



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5400 Name Mr. Coveyduce Corps Math.

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Mr. Coveyduce  
Salmon Co. 1. Reg. Dist.
2. What is your full Address? ..... 2. ....
3. Are you a British Subject? ..... 3. Yes.
4. What is your age? ..... 4. 21 Years 1 Months
5. What is your Trade or Calling? ..... 5. Sherman
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. ....
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps ..... Yes.
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, Mr. Coveyduce, 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.

William Coveyduce SIGNATURE OF RECRUIT.

Samuel Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Mr. Coveyduce, 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 answered 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 1st day of May, 1915.

Signature of Attesting Officer C. B. Dicks Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date ..... 1915

Place .....

} Approving Officer.

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

\* If so, 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

5400

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

Name William Conway  
 Apparent age 21 years 7 months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Conway  
Palmyra Cove, Lab. | Relationship Father  
Port de Grand Port  
 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 Lepot	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>24-5-18</u>									
Joined at <u>St. John's</u> on <u>May 24-1918</u>									
<u>Engaged for 12 months</u>									
<u>Embarked for St. John's 20/5/18. Re-embarked Home 1/5-18.</u>									
<u>Joined 1st Bn. 5-1-19. Number 11 Coy. Hoops, Rain 2-2-18.</u>									
<u>Spent 2 days to leave Home 24-2-18. Arrived unit 14-1-19.</u>									
<u>Transferred from number 22 to Reserve Coy. 15-4-19.</u>									
<u>Left for demobilization 22-5-19. Arrived Home 1-6-19.</u>									
<u>Demobilization St. John's</u>									
<u>9-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-7-1919</u> (date of discharge)									
Pensions " " " " " " " "									

C.R. 5400

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, Depot St. John's, dated 12-7-19.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from noted  
date<sup>9</sup>~~22~~-7-19.

5400, Pte. W. Coveyduck.

C.R.

5400

**Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.  
St. John's, June 28th, 1919.**

**The discharge of the undernoted on demobilisation has been APPROVED  
by O.C. Discharge Depot with effect from 25-6-19.**

5400 Pte. W. Coveyduck.

C.R. 5200

Extract from Daily Orders Part 11 Depot. St. John's,

Date June 18th 1919.

5400, Pt. W. Coveyduck.

Reported at Headquarters 1/6/19.  
which sailed Liverpool. May 22/1919.

RE "Corsican"

C.R. 5400

Extract from Nominal Roll of draft No. 56, from the  
2nd., Battalion of the Regiment to the 1st., Battalion  
B. E. F. Embarked Southampton 18/11/16.

#5400 Pte. W. Coveyduck.

C.R. 5400

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Roux Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5400 Pte. W. Coveyduck.

C.R. 0075

SICK AND WOUNDED M.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - BRANCH

A R T I L L E R Y - ROYAL GARRISON

No. H. A. 32658

ADM. 11 STY. H. ROUEN 3 DEC'18.

66820	Gnr	Ashfield F.	.....	RGA 152 H.B.	.....	Influenza Sev.
163761	"	Garke F.	.....	" 449 S.B.	.....	do.
78657	"	Davis C.	.....	1/1 London Hy. Bty. RGA.	.....	GSW Knee R. (Ampt). Sev.
127857	"	Errington W.	.....	RGA 128 H.B.	.....	Influenza Sev.

DIS TO REINF CAMP ROUEN EX 11 STY. H. 3 DEC'18.

28686 Sgt Hager G. .... RGA 4 Army Sch. .... Bolls.

ADM. 12 STY. H. ST. POL. 2 DEC'18.

197917	Gnr	Brannigan V.B.	.....	RGA 521 H'hnd SB.	.....	Influenza Mild.
314710	"	Powell R.	.....	" 521 do.	.....	do.
99492	Bdr	Wilkinson A.	.....	" 1/1 W.Rid.R.	.....	do.
M/381141	Pte	Duncan P.	.....	ASC att 1/1 W.Rid. RGA. 28. ICT R. Hand. Mild. Bds.	.....	
31537	Gnr	Porter G.W.	.....	RGA 1/1 W.Rid. HB.	.....	Diarrhoea Mild.
312030	Dvr	Potter R.G.H.	.....	" 1/1 do.	.....	Cellulitis L. Hand.

ADM. 3 CON DEP H. LE TREPORT 3 DEC'18.

99826	Gnr	Robinson R.C.	.....	RGA 153 SB.	.....	Influenza.
166011	Sig	Evanson A.W.	.....	" 111 HB.	.....	Dysentery.
196804	"	Smith W.S.	.....	" 499 SB.	.....	Influenza.

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H. A. 32658

ADM. 11 STY. H. ROUEN 3 DEC'18.

