

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5646 Name James Gossney Corps CGB

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. James Gossney
- 2. What is your full Address? 2. Bury St Bome Bay
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 32 Years Months
- 5. What is your Trade or Calling? 5. fisherman
- 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, James Gossney 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 by me.

James Gossney SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

James Gossney OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Gossney 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 endorsed as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this..... day of June 1918

Signature of Attesting Officer [Signature] Asst. Lieut.

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date..... 1918 } Approving Officer.
Place..... }

† 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

5646.

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

Name James Gosney
 Apparent age 22 years 0 months. Height 5 feet 4 3/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Gosney
Orchard Bend Bay | Relationship Father
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) 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>10-6-18</u>									
Joined at <u>St. John's</u> on <u>June 10-1918</u>									
<u>Discharged August 16-1919</u>									
<u>Embarked St. John's N.S. to St. John's N.S. 22-7-18</u>									
<u>to R.R. for demobilization 24-6-19</u>									
<u>Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's 6-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-8-1919</u> (date of discharge) <u>1</u> years <u>58</u> days									
Pensions " " " " " " " " " " " "									

Reg. No. 5646 Rank Pte Name Gosney James J. Coy
Attested 10-6-18 Address Birches Head Bonne Bay
Allotment 60¢ Allottee James Gosney (Father)
Date of Allotment 1-1-18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

11/6/18 Vacc.
14/6/18 Admitted to Barracks Nos. 22/6/18 Dredy B/Hok
25-6-18 to 5-7-18 P. L. 5-7-18

C.R. 5646

Extract from Daily Orders Part II Unit The Royal WFLD. Regt.
St. John's, July 14th, 1919.

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

5646 Pte. J. Goosney.

C.R. 5646

Extract from Daily Orders Part 11 Unit The Royal Field. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from 8-6-19.

5646 Pte. J. Goosney.

CR: 5646

Extract from Daily Orders Battalion Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5646 Pte. G. Goosney.

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

C.R. 5646

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

The following man embarked for overseas on H.M.S.

"Columbella" July 22, 1918.

#5646 Pte. James Goosney.

C.R. 5646

Extract from Daily Orders Part 11, from Unit The Royal Nfld.,
Regiment, St. John's, dated 11th June 1918.

5646, Pte. Jas. Goosney.

Attested for General Service with The Royal Nfld., Regiment,

10/6/18

J. Hoosny

C.R. 5646

1890



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *James Goosney*, Regl. No. *5646*

hereby agree, until further notification by me and in similar official form to make an Allotment of *60* Dollars and *00* 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 *August 15/18*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4768</i>	<i>Father</i>	<i>James Goosney</i>	<i>Paradise Bay</i>	<i>60c</i>
Total Allotment, \$				<i>60c</i>

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

(Sig.) *J. G. James*
Officer Commanding
F. Company

(Sig.) *James H. Goosney*
(Rank) *Pte. rank*

July 15 191*8*

Wit. R. L. Luffen
5718

No. 6505/995

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 Bat Ryl. Nfld. Regiment
 Winchester

30th April 1919

5646 Pte J. Gooseney.

With reference to the following telegram from the Minister of Militia / / (158)

"Pay to- 5646 J. Gooseney
£4-0-0

Cheque £ 4-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. I/c Records.

May 3rd 1919

Receipt hereunder.
J. Gooseney
 for
 LIEUT. COLONEL,
 COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Four
pounds in respect of telegraphic remittance from the Minister of Militia.

J. Gooseney
 No. 5646 Rank Pte.

Witness W. Barnes

B

No. 19051/2126

065525
RC



NEWFOUNDLAND CONTINGENT S.W.

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

21st November 1918

26-11-1918

Subject: 5646, Pte. J. Goosney

Receipt hereunder.

With reference to the following telegram (10022) from the Hon. Minister of Militia, received

Chas. J. LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

Pay to 5646 Goosney £4:2:0

Received the sum of four pounds

Draft £4:2:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

two Shillings on account of cable remittance from Newfoundland.

A. A. Minnie
Chief Paymaster & O. 1/c Records.

J. Goosney
No. 5646 Rank pte

Witness _____

No. 112/32/P&A

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To: *J.R. Kennebury*
Officer Commanding,
2nd. Bn. R. Newfoundland Regt
Hazeley Down Camp,
Winchester. Hants.

2nd. January, 1919

Jan 6 1919

Subject: 5646. Pte. Jas. Goosney.

