



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5318 Name Wm William Cox

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Wm William Cox
- 2. What is your full Address? 2. Quaker Rd. St. John's
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 22 Years 1 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, Wm William 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.

Signature of Recruit: Wm William Cox

Signature of Witness: Amos

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm William 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 St. John's on this 17th day of May 1918.

Signature of Attesting Officer: C. M. Brock

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

5318

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

Name Wm. Lort

Apparent age 22 years months. Height 5 feet 8 1/2 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and address of next of kin Jemie Lort,
Gowans Rd. Sgoon's | 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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>22 5-18</u>									
Joined at <u>Wales</u> on <u>May 22-1918</u>									
Discharged as per July 30-1919									
Embarked <u>Wales</u> train to <u>Halifax, N.S.</u> <u>22-9-18</u>									
L. H. for demobilization <u>24-6-19</u>									
Arrives <u>Wales</u> <u>1-7-1919</u>									
Demobilization <u>Wales</u> <u>30-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 30-7-1919 [date of discharge] 1 years 70 days

" " Pensions " " " " " " " " " " " "

C.R. 5318

Extract from Daily Orders West 11 Unit The Royal WFLA.
Regt. St. John's, July 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.S. Discharge Depot with effect from 16-7-19

5318 Pte. W.Cox.

C.R. 5318

extract from Daily orders part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/o records from noted date 30-7-19.

5318, Pte. W. Cox.

C.R. 5318

Extract from Daily Orders Regiment, Unit 9th Royal Nfld.

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

5318 Pte. W. Cox.

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

Extract from Daily Orders Regiment, Unit 9th Royal Nfld.

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

C.R. 5318

Extract of Orders by MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

5318 Pte.N. Cox.

"C" Company.

C.R. 5318

Extract from Orders by Lt. Col., B.J.BARTON, Commanding
2nd., Battalion the Newfoundland Regiment, dated
November 10th., 1918.

The undermentioned will proceed to join the Newfoundland
Forestry Corps on Monday 18th., November 1918.
on probation.

#5318 Pte. N. Cox.

BC.

C.R. 5318

Extract from Memorial Roll Untrained at St. John's for
Overseas Sept. 22, 1918. "C"

5318 Pte. Cox William.

C.R. 5318

Extract from Daily Orders Part 11 St. John's Sept. 7th 1918

#5318 Pte. W. Cox.

APPEARED IN DAILY ORDERS PART 2 OF # 143, 14/8/1918 AS EMPLOYED AS
COOKS FROM 15/8/18 SHOULD BE FROM 15/7/18.

* * * * *

C.R. 5318

Extract from Daily Orders Part 11 Unit The Royal Hfld .
St. John's, dated Aug.14-18.

5318 Pts. W. Cox.

Employed as cook from 15-8-18.

C.R. 5318

Extract from Orders by Lt. Col., B.J.BARTON, D.S.O., commanding
2nd., Battalion of the Newfoundland Regiment dated November 18th 1918.

The undermentioned will proceed to join the Newfoundland Barrage
Corps. on Monday the 18th., November 1918.

#5318 Pte. N. Cox.

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

#5318 Pte. William Cox.

Attested for General Service with the Royal Hfld. Regt.
from 22.5.18

W Cox

C.R.

5318

11/10

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, and 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 Newfound Land* }
 2. Regtl. No. *5318* }
 3. Rank *Pvt* } *Former*
 4. Name *Co* *William* }
 (Surname) (Christian Names)
 5. Age last birthday *23*
 6. Posted for duty on at
 in category (or grade)
 7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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.)

The Complaints 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.

Repatriation

W.E. Proctor *Rame*

Station *Hazelton, B.C.*

Medical Officer in charge of case.

Date *9.11.19*

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

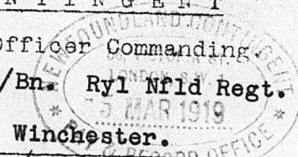
No. 3198/487.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London S.W. 1.

To: Officer Commanding.
2nd/Bn. Ryl Mfid Regt.
Winchester.