5400 Pte Coleyduce W. .... 1 Newfld. .... Influenza Sev.



*222*

*X*



C.R. 5400

Extract from Casualties.....List No. 33605.

5400 Pte. W. Coveyduck.

Influenza Dis. to Reinfmts Rouen ex 11 Sty.H. 28th Dec.18

C.R. 5400

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

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

#5400 Pte. William Coveydtok.

C.R. 5400

Extract from Daily Orders art 11, from Unit The Royal Nfld.  
Regt. St. John's, dated May 27th, 1918.

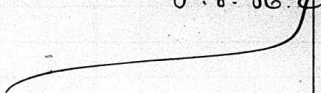
#5400 Pts. W. Coveyduck.

Attested for General Service with the Royal Nfld. Regt.  
from 24.5.18.

W. Covey duck

5480

P. T. B. P



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 Newfoundland* 7. Former Trade or Occupation } *Fischerman*
2. Regt. No. *5400* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lowydon* (Surname) *W.* (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday. *21*
6. Posted for duty on *1/6/18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., a specialist's report is to be attached with radiographs when 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 complaint of no disability*

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
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? *na.*
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? *na.*

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.

*Repatriation*  
*W. E. Proctor* *Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hazley Down*

Date *20/4/19*

\* 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





# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, William Covey duck, Regt. No 55407  
 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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 15. 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4533	Mother	Mrs James (Embry) Covey duck	South Row Salmon Cove B. B.	60
Total Allotment, \$				60

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.) Watson Rust

Officer Commanding  
B Company

M Johns

June 26 1918

(Sig.) William Covey duck

(Rank) Pl.



No. *5400* Name *Coleyduck, W.* Sqn., Batty., or Company } *D.* Corps *P. Newfoundland* Date of enlistment } *24/5/18* G.C. Badges } Service or Proficiency Pay } *Good*  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } *[Signature]* Character

Army Form B. 122.

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

No. 54100 Name *W. Conyduce* Sqn., Batty., or Company } *B* Corps *1<sup>st</sup> Royal Field Regt.* Date of enlistment }  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } *W. Conyduce* G.C. Badges } Service or Proficiency Pay } Character (*Temporary Sheet*) }

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

[r. r. o.]

Army Form B. 122

Covey duck, D<sup>ca</sup>-

5400

Hay sept.

49

July 11, 1919

#5400 Pte. William Coveyduck  
Salmon Cove,  
Clarke's Beach, C.B.

Dear Sir:-

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

Yours truly

Captain,  
Paymaster & C. i/ c Records

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 20th, 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 *William* ..... Surname *Coveyduck* .....

3. Rank *Private* ..... 4. Reg't. No. *5400* .....

5. Address in full to which future payments of gratuity are to be forwarded. *Clarks Beach, Salmon Cove, <sup>Bay</sup> Conception* .....

6. Date of enlistment in the Regiment. *16<sup>th</sup> May 1918* .....

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

8. Relationship of such dependent. *None* .....

9. Address in full of such dependents. *none* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No* .....

11. Were you on active service only in Rfid. If so, the dates and particulars of such service. *France & Germany* .....

12. Give total length of time which you served on active service, whether in Rfid. or Overseas. *14 Months* .....

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. *No*.....

.....  
.....

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? *No*.....

19. Are you now serving in the Regt.? *No*... If not give:- (a) Date of discharge *25<sup>th</sup> June 1919* (b) Reason for discharge *Demitted*.....

.....  
.....

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....

*France & Germany*.....  
.....

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.

Signature of Applicant: *William <sup>his</sup> Coveyduck*  
*mark*  
 Place of Residence: *Clarks Beach Salmon Cove C.P.*  
 Declared before me at: *St Johns*  
 This *26<sup>th</sup>* day of *June* 19.*19...*

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

*Wm James J.P.*

POST DISCHARGE PAY.		War Service Classify.	Net amount due
Date paid	Paid Soldier. Dependents.		
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
Certified correct.		Paymaster	

July 9, 1919

#5400 Pte. William Coveyduck,

Salmon Cove,

Clarke's Beach.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2853.

Yours truly

Captain  
Raymaster & U.i/o Records.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5400 Rank Pte. Name Coveyduck, W.  
 Intended place of residence Soldier Camp By Pld G.  
 2. Occupation Inspector Bank Salmon Cove  
 Classification of soldier F Medical Category F.I.

