| | <i>25.10.18.</i> | | | <i>N</i> | | | | <i>.6</i> | | | |
| | <i>26.10.18.</i> | | <i>AB.</i> | | | | | | <i>-</i> | | |
| | <i>1.11.18.</i> | | | <i>N</i> | | | | <i>.75</i> | | | |
| | <i>1.11.18.</i> | | <i>AB.</i> | | | | | | <i>-</i> | | |
| | <i>5.11.18.</i> | <i>WASSERMANN TEST RESULT ±</i> | | | | | | | | | |
| | <i>19.11.18.</i> | | | <i>N</i> | | | | <i>.45</i> | | | |
| | <i>19.11.18.</i> | | <i>AB.</i> | | | | | | <i>+</i> | | |
| | <i>26.11.18.</i> | | | <i>N</i> | | | | <i>.6</i> | | | |
| | <i>26.11.18.</i> | | <i>AB.</i> | | | | | | <i>-</i> | | |
| | | <i>WASSERMANN TEST RESULT NEG.</i> | | | | | | | | | |

*J. J. Smith
Capt R.A.M.C.*

*Revised
by M. J. Smith*

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. <i>Royal N. F. Lk.</i> | 7. Former Trade or Occupation } <i>Sailor</i> |
| 2. Regtl. No. <i>307</i> | 7a. If the soldier claims previous service in Army, he should state— |
| 3. Rank <i>Pte.</i> | (a) Former Regts. or Corps; with Regtl. Nos. |
| 4. Name <i>Beshille Rudd</i> | |
| (Surname) (Christian Names) | |
| 5. Age last birthday. <i>19</i> | |
| 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 | (b) Date of Discharge ; |
| (c) on duty (d) off duty ? | (c) Cause of Discharge. |
| 9. If a Court of Inquiry was held on an injury state :— | |
| (a) When | (d) Particulars of Pension or Gratuity (if any) |
| (b) Where | |
| (c) Opinion of Court | |

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. } | V.D.S. card | |
- 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.)

no complaints of no disabilities

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.

Repatration

W.E. Proemier. Capt MC
 Medical Officer in charge of case.

Station *Hampstead*

Date *17.4.19*

* 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

August 9th 1919.

Mr. R. Costello,
Caplin Bay, Ferryland.

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,

Capt. & Paymaster.

RS/.

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 26th. 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 *Richard* 2. Surname *Costello*

3. Rank, *Plt* 4. Regtl. No. *3072*

5. Address in full to which future payments of gratuity are to be forwarded. *Cape Breton*

Ferryland District
6. Date of enlistment in the Regiment. *Aug 15/18*

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 Aug. 15/18 to July 18/19*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Regt.? *No* If not give? - (a) date of discharge *July 18/19* (b) Reason for discharge *Re-employment*

Re-employment *Re-employment*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To PT R Castello

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

3072 PT R Castello 16 60

| | |
|-------------|-------------|
| ACCOUNT | <u>RTD</u> |
| CIL-NO | <u>3346</u> |
| IND. LEDGER | INITIALS |
| PAY LEDGER | INITIALS |
| GEN. LEDGER | INITIALS |

Certified correct for \$ 16.60

[Signature]

Billeting Officer.

R Castello

[Signature]

Reg. No. *3077* Rank *Cpl* Name *Loskello, J.*

Attested Address *Caplin Bay*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

16 MAR
20 MAR

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

53072

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3072 Rank Pvt. Name Castello R

Date of Enlistment 23-8-18 Address Captain Bay District Newfoundland

Occupation Sailor Classification for Discharge 1 Medical Category A1

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 |
| B 179 | D 400B | Form L | do 3rd | " 4 |
| B 179a | D 400C | Form K | do 4th | " 5 |
| B 179b | B 103 | ME 2 | <u>2505</u> / | " 6 |
| B 179c | B 120 | M 93 | <u>1238</u> / | |

Date 18-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

R. Castello

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2471A to his home at Caylin Bay and Release Certificate No. 3713 issued.

Date 18-7-19 Ambleton
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 3-8-19

Date 18-7-19 Ambleton
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | |
|----------|--------|--------|-------------|--------|-----------------|
| N.F. P36 | B 268 | B 121 | N.F. Med | D.F. 1 | 1 |
| B 178 | W 3494 | B 122 | Board 1st | " 2 | 1 |
| B 178a | D 400A | B 1915 | do 2nd | " 3 | 2 <u>Form B</u> |
| B 179 | D 400B | Form L | do 3rd | " 4 | |
| B 179a | D 400C | Form K | do 4th | " 5 | |
| B 179b | B 103 | ME 2 | <u>2502</u> | " 6 | |
| B 179c | B 120 | M 93 | <u>1238</u> | | |

Date 18-7-19 Ambleton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 L. R. COOPER, CAPT.
C. Discharge Depot.

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

Date Aug 1 1919

MAR 13 1939

Renews
March 9th 1939

P.W.V.A. Office
St Johns

Dear Sirs

On my return to Newfoundland after the world war in July of 1919. I did not get my war medals as I did not look for them at that time

I would now like to have them for I will need them when "Their Majesties" visit here during the coming summer I spent twelve months in the Mercantile Marine before enlisting, but I do not know if I am entitled to a medal for this.

I joined the Rifled Regiment in England my Regimental No was 3572.

I am also a member of the P.W.V.A. and was told that I could get my medals anytime by calling at the P.W.V.A. Office, but owing to being stationed at Renews at the present time I am unable to do so. Please let me know when I will get them



Yours truly
Richard Costello

(Constable)



The Great War Veterans' Association of Newfoundland
 INCORPORATED
 DOMINION COMMAND



TELEPHONE 609
 CABLE "WARVETS"
 IN REPLY REFER
 TO ME

ADDRESS
 DOMINION SECRETARY
 G. W. V. A.
 ST. JOHN'S, NFLD.

March 15th., 1939.

J.A. McGrath, Esq., M.C.,
 C/O Department of War Pensions,
 Duckworth Street,
 City.

Dear Sir:-

Enclosed please find a letter from Constable Richard Costello, Renewa, stating that he did not receive his War Medals, and have been directed to forward this communication on to you for your attention.

Yours faithfully,

W. Ellis
 for W.R. MARTIN,
 DOMINION SECRETARY.

Enc. 1.

April 20th., 1939

Mr. Richard Costello,
Renews.

Dear Sir,

Your letter of March 9th. addressed
to the G. W. V. A. has been passed to this Department
for attention.

It is regretted that we have no medals
belonging to you at this office.

Yours very truly,

J. A. McGrath,
Clerk, War Pensions.

JAM/SN