



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4107 Name Chas. Cox Corps C.I.E.

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

1. What is your name? ..... 1. Chas. Cox
2. What is your full Address? ..... 2. 101 St. John's Bay, St. John's, Nfld.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years 3 Months
5. What is your Trade or Calling? ..... 5. Farmer
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, Chas. Cox 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.

Chas. Cox SIGNATURE OF RECRUIT.  
..... Signature of Witness.

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

I, Chas. Cox 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..... on this..... day of..... 191.....  
Signature of Attesting Officer W. J. [Signature]

### †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..... 191.....  
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

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

Name *Chasley Cook*

Apparent age *20* years *2* months. Height *5* feet *7* inches

Chest Measurement { Girth when fully expanded *36 1/2* inches  
 Range of expansion *4 1/2* inches

Distinctive marks

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Sola Cook*  
*4000 1/2 Bay Blvd. N.Y.C.* | 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 _____									
ended at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



# FIRST NEWFOUNDLAND REGIMENT

4192

## ATTESTATION OF

No. 4192 Name Chesley Cox Corps C of E.

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

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>Chesley Cox</u>                 |
| 2. What is your full Address? .....  | 2. <u>Grand Bay Falls Road</u>        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                         |
| 4. What is your age? .....   | 4. <u>30</u> Years <u>2</u> Months    |
| 5. What is your Trade or Calling? .....  | 5. <u>Farmer</u>                      |
| 6. Are you Married? .....  | 6. <u>No</u>                          |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                          |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                         |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                         |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. <u>Yes</u> 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. <u>Yes</u>                        |

FOR THE DURATION OF THE WAR

I, Chesley Cox 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.

4-12-17 Chesley Cox SIGNATURE OF RECRUIT.  
Robert Cook Signature of Witness.

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

I, Chesley Cox 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.....  
 on this 12 day of Dec 1917  
 Signature of Attesting Officer W. J. [Signature]

### †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 Dec 19 1917  
 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 Chesley Cox  
 Apparent age 20 years 2 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Sola Cox  
Gonzales Bay Mills Rd. | 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>1-12-17</u>									
Joined at <u>St. John's</u> on <u>December 1-12-17</u>									
<u>Discharged July 1919</u>									
<u>Embarked St. John's S.I. Hospital to Halifax N.S. 29-1-18.</u>									
<u>Embarked for B.C. 2-7-18. Disembarked France 5-7-18.</u>									
<u>Joined Battalion in the field 9-7-18. Admitted 44 C.C.F. 3-12-18</u>									
<u>Admitted 53rd Div. Hosp. Boulogne 9-12-18. Embarked for U.K. 21-12-18. Admitted</u>									
<u>South African Military Hosp. Richmond 21-12-18. Sailed for 33-1-19.</u>									
<u>To be employed as a cook for demobilization 22-5-19. Arrived U.K. 1-6-1919</u>									
<u>Demobilization St. John's 1-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 1-7-19 (date of discharge) 1 years 2/3 days  
 " " Pensions " [ " " ] " " "

No. *4192*

Name *cox, B.*

Sqn., Batty.,  
or Company

*B Royal Newfoundland* Corps

Date of enlistment

*1-12-17*

G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drink

Period not reckoning towards freedom from extra fine

Sheet No. *1*

Signature of Company, etc.

*W. H. [Signature]*

Character

*Good*

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

Army Form B. 122

*E. J. [Signature]*

C.R. 4192

Extract from Daily Orders part 11 Unit The Royal Wfld. Regt.  
St. John's, July 4th, 1919.

<sup>Discharge</sup>  
The/underneged on deomb ilization has been ~~APPROVED~~ by O.C.  
Discharge depot with effect from 1-7-19. *Confirmed*

4192 Pts. Chesley Cox.

C.R. 4192

Extract from Daily Orders Part II Unit The Royal Wilt.  
Regt. St. John's, June 20th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by C.O. Discharge Depot with effect from 17-6-19

4192 Pte. X. Cox.

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C.R. 4192

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

Date June 18th 1919.

4192, Pte. C. Cox.