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 JUN 25 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 JUN 24 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 <sup>use</sup> in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUN 24 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 24-5-18 No. of days on Military  
 Discharged from service. 25-6-18 Plus 14 days Service. 412

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 25 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 July 9/1919

*[Signature]*  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

*[Handwritten]*  
 RA/2079/5853

# The Royal Newfoundland Regiment

Class for Demobilization: *E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *24.6.19*

Regimental No *5750*

Name *Conroy, J. R. O'Keefe*

Rank *Pte*

Address *Clark's Beach*

Present Medical Category *A1*

Recommended for : — { (a) Immediate discharge  
(b) Standard Medical Board

Members of Board {

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

*W. A. ...*  
Senior Medical Officer

*W. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5400 Rank Plt Name Coveyduck W  
 Date of Enlistment 24-2-18 Address St. John's District 199  
 Occupation Guardsman Classification for Discharge F Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
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 24-6-19 O. C. Discharge Depot. W. H. H.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

W. Coveyduck

Particulars passed to Vocational Officer for information and action.

Date 24-6-19

J. A. Snowball

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Call Blouster

Date 25-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *P1962* to his home at *Seldern Camp, Bvt* and Release Certificate No. *3034* issued.

Date *25-6-19* *J.A. Crawford*  
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 *9-11-19*

Date *25-6-19*  
Depot Paymaster.

Discharged approved for *25-6-19*  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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
B179c	B 120	M 93		

*form B*

Date *25-6-19* *J.A. Crawford*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date *JUN 25 1919* *R.H. Jait* MAJOR  
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:

To take up light labouring work.

Signature of Man. *W. Conyduce*

Reg. No. *5400*

*Stanbury Capt*  
Signature of the Vocational Officer of his Representative.

Place *Greenlee Hall*

Date *June 28,* 191*9*

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

# MEDICAL HISTORY

Surname Goveyduce OF 1814-1914 Christian Name John William

Table I.—GENERAL TABLE.

Birthplace:—Parish		<u>Salmon Cove Leb. Port de Grave Dist.</u>		County		<u>Nfld.</u>	
		<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>			
Examined	on	<u>24th</u> day of <u>May</u>	191 <u>8</u>	on	<u>11</u> day of		191
	at	<u>Seygonis.</u>		at			
Declared Age...		<u>21</u> years	days		years		days
Trade or Occupation		<u>Fisherman.</u>					
Height		<u>5</u> feet <u>6 1/4</u> inches			feet		inches
Weight		<u>139</u> lbs.					lbs.
Chest Measurement	Girth when fully expanded...	<u>36</u> inches					inches
	Range of Expansion...	<u>3</u> inches					inches
Physical Development...							
Vaccination Marks	Arm	Right	Left	Right	Left		
	Number	/	/				
When Vaccinated							
Vision	R.E.—V=	<u>6/6</u>	<u>6/6</u>	R.E.—V=			
	L.E.—V=			L.E.—V=			
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)			
(b) Slight defects but not sufficient to cause rejection	(b)			(b)			
Approved by (Signature)		<u>James Patterson</u>					
(Rank)		<u>Major</u>					Medical Officer.
Enlisted	at	<u>Seygonis.</u>		at			
	on	<u>24th</u> day of <u>May</u>	191 <u>8</u>	on			191
Joined on Enlistment...	Corps.	<u>Royal Nfld. Regiment.</u>		Corps			
	Regtl. No.	<u>5400.</u>		Regtl. No.			
Transferred to...							
Became non-effective by	on		day of	191	on	day of	191
(Signature)							
(Rank)							



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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*  
2. Regtl. No. *5400* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Covey, James W.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.  
5. Age last birthday... *21*  
6. Posted for duty on *1. 6. 18* at *St. John's* in category (or grade).....  
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.  
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179a (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 general 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.

*Nil*  
*Nil*  
*Nil*  
*Nil*



14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service .. .. .                      |                     |                   |
| (iii.) Climate in pre-war service .. .. .                  |                     |                   |
| (iv.) Ordinary military service before the war .. .. .     |                     |                   |
| (v.) Serious negligence or misconduct on the man's part. } |                     |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N.e.*

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

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

*the complaint of the 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?

*N.a.*  
*N.a.*  
*N.e.*  
*N.a.*

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.

*Repatriation*

*Sign: J. P. Proctor*  
*Captn*

Station *Hazley Camp*  
 Date *30 4 19*

Medical Officer in charge of case.

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

## Casualty Form - Active Service.

Regiment or Corps R. Newfoundland  
 Rank Pte Surname Coreyduck Christian Name W  
 Religion Metho dist Age on Enlistment 21 years  months  
 Enlisted (a) 24/5/18 Terms of Service (a) Duration Service reckons from (a) 24/5/18  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended (.....) Re-engaged (.....) Qualification (b).....  
 or Corps Trade and Rate W Long Capt  
 Occupation Fisherman Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	28 NOV 1918		
	"S" 9/18	ad 11 Staty Sp. "Influenza"			9/18/18
13.1.19	WO	Dr. to Penick	Renew	28.12.18	StA 23605
2.1.19	06.10.23.19	Joined	Renew	28.12.18	Roll
		Returned unit 14/1/19			B.13 15/1/19
		Arrived in UK			23/1/19

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &amp;c.