With reference to the following telegram (19&20) from the Hon. Minister of Militia, received

Pay to 5646 Goosney - £4:0:0

Draft £4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. H. [Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. R. Kennebury
LIEUT. COLONEL,
OFFICER COMMANDING 2ND. BN. R. NEWFOUNDLAND REGT.

Received the sum of Four Pounds on account of cable remittance from Newfoundland.

Jas. Goosney
No. 5646 Rank Private

J. R. Kennebury

No. 21603/2490/P.&.A

21603 2490
066479

N.F.P./79.

NEWFOUNDLAND CONTINGENT



From:

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

To: *[Signature]*
Officer Commanding
2 Bn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

30th December 1918

2 - 1 - 1919

Subject: 5646 Pte. J. Gosney.

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

"Pay to 5646 Pte Gosney, £3,2.0.

Draft £ 3.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. 1/c Records.

B

Receipt hereunder.

[Signature]

LIEUT. COLONEL,
OFFICER COMMANDING
2ND BN. ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment.

Received the sum of Three Pounds

2 Shillings on account of

of cable remittance from Newfoundland.

J. Gosney
No. 5646 Rank Pte

Witness H Maunders

112/32/P&A

Officer Commanding,
2nd. Bn. R. Newfoundland Regt
Hazeley Down Camp,
Winchester. Hants.

2nd. January, 8

5646. Pte. Jas. Goosney.

19&20

Pay to 5646 Goosney - £4:0:0

4:0:0

228

Looney, J

5646

Ray Sept

August 6th 1919.

#5646, Pte. J. Goosney.

Bonne Bay.

Dear Sir:

Enclosed please find Discharge Certificate
341B.

Yours truly

Capt. & Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3646 Rank Pte Name Goosney J
 Intended place of residence Bonne Bay St Barbe
 2. Occupation Fisherman
 Classification of soldier E 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 9 1919

Mrs H.
 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 9-1919

J. Goosney
 Signature of soldier
J. A. Snowd
 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 9-1919

J. Goosney
 Signature of soldier
James O'Sullivan
 Signature of witness SPI

STATEMENT OF SERVICE

7. Enlisted for service 10-6-18 No. of days on Military
 Discharged from service 23-7-19 Plus 14 days Service 423

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 20 1919

R. R. Cooper Capt.
 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 6/1919

M. Howley Capt.
 Officer in Records
 The Royal Newfoundland Regiment

2079/3418

21
31
86

The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 8.7.19

Regimental No. 5646.....

Name Gosney James JH

Address Bonne Bay

Present Medical Category..... A7

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

Members of Board {

RH Last Major
O.C. Discharge Depot.

Robson
Senior Medical Officer

DeBened
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5646 Rank Plt Name James J. ...
 Date of Enlistment 10.6.18 Address Bonny Bay District St. Barbe
 Occupation Labourer Classification for Discharge 16 Medical Category AI
 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 8.7.19 O. C. Discharge Depot. St. Barbe

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 Supplier Adm. Officer

Date 9-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192286 to his home at Bonne Bay and Release Certificate No. 3340 issued.

Date

9-7-19

J.A. Knowlton
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 6-8-19

Date

9-7-19

H. H. [unclear]
Depot Paymaster.

Discharge approved for

23-7-19

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		" 6
B 179c	B 120	M 93		

Date

9-7-19

J.A. Knowlton
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 23 1919

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

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Signature of Man.

J. J. Goosney

Reg. No. 5646

Signature of the Vocational Officer or his Representative.

J. A. Shauloff

Place

At Johns

Date

9-7-19.

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

MEDICAL HISTORY

Surname Goorney OF Christian Name James

Table I. GENERAL TABLE

Birthplace:—Parish Bonne Bay County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	10	June	1918	191
	at <u>St. John's</u>		at	
Declared Age	22	years		days
Trade or Occupation	<u>Yachtsman</u>			
Height	5	feet $4\frac{3}{4}$		inches
Weight		136		lbs.
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		3	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/9</u>	R.E.—V=	
	L.R.—V=	<u>6/9</u>	L.R.—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>Lammie Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	10 day of <u>June</u>	on	day of 191
	Corps		Corps	Regtl. No.
Joined on Enlistment	<u>Royal Nfld 5646</u>			
	<u>Regiment</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				



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 *James Goorney*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6646*

Intended address *Bonne Bay.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *medium*

Christian name of Father *James.*

Christian name of Mother *Sarah*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Bonne Bay 22nd Nov 1897*

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) *James Goorney*

4/6
(Rank)

Station *ST. JOHN'S.*

Date *5-7-19.*

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.