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

ex "Corsican"



C.R. 4192

Extract of Casualties from Pay & Record Office London, dated Jan.  
14/1/19.

4192 PTE. C. Cox.

ex Sth African Hospital, Richmond, Surrey, 14/1/19, is granted  
furlough to 23/1/19. Fit for 1, Duty.

A.Fs. W.3016 from Hospital.

C.R. 4192

January 11th 1919.

Mrs. Ida Cox,

Goulds, Bay Bulls Road.

Dear Mrs. Cox,

In answer to our inquiries re your son, Pte. 4192 Chesley Cox, we are informed by the Record Office, London, that he has fully recovered from his disability and that he will be discharge from Hospital, for Duty, on January 14th.

Yours faithfully,

C.C.B.

Captain,  
Military Secretary.

C.R. 4192

Extract of Telegram from Synoptical, London to Military St.  
John's dated Jan.10th 1919.

In answer to your telegram #4192 Cox will be discharged to duty  
Jan.14th.

C.R. 4192

Extract from Telegram despatched to Synoptical Jan, 8 th., 1919.

FROM MILITARY

Inform condition of 4192 Cox.

C.R. 4192

Dec. 26th 18

Dear Mrs. Cox:

*I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that your son, No. 4192, Private Chesley Cox was admitted to South African Military Hospital, Eng. and Dec. 21st suffering from carbon-oxide poisoning - slight debility.*

*I trust that later reports will bring news of his convalescence.*

*Any further information received at this Office as to his condition will be at once notified to you.*

*Yours faithfully,*

Mrs. Ida Cox  
Goulds,  
Bay Bulls Rd

*Minister of Militia*

C.R. 4192

Extract from Casualties received from Pay & Record  
Office, London, Dec. 24. 1918.

Admitted to South African Military Hospital.  
Richmond, Surrey. 2112-18.

4192 Pte. C. Cox.

Carbonic oxide slight Poisoning: debility.

- 4192

C.R.

~~XXXXXXXXXX~~

Extract from telegram received from Synoptical Dec. 24th/18.

*South African Military Hospital Dec 21<sup>st</sup>*

Carbon-oxide poisoning slight debility 4129 Cox.

ARTILLERY - ROYAL HORSE &amp; ROYAL FIELD

DIS. TO TERLINGTONHUN CAMP EX 32 STY. H. WINEREUX 12 DEC. 18.

89283 Gnr. Levalie W. .... RFA 64 BAC Tonsillitis (Ulcerative)

DIS. TO DUTY EX 32 STY. H. WINEREUX 12 DEC. 18.

202040 Gnr. Beevers A. .... RFA B/157 Influenza

ADM. 32 STY. H. WINEREUX 12 DEC. 18.

801497 Dvr. Guest T. .... RFA D/295 Bde. Influenza

1/8313 Gnr. Heyes T. .... RFA 242 Army Bde. Influenza  
B/Bty.813332 Dvr. Fitch E. J. .... RFA now 231 Div. Emp. Trench Fever  
Co. att 1 Co. ASC

20500 Dvr. Newman T. .... RFA 1/45 Influenza

131207 Gnr. Thomas W. .... RHA 401/14 Bde. .... Influenza

249449 Dvr. Greening H. .... RFA D/296 Bde. .... Influenza

101156 Gnr. Reynolds J. .... RFA C/44 Bronchitis

128248 Bdr. French S. G. .... RFA D/286 Influenza

8089 Gnr. Willis W. V. .... RFA 45/42 Influenza

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 33056

ADM. 32 STY. H. WINEREUX 12 DEC. 18.

X 4192 Pte. Cox C.

1 R. Newfoundlands

Carbonic Oxide Poisoning

MILITARY POLICE - ALDERSHOT

No. H.A. 33056

ADM. 32 STY. H. WINEREUX 12 DEC. 18.

P/16394 Cpl. Turner P.

M.M.P. 24 Div.