(17591.) Wt. W 1887 - P 1124. 1,000,000. 8/18. D &amp; S. Form B/108, (E. 1256.)

[P.T.O.]

Next of Kin: Father: Coreyduck James: Salmon Cove: C. Bay: Port de France Dist: - N of Ld.

THIS TICKET TO BE SHOWN AT THE GANGWAY AND RETAINED BY THE SOLDIER

# The Royal Newfoundland Regiment

## DISEMBARKATION TICKET

Group No. 2  
No. 5400 Rank PTE Name Covey Duck W<sup>720</sup>  
Address Salmon Cove

**PASS.** You are granted permission to be absent from Depot

until

**JUN 23 1919**  
(see over)

on which date you will report

for demobilization,

EMPIRE BARRACKS

ST. JOHN'S, N.F.

*R. H. Sait*

COMMANDING DISCHARGE DEPOT



## 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 *William Covey duval*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5200*  
*Clarks Beach*

Intended address

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *James*

Christian name of Mother *Emily*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Clarks Beach, Nfld, 1899*

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) *W Covey duval*

*Pte*  
(Rank)

Station *St John's* Date *24-6-19*

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.



Station

Date



**1ST NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, *William Covey duck*, Regt. No *52107*

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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz :

Allotment begins *July 15. 18*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4533</i>	<i>Mother</i>	<i>Mrs James (Emily) Covey duck</i>	<i>South River Salmon Cove 6 B</i>	<i>60</i>
			<b>Total Allotment, \$</b>	<i>60</i>

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.) *Watson* **Quart**

Officer Commanding

*S* Company

*H Johns*

*June 26 1918*

(Sig.) *William Covey duck*

(Rank) *Pvt*

ST. JOHN'S, June 25<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Mr. N. Coreyduck

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 23<sup>rd</sup> /19

5400. Mr. N. Coreyduck 23 80

ACCOUNT	
AM NO	INITIALS
24911	See
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS
	23 80

Certified correct for \$ 23 80

W. J. [Signature]  
Billeting Officer.  
W. Coreyduck

Receipt for Army Book 64

No. .... 5400 ..... Name ..... Covey duck .....

To Certify that I have received the AB 64 of the above named soldier.

Date. July 23<sup>rd</sup> 1920 .....

Name W. Covey duck .....

Place. Salmon Cove .....

N.B. For completion and return to the Department of Militia insert in corner of envelope "AB 64"

X

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland      Signature of O. C. Company W. B. Dickson

Number of Sheet one

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>3100 Cove duck Wm</u>	Age on	21 years	months		
Joined	Date	Place and Date of Enlistment	<u>W. B. Dickson</u>		Trade	Good Conduct Badges, Service pay or proficiency pay
Joined	Date					
Joined	Date	Period of	with Colours		Place of Birth	
Joined	Date		with Reserve			
				<u>47</u> years.	<u>365</u> years.	<u>Salem C B</u>

Place	Date of Offence	Rank	Class of Offence	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>W. B. Dickson</u>	<u>9 <sup>7</sup>/<sub>19</sub></u>			

To be carried over.

Army Form B. 121.



# The Royal Newfoundland Regiment

5400

## DEMOBILIZATION OF

Reg. No. 5400 Rank Cpl. Name W. Couvance  
 Date of Enlistment 24-5-18 Address St. John's, Nfld. District P. 19  
 Occupation Postman Classification for Discharge 1 Medical Category A. 1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 25-6-19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

W. Couvance

Particulars passed to Vocational Officer for information and action.

Date 24-6-19

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied \_\_\_\_\_

Date 25-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. P 1242 to his home at Siddon Conn. Exp. and Release Certificate No. 3034 issued.

Date 25-6-19 ..... J.A. Lambart  
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 7-7-19

Date 25-6-19 ..... J.A. Lambart  
Depot Paymaster.

Discharge approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P[36]	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	2	Board 1st	" 2	1
B 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	2 form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B179c	B 120	M 93				

Date 25-6-19 ..... J.A. Lambart  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R.H. Sait MAJOR

Date JUN 25 1919 ..... R.H. Sait  
O. C. Discharge Depot.

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

Date July 8 1919 ..... J.A. Lambart  
for O.C. Depot

Reg. No. *5400* Rank *SGT* Name *Cody Duck, 1st Lt*  
Attested ..... Address *Salmon Lake.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29.8.19.*  
Returned on S.S. *Wassau* Cause *Discharge*

*25.6.19*

**PASSED TO DEMOBILIZATION OFFICER**

*25.6.19*

**DISCHARGE APPROVED ON DEMOBILISATION.**