



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5715 Name George Cox Corps C of E

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <u>George Cox</u> |
| 2. What is your full Address? | 2. <u>Middle Arm Bof Islands</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u>.....</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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. } 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> |

I, George 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.

George Cox Witness Pte R Power
 SIGNATURE OF RECRUIT. SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George 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 cleared 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 25 day of June 1918.

Signature of Attesting Officer W. D. Jones

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 25-6-18

Place St. John's

Approving Officer W. D. Jones

† 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).....

H. Cox

C.R.

5715.

~~1890~~

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

MEDICAL HISTORY

OF

Surname Boy

Christian Name George

Table I.—GENERAL TABLE

Birthplace :—Parish Bay of Islands County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>25</u> day of <u>June</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>27</u> years	days	years	days
Trade or Occupation	<u>fisherman</u>			
Height	<u>5</u> feet <u>10 1/2</u> inches	feet	inches	
Weight	<u>156</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded	<u>39</u> inches		inches
	Range of Expansion	<u>14</u> inches		inches

Vaccination Marks	Right	Left	Right	Left

When Vaccinated	R. E.—V= <u>6/6</u>	R. E.—V=
Vision	L. E.—V= <u>6/6</u>	L. E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lambertson Medical Officer

Enlisted at St. John's on day of 191

Joined on Enlistment	Corps <u>Royal Nfld</u> Regtl. No. <u>5715</u>	Corps	Regtl. No.
Transferred to	ROYAL NEWFOUNDLAND REGIMENT		

Became non-effective by 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 } *Yeoman*
 2. Regtl. No. *5715* 3. Rank... *pl* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Cor. George* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
 5. Age last birthday... *26*
 6. Posted for duty on..... at..... in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service (b) Date of Discharge;
 (c) on duty (d) off duty? (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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.)

He complains of no Disability.

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

Repatration

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.

W.E. Proctor, Ceylon R.A.M.C.

Station *Harvey Down*
 Date *10/4/19*

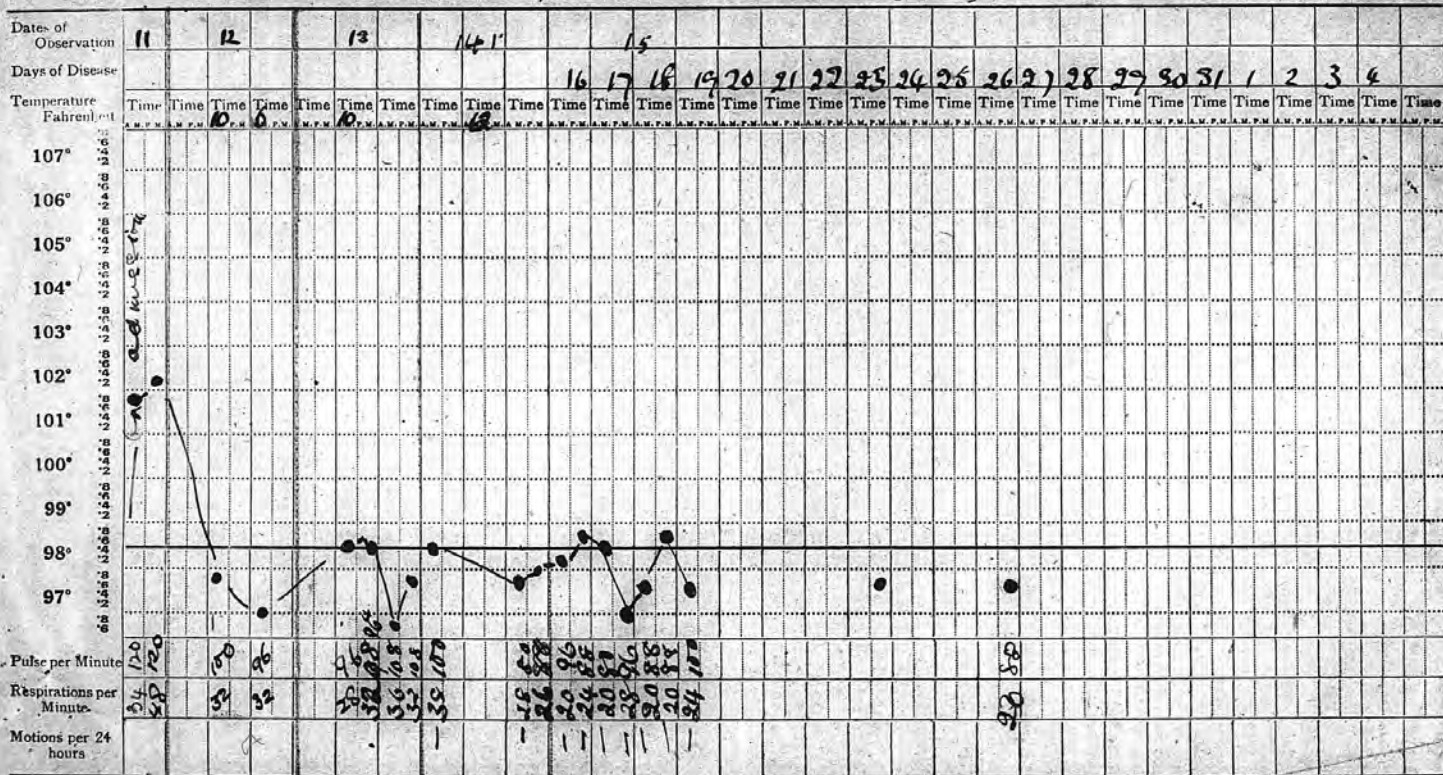
Medical Officer in charge of case.