Tonsillitis



2695-



## SICK AND WOUNDED N. C. O.'S AND MEN OF THE EXPEDITIONARY FORCE

FRANCE

C.R. 4192

INFANTRY RECORD OFFICE

HAMILTON

No. H.A. 32946

ADM. 35. GEN. H. CALAIS. 9. DEC'18.

63008 Pte Royal.R. .... 1/4 Rl Scots att MFP..... Sick.Mild.NYD.

ADM. 54. GEN. H. AUBENGUE. 9th DEC'18.

821474 Pte Petty.C. .... 2 H.L.I. .... PUO.Mild.  
 52394 " Borthwick A. .... 1 R.S.Fus. .... Influenza.Mild.  
 47150 " Nicholson.H. .... 10.KOSB. .... Influenza.Mild.

ADM. 55. GEN. H. BOULOGNE. 8. DEC'18.

235314 Pte Drinnan.W. .... 10 Scottish Rfs. .... Otitis media. Slt.  
 27303 " Hamilton.H. .... 1/8 Scottish Rfs. .... PUO.Slt.  
 37926 " Russell.W. .... 1/8 Scottish Rfs. .... Influenza.Slt.  
 55196 " Thompson.J. .... 1/8 " .... Influenza.Slt.

ADM. 53. GEN. H. BOULOGNE. 9. DEC'18.

67634 Pte Reid.J. .... 2 High.L.I. .... PUO.Mild.  
 52890 " Guild.W. .... 1 R.Sc.Fus. .... PUO.Mild.  
 25917 " Drummond R. .... 2 R.Scots. .... Influenza.Mild.  
 42113 " Kirkland J. .... 2 H.L.I. .... PUO.Mild.  
 57610 " Dryden.G. .... 2 H.L.I. .... PUO.Mild.  
 30548 Pte Ward J. .... 2 H.L.I. .... PUO.Mild.  
 281837 " Smithard.R.S. .... 2 " .... PUO.Mild.

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 32946

ADM. 53. GEN. H. BOULOGNE. 9. DEC'18.

X  
 4192 Pte Cox.C. .... 1 Newfoundland..... Co.Poisoning.Mild.



C.R. 4192

Extract from Fominal Roll to B. E. F. embarked  
Folkestone. 2-7-18.

#4192 Pte.C.Wox.

C.R. 4192

Extract from General Roll Draft. "H" Company Attached  
S.S. "Florence" Jan. 19th, 1918.

4192 Pte. Cox C.

C.R.

4192

Extract from Daily Orders No. 11111 the Royal W. Regt.  
Regt. St. John's, Dec. 3rd, 1917.

4192 Pte. C. Cox.

Approved for General Service with the M.F.L.B. Regt. with  
effect from Dec. 1st, 1917.

C. Cox.

C.R. 4192

P.R.O.

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* } Former Trade or Occupation }
2. Regtl. No. *4192* '3. Rank..... } 7a. If the soldier claims previous service in Army, he should state—
4. Name ..... *Robt. H.* } (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday.....
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."
- Poisoning*
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.
- which in Belgium was poisoned by gas.*

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

15. What is his present condition? *General appearance good, complains of no disability*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress 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?

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.

Station *Hazely Town Camp.*

Date *Jan 23 1919*

*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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier .. .. .	.....	.....

Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

No. H192 Rank Pte

Name Coof G.

Pay	10	110
Legg	50	MP
Mod	60	

DEBITS	Date	£ s d		CREDITS	Period		Days	Rate		£ s d			
					From	To		£	s	d			
Balance				Balance	5/7/8					1	11	6	
Acquittance Rolls	6	13	4	Pay @ Net Rate	6/7/8	14/1/9	193	60	115	80	23	15	11
Hospital Advances	1	3	6	P.A.	14/1/9	23/1/9	10	7/1			1	0	10
A.B. 84. 60 paves	2	6	0								26	8	3
P.&.R.O. Payments	2	0	0	Credit / bal.									
<del>£ 12-2-10</del>				<del>£ 14-2-8</del>									
other stoppages		2	3	<del>£ 14-2-8</del>									
£ 12-5-7				<del>£ 14-2-8</del>									
Cash. 445	14/1/9	14	0										

~~£ 12-2-10~~

£ 12-5-7

858  
14/1/9

RECEIVED BY THE PAYMASTER GENERAL



South African Hospital,  
Richmond Park,  
Surrey.