26th February 1919

March 3rd 1919

5318. Pte Cox. N.

With reference to the following
telegram from the Minister of
Militia / / (48)

Receipt hereunder.

J. Seymour *Seymour*
LIEUT. COLONEL,
Officer Comdgd *Batt'n*
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5318. Cox.

£10.0.0.

Received the sum of Ten

Cheque £10.0.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

pounds in respect of
telegraphic remittance from the
Minister of Militia.

M. A. Hunt
Chief Paymaster & O. i/c Records.

W. Fox
No. 5318 Rank pte

Witness *Geo. Perry*

for C. L. M. S.

Coy. W.

5318

Ray & Sept.

July 30th 1919.

531B, Pte.W.Cox,
Goulds, Bay Balls Road.

Dear Sir:

Enclosed please find discharge certificate
3270.

Yours truly,

Capt.⁶ Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5318 Rank Pte Name Coop W.
 Intended place of residence Goueds

2. Occupation Farmer
 Classification of soldier E 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 JUL 16 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 16 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 16 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 22-5-18 No. of days on Military
 Discharged from service... JUL 16 1919 Plus 14 days Service... 435

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 16 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 July 30/1919
 Officer in Charge of Records
 The Royal Newfoundland Regiment

Handwritten: 207913270

10
30
30

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

July 15/19

Regimental No. *5318*

Name

Cox William

Address

Goulds

Present Medical Category

A 1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

A. R. Loope Capt.
O.C. Discharge Depot.

Members of Board

Parsons
Senior Medical Officer

Dee Berden
M.O. Depot.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 318 Rank. Pl Name Joseph W. Goulds
 Date of Enlistment 23.5.18 Address St. John's District St. John's
 Occupation Farmer Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 15.7.19 O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

William Cox

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
- (b) Clothing Supplied.....

William Cox

Date..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192438 to his home
 at Youlds and Release Certificate No. 3639 issued [Signature]

Date 16-7-19
 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 30-7-19

Date 16-7-19
 Depot Paymaster. [Signature]

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 17-7-19
 Demobilization Officer. [Signature]

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 16 1919

Date
 O. C. Discharge Depot. [Signature]

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.
To resume former Occupation.

William Cox

Signature of Man.

W. B. ...

Reg. No. 6318

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **16-7-19.** 191

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

MEDICAL HISTORY

OF

Surname bot

Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish

St John's, Nfld.

County

Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined on 22 day of May 1918 on _____ day of _____ 191
at St John's at _____

Declared Age... 22 years days years days

Trade or Occupation... Armer,

Height 5 feet 5 1/2 inches feet inches

Weight 150 lbs. lbs.

Chest Measurement { Girth when fully expanded... 37 inches inches
Range of Expansion... 3 inches inches

Physical Development... Right Left Right Left

Vaccination Marks { Arm ... Number ...

When Vaccinated ...

Vision ... R.E.—V=6/6 L.E.—V=6/6 R.E.—V= L.E.—V=

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

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

Approved by (Signature) [Signature] (Rank)

Enlisted ... at St John's at _____
on 22 day of May 1918 on _____ day of _____ 191

Joined on Enlistment... The Royal Nfld Regt 5318. Corps Regtl. No. Corps Regtl. No.

Transferred to... (Signature) (Rank)

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



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 *Cox, William*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5318*

Intended address *Youlds*

Height on discharge *5 feet 8 1/2*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks
Figure on discharge *Medium*

Christian name of Father

Christian name of Mother *Jessie*

Wife's maiden name in full

Date and place of marriage

Christian names of children
Place and date of soldier's birth *Youlds 15-4-1896*

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) *William Cox*

St
(Rank)

Station *ST. JOHN'S.*

Date *14-7-19*

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

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*
2. Regtl. No. *5318* 3. Rank..... *Plt*
4. Name *Cox*..... *Willeain*
(Surname) (Christian Names)
5. Age last birthday..... *23*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Farmer*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
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) 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 ? }

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

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.

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.

Repatriation

W. E. [Signature] *Captn [Signature]*

Station *Hazley Down*

Date *9/4/19*

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

August 1st 1919.