* 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

CLINICAL CHART.

Army Form B. 181

Corps R. Newfoundland Regt (To be attached to Case Sheet.) Military Hospital Swonport
 No. 5715 Rank and Name Cox Pte 9. Age 28 Service 7
 Disease _____ Date of admission 11 16 18 Date of discharge _____ Result _____



Signature _____

In charge of case.

CASE HISTORY SHEET.

H.M.F.

M.H.S.

Ss. "Huntsend" Hospital. At Sea. Station.

No. 5715 Rank. Pte. Name. Coy, George Age 28

Unit N.F.L.D. Completed years of service Where and how long

Date of admission 9/10/18 Date of discharge

Diagnosis Influenza Broncho-pneumonia Place of origin At sea.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted at T 104° R 38 P 120 complaining of pain in chest + cough, general weakness, anorexia. Perfectly well until Sept 28, 1918. On that day had a chill, slight pain in chest + cough. There was no disturbance of his other systems. The above persisted until the present day, the sputum becoming blood streaked - mucopurulent + was abundant. Epistaxis once - serious. Has had no gastro-intestinal disturbance except anorexia.

Present Condition Lungs: Anteriorly + posteriorly a few scattered patches of unpaired resonance with slight increase in vocal sounds - breath sounds everywhere are harsh + scattered moist rales. Numerous creps at bases.

Heart: Not enlarged - regular - unremarkable. S2 accentuated.

Abdomen: Negative

Family History

Diary 10/10/18 Temp 98.6 Pulse 112 Resp 32 (A.M.)

" " " 100. " 104 " 32 (P.M.) Feels much better - cough abating - blood in sputum + intermittently mixed.

TREATMENT (Especially any specific or special form). Post - Light Diet - Liquid Fluids - Tepid Spongings - Caffeine Cit - Strychnine - Brandy -

CONDITION ON DISCHARGE (and disposal made of case). Improving

Date 11/10/18 Medical Officer i/c case.

M. F. B. 313a. 100M.-6-18. 1173-39-180.

W.H. Greenwood Lieut. Col.