5th February 1919

To the Officer *i/c* Records,  
~~Commanding~~,  
Newfoundland Contingent,  
58 Victoria Street,



4192 Cox C.,  
1st Nfld. Regt.  
14.11.19.

The Medical History Sheet  
(~~A-2-B-178~~) of the Marginally named  
is returned herewith, for the  
following reason, please.

Discharged to Newfoundland Records,  
on date shewn

*E. H. Thorntons*

Lieut. Col. S.A.M.C.  
O.C. South African Hospital, Richmond Park.

*act*

# Transfer Statement of Clothing and Necessaries.

**INSTRUCTIONS.**—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units, and in all cases of Transfer, except when men proceed overseas.

STATEMENT showing the Articles in possession of (Regimental No.,

Rank and Name) Pte Cox. S. <sup>4192.</sup>  
*Newfoundland*

proceeding from ~~THE SOUTH AFRICAN HOSPITAL~~

to the Newfoundland Records Office.

Date of Enlistment \_\_\_\_\_ Date of Transfer 14 Jan 1919.

**FOR DETAIL OF ARTICLES, see overleaf.**

Certified that this Statement, as detailed overleaf, is correct in every particular.



*[Signature]*  
Commanding Squadron, Battery, S.A.M.C.

Date \_\_\_\_\_ SOUTH AFRICAN HOSPITAL, RICHMOND PARK.  
Name of Unit man is leaving

(2) Station \_\_\_\_\_  
Commanding Squadron, Battery, or Company.

Date \_\_\_\_\_  
Name of Unit man is joining.

# Articles of Clothing and Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

CLOTHING	No.	NECESSARIES	No.
<del>Aprons, <del>leather</del> ...</del>		<del>Badge, cap ...</del>	
Boots, ankle, pairs ...	1	Bag, Kit ...	1
Caps, Service Dress ...	1	Braces, pairs ...	1
<del>Caps, Gilegarry ...</del>		Brass, Button ...	1
Drawers, pairs ...	2	Brush, Brass ...	1
<del>Frock, Canvas ...</del>		" <del>Blacking</del> ...	
Greatcoat, D.M. ...	1	" Clothes ...	1
Jackets, Service Dress ...	1	" Hair ...	1
Kilts ...		" Polishing ...	1
<del>Pantaloes, cord, pairs ...</del>		" Shaving ...	1
Putties, pairs ...	1	" Tooth ...	1
<del>Spurs, Jack, pairs ...</del>		Cap, Comforter ...	1
Trousers, Service Dress, pairs	1	Comb, hair ...	1
Trousers, Canvas or Khaki		<del>Disc, identity, with cord ...</del>	
Belt Overalls, pairs	1	Fork ...	1
Waistcoat, cardigan ...		Garters, Highcut, pairs ...	
Coat, Waterproof ...		Holdall ...	
Gloves, leather, pairs ...		Hose-Tops, pairs ...	
Gloves, Motor-Cyclist, pairs...		Housewife ...	
Goggles, pairs ...		Knife, <del>Case</del> ...	1
		Knife, Table ...	1
		<del>Laces, leather, spare, pairs</del>	
		Shirts, flannel ...	2
		Socks, worsted, pairs ...	1
		Spoon ...	1
		Titles, metal, pairs ...	
		Towels, hand ...	2
		Wax Polish, tin ...	
		RAZOR	1

I certify that this statement is correct.

Date 27/12/18.

Signature of the Soldier l. box

3<sup>rd</sup> 1<sup>st</sup> - 19

South A. H. Hospital  
Richmond Park, Surrey

To the paymaster royal W. F. L. D. Regt.  
58 Victoria Street London

Please remit the sum of £2.0.0  
two pounds.

To 4192. P. C. C.