Station



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* 7. Former Trade or Occupation } *Tradesman*
2. Regtl. No. *5646* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Looney* *James* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *22*
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 (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. *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 ?

No complaint of no disability

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.)

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. P. Poennier, Capt R.A.M.C.

Medical Officer in charge of case.

Station *Mazely Down*

Date *2/4/19*

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

August 15, 1919

Mr. James Cooney,
Bonne Bay.

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 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..... *James* 2. Surname..... *Gossney*
3. Rank..... *P. Lt* 4. Regtl. No..... *5646*
5. Address in full to which future payments of gratuity are to be forwarded..... *Boune Bay*
-
6. Date of enlistment in the Regiment..... *June* *1918*
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 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..... *Thirteen months*
- 1.2

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

..... *no*

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

..... *no*

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

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

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

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *no*

19. Are you now serving in the Regt.?..... *no* If not give:- (a) Date of discharge... *July 23/19*... (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: *James Gosney*

Piece of Residence: *Bonne Bay*

Declared before me at: *St John's*

This *10* day of *July* 19*19*....

John M. McCarthy

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

POST DISCHARGE PAY.

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Gosney, Regl. No. 5646

hereby agree, until further notification by me, and in similar official form to make an Allotment of Twenty Dollars and 60 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 August 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4768	Father	James Gosney Bonnetray		60c
Total Allotment, \$				<u>60c</u>

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. C. James 2/Lieut
 Officer Commanding
F. Company

(Sig.) James Gosney
 Pte. mark.
 (Rank)

July 15 1918

with
5718 R. L. L. L.

1919

6232

August 17

Dear Sir Bonne Bay
I Receive my Discharge
But I did not Receive
my Money with it Like
the Rest of the Boys
around here I do
not know the Reason
why has I should
get the money with the
discharge other Soldiers
Receive their money
and I am still waiting
for mine hoping to hear
from you this mail
in closing my money

I am yours Truly
James Grodney,
In Howley

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet One

Forms
B 121.
39.

Regiment of Royal Newfoundland

Signature of O. C. Company C. B. Dickson

Regimental Number and Name		Enlistment		Trade
No.	<u>Jamso Godfrey</u>	Age on	<u>22</u> years <u>00</u> months	<u>Footman</u>
Joined	Date	Place and Date of Enlistment	<u>10/16/18</u>	Religion
Joined	Date		<u>St John's</u>	<u>Copt</u>
Joined	Date	Period of	with Colours <u>1 5/8</u> years.	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hazlet</u>	<u>3-10-18</u>	<u>PT</u>	<u>-</u>	<u>Dirty on Parade</u>	<u>J. S. M. Hagan</u> <u>Spl. Cox</u>	<u>2 days C.B.</u>	<u>3-10-18</u>	<u>Capt Piffin</u>	<u>WT</u>
<u>Demobilized St John's 6/8/19</u>									

To be carried over.

The Royal Newfoundland Regiment

15646

DEMOBILIZATION OF

Reg. No. 5246 Rank PL4 Name Gosney J
 Date of Enlistment 10.6.18 Address Bonne Bay District
 Occupation Fisherman Classification for Discharge 6 Medical Category A.I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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 8.7.19 O. C. Discharge Depot St John's Pt

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am.....in a position to resume civilian occupation. G. Gosney

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 Adm. Col. ...

Date 9-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2286 to his home at Bonne Bay and Release Certificate No. 3340 issued.

Date 9-7-19

J.A. Snowcraft
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 6-8-19

Date 9-7-19

J.A. Snowcraft
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
F 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		

Form B

Date 9-7-19

J.A. Snowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919

H.R. Loober Capt
for O. C. Discharge Depot.

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

Date July 21 1919

[Signature]

Reg. No. *1466* Rank *14* Name *Goorney*

Attested Address *500th Ave.*

Allotment Allottee

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

Returned on S S *Cassandra* Cause *Discharge*

19-7-19
23-7-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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 } *Fisherman*
2. Regtl. No. *5646* 3. Rank... *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Gwynn* } (Surname) } *James* } (Christian Names)
5. Age last birthday *22*
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) 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."
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, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

No complaints of no sensibility

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.

Physiatrist

G. E. Proemier, Capt. R. A. M. C.
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *2/4/19*

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