



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1628 Name Daniel Coady Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Daniel Coady</u> |
| 2. What is your full Address? | 2. <u>Subtense & Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Blacksmith</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, Daniel Coady 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.

Daniel Coady SIGNATURE OF RECRUIT.
George C. Jones Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Daniel Coady 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 on this 22 day of April 1918

Signature of Attesting Officer [Signature]

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date April 22 1918 } Approving Officer.
 Place St John's }

† 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).....

Recd 15.5.18
 18



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4628 Name Daniel Coady Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Daniel Coady</u> |
| 2. What is your full Address? | 2. <u>Subterrene Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Blacksmith</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, Daniel Coady 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.

Daniel Coady SIGNATURE OF RECRUIT.
Francis C. Jones Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Daniel Coady 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 23 day of April 1918

Signature of Attesting Officer [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
 If enlisted by special authority, such will be attached to the original attestation.

Date April 23 1918
 Place [Signature] } 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)

2807 15 18



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4628 Name Daniel Coady Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Daniel Coady</u> |
| 2. What is your full Address? | 2. <u>Sub Ltene B Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Blacksmith</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, Daniel Coady 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.

A Daniel Coady SIGNATURE OF RECRUIT.
23.4.18 Daniel Coady Signature of Witness.

Daniel Coady 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 23 day of April 1918

Signature of Attesting Officer J. James

†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 8th R.C.

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

Date April 27 1918

Place St John's } Approving Officer.

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

Prop at 15.5.18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Daniel Coady
 Apparent age 22 years 3 months. Height 5 feet 2 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Catherine Coady
Outer Cove C. Bay | 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 L'epot	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>23-4-18</u>									
Joined at <u>St John's</u> on <u>April 23-1918</u>									
<u>Discharged on July 29 1919</u>									
<u>Reported for duty 15-5-1918</u>									
<u>Embarked St John's train to Halifax N.S. 11-6-18</u>									
<u>Embarked for R.C.M.P. 26-10-18</u> <u>Joined Battalion in the field 3-11-18</u>									
<u>Admitted 36th C.S. Influenza 15-12-18</u> <u>Admitted 7th Hosp. Boulogne 17-12-18</u>									
<u>Embarked for R.C.M.P. 6-1-1919</u> <u>Admitted West-Canadian Hosp. Hamarth 6-1-19</u>									
<u>Surrounding then posted to Hosp. Newcastle 8-3-1919</u> <u>to H.Q. for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 11-7-1919</u>									
Total Service forfeited as above.....									
<u>Demobilization St John's 29-7-19</u>									
Total Service towards Engagement to <u>29-7-1919</u> (date of discharge) <u>1</u> years <u>76</u> days									
Pensions " " " " " " " " " " " "									

C.R. 4628

Extract from daily orders part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 1st 1919.

~~CONFIRMED~~

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 29-7-19

4628, Pte. D. Coady

C.R. 4628

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 19th 1919.

The discharge of the undernoted on demobilization has
been APPROVED by O.C. Discharge Depot with effect from
following date.

15-7-19.

4628, Pte. D. Coady.

C.R. 4628

Extract from Daily Orders May 24th, 1919: Royal Nfld.
Regt. St. John's July 2nd, 1919.

4628 Pte. D.Coady.

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

G.R. 4628

Extract of Orders By Lt. Col. B.J. Barton, D.S.O.,
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.
8/3/19.

The following having reported back from the 1st Bn.
is taken on the strength and posted to "H" Company.

4628 Pte. D. Coady.

8/3/19.

C.R. 4628

Extract of Casualties from Pay & Record Office,
London, dated February 28th/19.

4628 Pte. D. Coady.

Ex. 4th London General Hospital, reported at the
Pay & Record Office, and was granted furlough
from 28/2/19 to 9/3/19. He is marked fit for III
Employment.

Authority:

A.F. W.3016 from 4th L.G.H.

C.R. 46 28

Jan. 11, 19

Dear Mrs. Coady:

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

your son, No. 4628, Private Daniel Coady is at West London Hospital, London, England suffering from influenza

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

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

Yours faithfully,

**Mrs. Catherine Coady
Outer Cove
St. John's, East**

Minister of Militia

CR.

4628

Extract of Telegram from Synoptical, London to Military, St.
John's, dated Jan. 9th 1919.

West London General Hospital Influenza #4628 Coady.

C. 2.—Casualties.

COLONIAL CONTINGENTS ONLY.

Army Form W. 3026A

(Continuation Sheets are supplied separately.)

HOSPITAL, at

West London,

Hammer Smith,

Affiliated to

4th London Gen. Hospital, Expeditionary Force

NOMINAL ROLL of Sick and Wounded from the * _____

admitted on

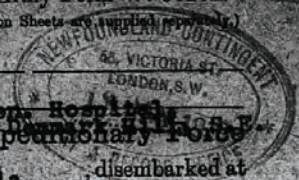
6/1/19

from Hospital Ship

Gambria

disembarked at

* Here insert which Expeditionary Force.



NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission :

- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**
- (ii) The other direct to the O. I/c of Records of the Colonial Contingent concerned.

* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases :

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
- (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty * (See note in large type above).
4628	Pte	Goady, Daniel	1st Newfoundland	Influenza

(sd) ?
Major R.A.M.C.T.
Registrar,
4th London General Hospital.

C.R. 4628

Jan. 20th, 1919

Mrs. Catherine Coady
Outer Cove
C.B.

Dear Madam:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning your son, No. 4628, Private Daniel Coady, to the effect that he is now progressing favourably

Yours faithfully

Lieut. Col.,

Chief Staff Officer.

C.R. 4628

Extract from War Office List No. H. A. 33232.

ADM. 7 STY. H. BOULOGNE 17th DECEMBER 1918.

#4628 Bte³ D. ^v Coady.
c

INFLUENZA MILD.

C.R. 4628

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
Issued By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18.

The following joined the Battn. 3-11-18.

4628 Pte. D. Coady.

B Coy.

C.R. 4628

Extract from Nominal Roll re-inforcement Draft No. 55 Embarked Folkestone
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.S.F.

4628 Pte. Coady, D.

MP.

EDMUND

BLANDF

STRATFORD

C.R. 4628

Extract from Daily Orders Part 11. from Unit The Royal Newfoundland
Regiment, St. John's. dated June 14th 1918.

4628 Pte. D. Coady

Embarked for Overseas with draft 11-6-18.

C.R. 4628

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

#4628 Pte. Daniel Coady.

Attested for General Service with the Royal Mfld. Regt.
from 25/4/18.

R. 4628

Extract from Daily Orders part 11, from Unit The Royal Nfld. Regt
from St. John's, dated May 15, 1918

~~4628~~ Pte. D. Coady

4628

Attested for report later. Reported to Headquarters for
duty from this date

C.R.

4628

Extract from Daily Orders p rt 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated May 1st, 1918.

#4628 Pte. Daniel Coady/

To report 23/4/18 reported 15/4/18.

D. Coody

C.R. 4628

S.A.D.

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 N. F. B. Co.* 7. Former Trade or Occupation }
 2. Regtl. No. *H. 100* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Broach Samuel* (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (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? (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.

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. } | ✓ | VDS Col. |
- 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.)

to complain 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 invaded at Foreign Stations.

Repatriation

W. E. Procuier
 Medical Officer in charge of case.

Station *Harleytown*

Date *27-3-19*

* 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

To: - The Chief Paymaster,
Royal Newfoundland Regiment,
55 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4628	Pte	Cady D	£550	D. Cady

I have the honour to be, Sir,
Your obedient Servant.

Date

July 9/18

D. Cady

NEWFOUNDLAND CONTINGENT

From:

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

To:

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

September 17th, 1918

Sept - 21st 1918Subject: 4628, Pte. D. Coady, *e*

With reference to the following telegram (8045) from the Hon. Minister of Militia, received

"Pay to 4628, Pte. D. Coady, £2:9:4.

Draft £ 2:9:4. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

Receipt hereunder.

D. B. Barton LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £ 2.9.4

Newfoundlands on account of
shillings & four pence
cable remittance from Newfoundland.

*Danill Coady*No. *4628* Rank *Pte*

Witness:-

Pte. P. Manning

No. 16657/16/P&A

N.F.P./79.

NEWFOUNDLAND CONTINGENT



From: .

To:

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

Officer Commanding,
2nd Br. Royal Newfoundland Regt,
Based at Down Camp,
Winchester.

17th, October, 1918

Oct. 30 1918

Subject: 4628.Pte. D. Coady.

With reference to the following telegram (8895) from the Hon. Minister of Militia, received

Pay to 4628. Coady - £2:0:0.

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

Kindly obtain his receipt hereon.

A. C. Mearns
Chief Paymaster & O. i/c Records.

Witness:

P. Manning

Receipt hereunder.
R. H. Dasher **MAJ. COLONEL.**
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £ 2.0.0

Two pounds on account of
cable remittance from Newfoundland.

D Coady

No. 4628 Rank Pte

DISCHARGED FROM HOSPITAL

28-2-19

Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

58, VICTORIA STREET, LONDON, W. Army Form W. 3016. (In Books of 200.)

No. 5339^a Date 28-2-19

- * (1) ~~To the Officer in Charge~~ Records
- * (2) ~~The Officer Commanding~~
- * (3) ~~The Paymaster~~

1/e Newfoundland Reg
58 Victoria Street
Station
SW

* Strike out that which is inapplicable.