Royal Newfoundland Regt. and  
deduct the same from my  
credit.

of £2.0.0  
Receipt  
223  
3-1-19



MAJOR, S.A.M.G.  
ADJUTANT, SOUTH AFRICAN HOSPITAL, RICHMOND PARK

TO, - The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-  
Please charge the amounts 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 1st July 1916.

Regtl. No.	Rank.	Name	Amount	Signature.
4192	Pte	Booc E.	£25/-	

I have the honour to be, Sir,  
~~for the Committee,~~  
Your obedient servant.

Date 28-6-16

B Booc



Reference No.

South African Hospital,  
Richmond Park,  
Surrey.

8<sup>th</sup> January 1918

To the Officer *in* Charge  
~~Newfoundland Contingent~~  
~~58 Victoria St. S.W.~~

Please note that the  
marginally named will be discharged  
to you Class I on Tuesday  
14-1-19.

*E. H. Thorntons*

Lieut. Col. S.A.M.C.  
O.C., South African Hospital, Richmond Park.

4192. Pte.

Cosc. C.

1/Reg. Newfoundland Regt.

B. Coy.

FORM K

Nº 4544



4 1st. NEWFOUNDLAND REGIMENT |

ALLOTMENTS

I, Chesley Cox, Regl. No. 4192

hereby agree, until further notification by me, and in similar official form to make an Allotment of        Dollars and 50 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 January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3458	Mother	Pearson, Cox	Goulds.	50
Total Allotment, \$				50

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.) Stanley J. H.  
Officer Commanding  
H. Company  
Sig. John  
1917

(S) Chesley Cox  
(Rank) Private

No 4544



4 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Chesley Cox, Regl. No. 4192, hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3458	Mother	Mrs. Cox	Goulds	50
Total Allotment, \$				50

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

Sig.) W. H. H. [Signature]  
Officer Commanding  
Company  
1917

(S) Chesley Cox  
(Rank) Pr



Coq. 6

4192

May Sept.

5

July 1, 1919

#4192 Pte. Chesley Cox,  
Goulds,  
City West.

Dear Sir :-

Please find enclosed Discharge  
Certificate No. 2575.

Yours truly

Captain  
Paymaster & O.i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4192 Rank. Pte Name. Cox E  
 Intended place of residence. Goulds

2. Occupation Farmer  
 Classification of soldier. 3 Medical Category. AI

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 17 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 17 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 17-6-19

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 1-12-17 No. of days on Military  
 Discharged from service. 17-6-19 Plus 14 days Service. 578

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 17 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 1/1919

*[Signature]*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*[Handwritten note]*  
 a 78 2079/3575

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4472 Rank Pvt Name Loose S.  
 Date of Enlistment 1-12-17 Address Quilley District St. John's  
 Occupation Farmer Classification for Discharge H Medical Category H1  
 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
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 196-19

R. M. W. H.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Chesley box

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~~ 9. A. Snow Capt

Date 17-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1857 to his home at Goulds and Release Certificate No. 2903 issued.

Date 17-6-19

*J.A. Snowball*  
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

Date 17-6-19

*H. W. ...*  
Depot Paymaster..

Discharge approved for 17-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	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		

*2 Form B*

*Chilton*  
O. C. Discharge Depot.

Date 17-6-19

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 17 1919

*R.H. Sait 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:

To resume former Occupation.

*Whealy box*

Signature of Man.

*J. A. Snowbapt.*

Signature of the Vocational Officer or his Representative.

Reg. No. 4192

Place **ST. JOHN'S**

Date 17-6-19 191

# 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

*17.6.19*

Regimental No *4192*

Name *Cox*

*Creaney*

Rank *PL*

Address *Foulds.*

Present Medical Category

*A7*

Recommended for:— (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R. J. East*  
O.C. Discharge Depot.