032 15 5 37 100

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. *5715* 3. Rank..... *PT* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cox* *George* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday..... *28*
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

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

In all cases such as facial injuries, eye, ear, nose and throat disabilities, 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.)

He complains of no Disability

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

Repatriation

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.

W.E. Procuier *Copy* *Rauc*

Station *Hazeley Down*

Date *10 / 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



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, George Cox, Regl. No. 5715

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins July 15 1918

Identity Certificate No.	Whether Wife, Child, other Relative or friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4564	Sister	Gertrude Cox	Middle farm Bay of Islands	60cts
Total Allotment, \$				60cts

Stamp: ENTERED. PAY LEDES & NUM. ROLL ALLOT. INC. R.R. 7/15/18

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.) H.A. James Lt.
Officer Commanding
St. John's Company
June 27 1918

(Sig.) George Cox
his Lt.
Rank lieut
W.C. Goodspeed Capt
1085

Coy. Geo

5715

Ray Sept

August 5th 1919.

#5715, Pte.G.Cox.

Curling.

Dear Sir:

Enclosed please find Discharge Certificate
3363.

Yours truly,

Capt.&

Officer i/c Records.

RS/.

1881

The accompanying list of names is for the purpose of

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

Signature

Date

Address

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

George Cox

in respect of his service as No. 5715 Rank Pte.

Name G. Cox

Royal Nfld. Regt.
~~Infantry~~

Receipt of the same should be acknowledged hereon.

Received

22 October

Signature

Pte George Cox

Date

22 October (1921)

Address

Box 1 Love

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

A. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>George Cox</i>	Age on	<i>27</i> years <i>0</i> months	<i>Sickerman</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i> <i>25-6-18</i>	Religion <i>Co. E</i>	
Joined	Date	Period of	with Colours $\frac{1}{4}$ years. with Reserve $\frac{3}{4}$ years.	Place of Birth <i>Middle Arm St. George's.</i>	

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Name 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>7th 18th</i>	<i>Pte.</i>		<i>Absent from Guard from 4 PM. 7th till 9 PM. 7th.</i>	<i>Coop. & Donald.</i>	<i>7 Days. C.P.</i>	<i>9th 18th</i>	<i>Ro. A. H. Capt.</i>	
				<i>Demobilized</i>	<i>St. John's</i>	<i>5th 19th</i>			

To be carried over.

C.R. 5715

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name.. *5715 Pte G. bot*

Date. *26th day november*

Place. *Middlesex Co. Botolph Claydon*

C.R. 5715

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's Aug. 14th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 5-8-19.

5715, Pte. G. Cox.

C.R. 5715

Extract from Daily Orders Part 11 Lt. Col. B.J. Barton,
D.S.O. Commanding 2nd Batta. Royal Wfld. Regt. 10-12-18.

The following having reported back from Hospital
is taken on the strength and posted to "C" Company.
from 19-12-18.

5715 Pte. G. Cox.

C.R. 5715

Extract from Nominal Roll of Sick and Wounded admitted to Military
Hospital, Devonport, 11/10/18. (Re-inforcements from Nfld.)

Dated October 16th. 1918.

5715 Pte. G. Cox

R. Nfld. Regt..... Influenza severe.

C.R. 5715

Extract from Daily orders Part II Unit The Royal NIA.
Regt. St. John's, July 12th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by D. C. Discharge Depot with effect from 22-7-19.

5715 Pte. G. Cox.

C.R. 5715

Extract from Daily Orders Part II Unit The Royal Wilt. Regt.
St. John's, July 2nd, 1919.

5715 Pte. G. Cox.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

Extract from Daily Orders Part II Unit The Royal Wilt. Regt.

C.R. 5715

**Extract of Casualties received from the Pay & Record
Office, London, dated Dec. 30th 1919.**

**The undermentioned was discharged from Military
Convalescent Hospital Plymouth 18/12/18**

5715 Pte .G. Vox.

C.R. 5715

Extract from ~~0000000000~~ Nominal Roll Entrained At.St.John's
for Overseas Sept.22,1918.