Mr. H. Cox,

Goulds, St. John's, W.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of War Ser-
vice gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 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..... *William* 2. Surname..... *Cof*

3. Rank..... *Pte* 4. Regtl. No..... *5318*

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

6. Date of enlistment in the Regiment..... *May 22/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*

8. Relationship of such dependents..... *no*

9. Address in full of such dependents..... *no*

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

11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *England & S. Africa*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *1 yr 2 mo.*

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

..... No

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

..... No

15. Have you been issued with a War Service Badge?

..... No

16. Have you, during the present war, served in the Imperial Forces?
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 Regulars? If not give:- (a) date of discharge
(b) Reason for discharge

..... July 16/19
..... No
..... Dismissed
..... Kimp

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

..... No England & Scotland only

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

..... No
And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

ST. JOHN'S, JUL 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pt. H. Cox

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

5318 Pt. H. Cox 16. 60

ACCOUNT	<u>3138</u>	INITIALS	<u>Geo</u>
IND. LEDGER	---	INITIALS	---
PAY LEDGER	---	INITIALS	---
GEN. LEDGER	---	INITIALS	---

Certified correct for \$ 16.60

W. Cox
Billeting Officer.

6105.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

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

is/are forwarded herewith to

William Cox

in respect of his service as No. 5318 Rank Pte.

Name W. Cox Royal Nfld. Regt.
~~Victory Medal~~

Receipt of the same should be acknowledged hereon.

Received Medal

Signature W.P. Cox (Cox)
8

Date 1-2-1922

Address 126 Water St West

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company W. S. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5318</u> <u>Cox. Wm</u>	Age on	years	months	<u>Farmer</u>	
Joined		Place and Date of Enlistment		Religion		
Joined		Period of		Place of Birth		
Joined						
Joined	with Colours		<u>St John's</u>			
Joined	with Reserve					

Place	Date of Offence	Rank	Class of Offence	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Princess Rents</u>	<u>18-6-18</u>	<u>Pte</u>		<u>1 absent from 10.30 pm 18-6-18 acc pt 15. 18-6-18. 2 obtaining a pass after leave signed by O.C. Coy.</u>	<u>Serge Gardner</u>	<u>7 days Lt.</u>	<u>19-6-18</u>	<u>R. H. Dail Capt.</u>	
<u>Hagley D. Camp</u>	<u>22-5-19</u>	<u>-</u>		<u>Trying to cause disturbance while in windwater</u>	<u>Sgt R. Power Lt Whiffen</u>	<u>4 days Lt.</u>	<u>23-5-19</u>	<u>J. Peterson Lt.</u>	
				<u>Demobilized St John's</u>	<u>30</u>	<u>7/19</u>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5318 Rank Plt Name Spence W
 Date of Enlistment 22-5-18 Address Stouffville District Halifax
 Occupation Farmer Classification for Discharge By Medical Category Hi
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 15-7-19 O. C. Discharge Depot Miss H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

William Cox

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable _____
- (b) Clothing Supplied _____

William Cox

Date _____ O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2438 to his home at York and Release Certificate No. 3639 issued

Date 16-7-19

Ambleton
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 30-7-19

Date 11-7-19

M.H.
Depot Paymaster.

Discharge approved for 16-7-19

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	2 Fam B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 17-7-19

Ambleton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 16 1919

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

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

Date July 28 1919

Reg. No. *1318.* Rank *Plt* Name *Capt. Wm*

Attested Address *Woods.*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge.*

15 7 19

PASSED TO DEMOBILIZATION OFFICER


16 7 19

DISCHARGE APPROVED ON DEMOBILISATION.

November 17th. 1942

Pte. William Cox. #5318. Royal Nfld. Regt.

THIS IS TO CERTIFY that the above named
enlisted in the Royal Newfoundland Regiment
on May 22nd. 1918 and was demobilized at
St. John's, Newfoundland, on 30th. July
1919, having served 1 year and 70 days.


C. C. Oke,
War Pensions Officer.

CCO/SM