*P. Paterson*  
Senior Medical Officer

*J. W. Burden*  
~~M. O. Depot~~

141119 Newfoundland Records

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

# MEDICAL HISTORY

Surname Coe OF Christian Name Chesley

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County St. John's



	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>1<sup>st</sup></u> day of <u>Dec</u> 191 <u>7</u> at <u>St. John's</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>20</u> years <u>2</u> Mos		years _____ days _____	
Trade or Occupation	<u>Farmer</u>			
Height	<u>5</u> feet <u>7</u> inches		feet _____ inches _____	
Weight	<u>133</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>36 1/2</u> inches		_____ inches _____	
	Range of Expansion... <u>4 1/2</u> inches		_____ inches _____	
Physical Development				
Vaccination Marks	Arm	/		
	Number	/		
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Larnmont Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u> on <u>1<sup>st</sup></u> day of <u>Dec</u> 191 <u>7</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1<sup>st</sup> Regt</u>	<u>4192</u>		
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
[Signature]				
[Rank]				





The Royal Wld. Regiment

DEMOBILIZATION

No. 4197 Rank \_\_\_\_\_

Name Earl

Warned for demobilization on

JUN 17 19

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 }  
 2. Regtl. No. *4192* 3. Rank *Pte* }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.  
 4. Name *Cos* }  
 (Surname) (Christian Names)  
 5. Age last birthday.....  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (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."

*Gas Poisoning*

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.

*Whilst in Belgium in Belgium was poisoned by Gas*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | Yes                 |                   |
| (ii.) Previous active service .. .. .                      | No                  |                   |
| (iii.) Climate in pre-war service .. .. .                  | No                  |                   |
| (iv.) Ordinary military service before the war .. .. .     | No                  |                   |
| (v.) Serious negligence or misconduct on the man's part. } | No                  |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } n a

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.)

Genl condtn good  
 no disability

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Rehabilitation

W. R. Kelly Capt  
 Comd

Station .. . Hazelton, Dowa Camp

Medical Officer in charge of case.

Date .. . Aug 23<sup>rd</sup> 1919

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



## Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *C. Healey Cox*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4192*

Intended address *Soulds. Bay. Bulls. Road*

Height on discharge *5* Feet *10*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Grey*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall*

Christian name of Father \_\_\_\_\_

Christian name of Mother *J. da*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Soulds. 7<sup>th</sup> Sept. 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) *C. Healey Cox*

*Pte*  
(Rank)

Station

Date *13/6/19*

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.

HEADQUARTERS  
ORDERLY ROOM

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

Station

Date

**Casualty Form - Active Service.**

Regiment or Corps Royal Newfoundland  
 Rank Private Surname Cox Christian Name Chesley  
 Religion C of E Age on Enlistment 20 years 2 months  
 Enlisted (a) 1-13-17 Terms of Service (a) Duration Service reckons from (a) 1-13-17  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended  Re-engaged  Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation Farmer Signature of Officer W. H. ...

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				
		AI 28-6-18	Embarked ... Disembarked ...	2 JUL 1918	
			Joined Battalion	Field	9.7.18 B213d. 13/7/18
3.1.19	44 CCL 7th NO	Ad: 53. 9. 26. d.	Boulogne	9.12.18	3/10/18 60141.
10.1.19	Ob. A.S. "Cumbria"	Emb'd for UK.	Boulogne	11.12.18	1/12/18 195083.
					1 Capt for 2 Col. i/o. de 1. Infantry Section. G. H. Qrs. 3rd Battalion.

*Copy*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

NEXT OF KIN: John Cox. General. Bay Banns Rd St John's

Temporary

Regional No.....

### MEDICAL HISTORY of—

Regimental No.....

Region.....

Surname Boy

Christian Names.....

TABLE I.—General Table.

Birthplace { Parish.....  
County.....

Examined { on..... day of..... 191  
at.....

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

Trade or Occupation.....

Height..... feet..... inches. Weight..... lbs.

Colour of Hair..... Complexion.....

" Eyes.....

Chest Measurement { Girth when fully expanded }..... inches.  
Range of expansion..... inches.

Physical Development.....

Vaccination Marks { Arm, RIGHT | LEFT  
Number.....

When Vaccinated.....

Vision { R.E.—V =..... With Glasses { R.....  
L.E.—V =..... L.....

Identification Marks, such as Tattoo, Moles, Scars, etc:—  
.....  
.....

Defects or Ailments:—  
.....  
.....