5715 Pte. Cox George

C.R. 5715

Extract from Daily Orders Part 11 Depot, St . John's dated Sept. 18/1918.

5715 Pte. G. Cox.

Returned from Special Duty from R. W. CO'S DRY DOCK, SEPT. 16.th 1918.

C.R. 5715

Extract from Daily Orders part 11 Depot St. John's dated 12/9/10.

5715 Pte. G. Cox.

The above mentioned soldier proceeded on special duty to St. F. Co
Dry Dock, 9-9-10.

C.R. 5715

Extract from Daily Orders Part 11 Depot St. John's September 18th 1916.

#5715 Pte. G. Cox.

THE ABOVE MENTIONED SOLDIER PROCEEDED ON SPECIAL DUTY TO HIS HANSCOWLAND
COMPANY'S DRE BUCK 8-9-16.

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 27, 1918.

#5715 Pte. George Cox.

Attested for General Service with the Royal Nfld.
Regt. from 25-6-18

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

C.R. 5715

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 17th 1918

To George Cox, Middle Arm, Bay of Islands

Regret to inform you that Record Office, London, officially reports No. 5715, Private George Cox at Military Hospital Devonport England suffering from influenza severe.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. A. Bennett

Minister of Militia.

FOR TYPEWRITER

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2710 Rank Private Name Case E.
 Date of Enlistment 25.6.18 Address Rowling District A.S. George
 Occupation Postman Classification for Discharge FG Medical Category A.1.9
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....	<u>181-1</u>	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 7-7-19 O. C. Discharge Depot Mrs. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. Geo X-boy
with Inman man mail

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
- (b) Clothing Supplied.....

Date 8-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2228..... to his home at busking..... and Release Certificate No. 322..... issued.

Date 8-7-19..... *J.A. [Signature]*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-5-19.....

Date 8-7-19..... *[Signature]*
Depot Paymaster.

Discharge approved for..... 22-7-19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	/	N.F. Med.....	D.F. 1.....	/
B 178.....	/ W 3494.....	/ B 122.....		Board 1st.....	" 2.....	/
B 178a.....	/ D 400A.....	/ B 1915.....		do 2nd.....	" 3.....	/
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	/
B 179a.....	/ D 400C.....	/ Form K.....		do 4th.....	" 5.....	/
B 179b.....	B 103.....	ME 2.....		<u>181-1</u>	" 6.....	/
B 179c.....	B 120.....	M 93.....				

Date 8-7-19..... *J.A. [Signature]*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Date JUL 22 1919..... *H.R. Cooper Capt*
for O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date July 21/19..... *[Signature]*

Reg. No. 4715 Rank Pfc Name Cox Geo
Attested Address Middle Arm Bay of Idk.
Allotment Allottee
Date of Allotment Returned from Overseas JUL 1919
Returned on S S Cassandra Cause Discharge

87 19
227 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMONILISATION.

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,

Cox & Co.

Signature of Man.

J. F. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. 5715

Place

at Johns

Date

8-7-19.

191

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5710 Rank Pvt Name Geo X Cox
 Date of Enlistment 25.6.18 Address Conway District St Johns
 Occupation Fisherman Classification for Discharge 10 Medical Category 11
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	181-1	" 6
B 179c	B 120	M 93		

Date 7-7-19 O. C. Discharge Depot St Johns

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am Geo X Cox in a position to resume civilian occupation fisherman

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
- (b) ~~Clothing~~ Supplied _____

Date 8-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R2228* to his home

burling and Release Certificate No. *3224* issued.

Date *8-7-19*
J.A. Snowell
 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 *5-8-19*

Date *8-7-19*
J.A. Snowell
 Depot Paymaster.

Discharge approved for *22-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
E 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		" 7

181-1 *2 Form B*

Date *8-7-19*
J.A. Snowell
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUL 22 1919*

N.R. Cooper Capt
 for O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: Re.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.7.19

Regimental No. ... 5715

Name Coc Geo.