Examined and found—

- Fit for Grade { I.  
II.  
III.  
IV.

(Strike out those which do not apply.)

Signature.....  
Chairman of Medical Board.

Re-examined for posting at.....

On..... day of..... 191

Enlisted { at.....  
on..... day of..... 191

	Corps	Regtl. No.
Joined on enlistment	<u>1st Newfoundland</u>	<u>4192</u>
Transferred to		

TABLE III.—Boards, Courts of Enquiry, 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

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

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

Became non-effective by.....  
on..... day of..... 191

(Signature).....

(Rank).....





July 2, 1919

#4192 Pte. Chesley Cox,  
Goulds,  
St. John's West.

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 Gratitude."

Yours truly

Captain,  
Paymaster & O.i/c Records.

444

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name J. Chesley 2. Service No. Cox

3. Rank Pte. 4. Regt. No. 4192

5. Address in full to which future payments of gratuity are to be forwarded. Goulds, St. John's local

6. Date of enlistment in the Regiment. Dec 1/17

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 dependants.

9. Address in full of such dependants.

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.

June 19/19 from Dec 1/17 to

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 Rest? *No* If not give - (a) date of discharge *June 19/19*

(b) Reason for discharge *Temporary Demobilization*

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, Belgium & Germany - From July 1/19 to April 1919*

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: *Shirley Cox*  
 Place of Residence: *9oulds, St. John's West*  
 Declared before me at: *St. John's, nfld.*  
 This *20<sup>th</sup>* day of *June* 19*19*.....

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

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

EX-100

ADDITIONAL

*S*

SEPARATION ALLOWANCE.

Claimant *Ida M. Cox* ..... *Mother*

On account of *Chesley L. Lloyd Cox* ... No. *4192-4195* Rank *Pvt. 1st Lt. Cpl*

Decision... *Refused.*  
*Third single son did not enlist.*  
.....  
.....

Date *April 7/1920*

*W. F. Readell Lieut. Col*  
*Ans. Bowley Major*

Instructions.....  
.....  
.....  
.....

*each* allotment of *50<sup>¢</sup>* per day payable to *Ida Cox*  
his *mother* from *1/1/18* to *30/6/19*.  
Discontinued on account of *being discharged.*

*R. J. [Signature]*

ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

MOTHER

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster  
Separation Allowance Branch  
St. John's, Nfld.

- (1) Name in full of soldier Chesley Cox — Lloyd Cox Rank Pte — Lt. Col. Reg't or Unit R. N. Regt Reg't No. 492 - 4195
- (2) Age of soldier Chesley 22 yrs Married or single Both Single  
Lloyd 21 yrs
- (3) Name in full of mother Ida M. Cox Age. 45 yr Occupation Farming Permanent Address Le Goards Bay, Nfld.
- (4) Give name of your husband Fredrick Cox Age. Occupation Where employed Not applicable
- (5) If your husband is not supporting you give the reason. Not applicable
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). Not applicable
- (7) If you are a widow, state date and place of death of your husband 1911. General Hospital
- (8) Have you married again since death of above mentioned husband? No.
- (9) Names of your other children. Address in full. Age. Occupation. Married or single.
- | Names of your other children. | Address in full. | Age.      | Occupation.    | Married or single. |
|-------------------------------|------------------|-----------|----------------|--------------------|
| <u>Cyril</u>                  | <u>Le Goards</u> | <u>25</u> | <u>Farmer</u>  | <u>Single</u>      |
| <u>James</u>                  | <u>do</u>        | <u>19</u> | <u>do</u>      | <u>do</u>          |
| <u>Low Loretto</u>            | <u>do</u>        | <u>16</u> | <u>none</u>    | <u>do</u>          |
| <u>Arthur Weston</u>          | <u>do</u>        | <u>12</u> | <u>Student</u> | <u>do</u>          |
- (10) State amount earned by (a) Yourself From the farm, keep the home children and saved money.  
(b) Your husband Not applicable
- (11) State amount and source of any other income None

(12) State value of real property belonging to you and your husband

\$ 1500

(13) State value of personal property belonging to you and your husband

\$ 1,000

(14) If husband is dead state value of real and personal property left by him

\$ 1500

(15) Actual amount contributed by soldier during the year prior to his enlistment

Both worked a farm and helped to support house

(16) Was this amount contributed weekly or monthly

Not applicable

(17) Did this amount include payment of son's board, etc?

Got board for their work

(18) State your son's trade or occupation prior to enlistment

Farmer

(19) State amount of his wages per week

Not applicable

(20) State name and address of his last employer

Worked with mother

(21) State amount of monthly support from son since enlistment

\$ 15<sup>00</sup> from each for month  
amt of allotment

(22) State amount of allotment received by you from son since enlistment

about \$600 from Both

(23) State from what date did you receive allotment?

Jan 1/18

(24) Actual amount contributed by other children

Weekly

Monthly

Cyril  
Eva Loretto  
Arthur Weston  
James

Nothing except what work they do about farm

(25) Are any of these children in the employ of you or your husband?

Not applicable

(26) If not receiving support from other children, state cause. Explain fully.

Receive no support except their assistance on farm

(27) With whom are you residing at present?

I keep house myself

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars? *No.*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *No.*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government? *No.*

(32) In what capacity and in what place? *Not applicable*

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much? *Not applicable*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of Applicant *Ida Coy*

Place of Residence *The Goulds Bay Road*

Declared and subscribed before me at *Douglas* this *19<sup>th</sup>* day of *February* 1920

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *Geo. J. ...*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee *Anna Hayward*

*A. B. Stirling*  
Rector of St. Mary's Church, City.



ST. JOHN'S, June 17<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To H. C. Cox

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 17<sup>th</sup> /19

4192. H. C. Cox      17      70

ACCOUNT	<u>B &amp; M</u>
SH. NO.	<u>23842</u>
IND. LEDGER	INITIALS <u>[Signature]</u>
PAY LEDGER	INITIALS <u>[Signature]</u>
GEN. LEDGER	INITIALS <u>[Signature]</u>

Certified correct for

H. Cox  
P.Y.

[Signature]

Billeting Officer.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*1<sup>st</sup> Newfoundland.*

Number of Sheet

*One*

Signature of O. C. Company

*W. H. [Signature]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>4192 Coy C.</i>	Age on	<i>20</i> years <i>2</i> months	<i>Farm</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<i>St John's</i>	
Joined		Date	Period of	with Colours	Place of Birth
Joined	Date	<i>1-12-17</i>		<i>213</i> years.	<i>C. of C.</i>
		with Reserve	<i>365</i> years.		

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
<i>St John's N.F.</i>	<i>13-1-18</i>	<i>Pl.</i>		<i>Absent from Church Parade.</i>	<i>L. Miller</i>	<i>2 days C.P.</i>	<i>14-1-18</i>	<i>G. 1 to arty Major</i>	<i>Joseph [Signature]</i>
				<i>Demobilized St. John's, 1<sup>st</sup> / 19</i>					

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4192 Rank Plt Name Loxley  
 Date of Enlistment 1-12-17 Address Guilford District St. John's  
 Occupation Farmer Classification for Discharge 1 Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 1'36	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 196-19

H. News H  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am  in a position to resume civilian occupation.

Chesley box

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 knaw cap

Date 17-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B. 1857 to his home at Winnipeg, Manitoba and Release Certificate No. 2973 issued.

Date 17-6-19 J. A. Snowball  
Demobilization Officer

**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.....

Date 17-6-19 H. M. Hunt  
Depot Paymaster.

Discharge approved for 17-6-19  
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

2 Form. B

Date 17-6-19 W. H. S. [Signature]  
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 17 1919 R. H. Sait Capt.  
O. C. Discharge Depot.

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

Date June 26/19 [Signature]  
Records

Reg. No. *4192* Rank *He* Name *Jose. Chesley*

Attested ..... Address *Woods.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29.1.19.*

Returned on S.S. *Corsican* Cause *Discharge*

*19-6-19*  
*17-6-19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILIZATION.**