Address Curling

Present Medical Category Ai

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

Members of Board {

..... R.H. Lant Major

O.C. Discharge Depot.

..... J. P.

Senior Medical Officer

..... Ree Burden

M. O. Depot

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5715 Rank. Pvt Name. Cox G.
 Intended place of residence. Curlew
 2. Occupation Fisherman
 Classification of soldier. F Medical Category. A 1

3. The above named man is discharged in consequence of
DEMOBILIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 8 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 8 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 8 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 25-6-18 No. of days on Military
 Discharged from service. JUL 22 1919 Plus 14 days Service. 407

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 22 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 5/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

Card B 20 79/5563

63141



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 *George Cox*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5715*

Intended address *Ludington*

Height on discharge *5 Feet 11*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks

Figure on discharge *Tall*

Christian name of Father *George*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Middle Arm, Bay of St. John's 1890 April 10th*

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) *George Cox* *Witness* *W. J. Marshall* (Rank) *Act*

Station *St. John's* Date *11.7.19*

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



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

Date

August 11, 1919

Mr. George Cox,
Bay of Islands.

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.

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..... *George* 2. Surname..... *Cox*
3. Rank..... *Pte* 4. Regt. No..... *5715*
5. Address in full to which future payments of gratuity are to be forwarded..... *Bay of Islands*
6. Date of enlistment in the Regiment..... *June 15/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *Wife*
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier.....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Thirteen months*
- 13.

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

.....
.....
.....

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?.....

16. Have you, during the present war, served in the Imperial Forces.

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

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

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge..... (b) Reason for discharge.....

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.

England

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.

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: *George X Cox* (Antonia) *Thompson*

Place of Residence: *Bay of Islands*

Declared before me at: *St Johns Nfld*

This *9th* day of *July* 19*19*.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John McCarthy*

POST DISCHARGE PAY.

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

Certified correct.

Paymaster



ADDRESS ALL COMMUNICATIONS TO
VOCATIONAL OFFICER
MILITIA BUILDING, ST. JOHN'S.

Civil Re-Establishment Committee

MILITIA BUILDING,
St. John's, Newfoundland.

GGB/OR.

HON MR. JUSTICE KENT, CHAIRMAN	R. B. JOB, ESQ., H. E. COWAN, ESQ.,	} VICE-CHAIRMEN.
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HON. H. J. BROWNRIGG, MINISTER FINANCE & CUSTOMS.	HON. W. F. COAKER, MINISTER MARINE & FISHERIES.	HON. DR. CAMPBELL, MINISTER AGRICULTURE & MINES
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HON. G. SHEA, REV. DR. L. CURTIS.	LIEUT. COL. RENDELL, C.B.E. CHIEF STAFF OFFICER	MAJOR BUTLER, D.S.O., M.C. MAJOR MARCH, M.C.
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MAJOR PARSONS, M.C., MEDICAL OFFICER.	DR. V. P. BURKE.	DR. W. W. BLACKALL, VOCATIONAL OFFICER.
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10615

April 27, 1920.

Major Howley,
O.I.C. Pay and Records.

Dear Major Howley:-

Enclosed please find a letter from J.Cox 5715,
which refers to your Department. I have written Mr. Cox
informing him that you will communicate with him direct.

Yours faithfully,

C. B. Byrne
Secretary
Civil Re-establishment Committee.

1st cheque mailed Aug 11/19.
2nd
3rd
4th
total
Nov 10
[Signature]

Coxes Cove
March 11 1912

Dear Sir.
I mailed My Book to see
About Gratade Money. what
is giving to the Solders
All the boys that were in
the Canadian Regiment are
home.

And I would like to
know if we shoudent
get it as well as the
rest of the fellows.

And I would like to
know about My Bage
So I think that is all
I have to say for this
time I remain yours

Privet J Cox. No 5715