Regimental No. 4628

Rank and Name Pte Coady D

Regiment or Corps 1st Newfoundland Reg

has been granted a furlough from admitted to Hospital

His address while on leave will be

J
I consider he is fit for III

611/9 side Cornwall General
Returned to you for discharge
disposal

Nearest Railway Station

- * ~~LOCALITY.~~
- * ~~REGIMENTAL OFFICER.~~

* III. EMPLOYMENT.

Officer in charge William Jones Hospital. Station.



Four copies to be made, and one copy sent to each of the offices mentioned above, and one copy filed in the office.

In the case of men of the Royal Air Force, Royal Engineers and Army Ordnance Corps, two copies of Army Form W.3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer in Charge Records, the Paymaster and the Paymaster in the Schedule.

MAJOR, R.A.M.C.
4th London General Hospital
(6131) Wt.3904 P1606 12,090 books 8/18 W.J.P. (E 3571)

No. 4628 Rank Sgt Name Roady D

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			60
Net Rate			50

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d		
						From	To							
Balance					Balance		20 ¹⁸					4	0	7
Acquittance Rolls					Pay @ Net Rate	21 ¹²	28 ²⁷	70	50	25	00	7	3	10
Hospital Advances					RA.	28 ²⁹	9 ²⁷	10	41			1	0	10
A.B. 64.														
P.&.R.O. Payments														
Cash PAY 61	28 ²	12	0	0	£10 11 5									
Cheque 11713		10	10	0	pay.	1/3/19	7/3/19	7	50	3	50			14
					Gr. bal.									12
Cash. 1545				15	0									8
					£-15-8									

MEMORANDUM CONTINGENT

25/2/19

£1-14-0

£12-4-0

Loady, 10

4628

Ray Sept.

July, 29th 1919.

#4628, Pte D. Coady
Fleming Street,

Dear Sir:

Enclose d please find Discharge Certificate
" 3290.

Yours truly,

Capr. & Paymaster

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4628 Rank Pte Name Coady D. John
 Intended place of residence St. John's
 2. Occupation Blacksmith
 Classification of soldier 2 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 15 1919

H. Must
 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 15 1919

D. Coady
 Signature of soldier

A. Blomston
 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 15 1919

D. Coady
 Signature of soldier

W. Reardon
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-4-18 No. of days on Military
 Discharged from service JUL 15 1919 Plus 14 days Service 463

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, 14 days from date.

Place, ST. JOHN'S

Date JUL 15 1919

N.R. Cooper Capt
 Officer in Charge 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 29/1919

A. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

AWB 2079/5190

4
 230
 298

The Royal Newfoundland Regiment

Class for Demobilization: *A1*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: *July 14/19*

Regimental No. *H625*

Name: *Coady Dan*

Address: *Fleming St*

Present Medical Category: *A1*

Recommended for: (a) Immediate discharge

(b) Standing Medical Board

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

Members of Board

H. B. Brown
Senior Medical Officer

J. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 44224 Rank PLC Name Leahy, D
 Date of Enlistment 23.4.48 Address Thames St. District St. John's
 Occupation Blacksmith Classification for Discharge 6 Medical Category 1E
 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	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date July 7, 1949

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable. \$6.00

(b) Clothing Supplied

Date July 7, 1949

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at Flaming St. and Release Certificate No. 3611 issued.

Date 15-7-19

W. E. Coates
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 24-7-19

Date 15-7-19

H. M. S. 11
Depot Paymaster.

Discharge approved for 15-7-19

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 15-7-19

W. E. Coates
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

JUL 15 1919

Date _____

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.

D. Coady

Signature of Man.

W. B. Blonston

Signature of the Vocational Officer or his Representative.

Reg. No. 4628

Place

ST. JOHN'S.

Date

13-7-19.

191

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

MEDICAL HISTORY

OF

Surname Coady Christian Name Daniel

Table I.—GENERAL TABLE.

Birthplace:—Parish Ante. Cove, C.B. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23rd</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>22</u> years	days	years	days
Trade or Occupation	<u>Blacksmith</u>			
Height	<u>5</u> feet	<u>7 1/2</u> inches	feet	inches
Weight		<u>110</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded.....	<u>35</u> inches		inches
	Range of Expansion..	<u>3</u> inches		inches
Physical Development.....				
Vaccination Marks {	Arm	<u>2 scars</u>		
	Number			
When Vaccinated	<u>2 mos ago</u>			
Vision	R.E.—V= <u>6/12</u>		R.E.—V=	
	L.E.—V= <u>6/12</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Daniel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u>	at		
	on <u>23</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment.....	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt</u>	<u>4628</u>		
Transferred to				
Became non-effective by	on	day of	191	on
			day of	191
(Signature)				
(Rank)				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.


Date	Brief Details, and Signature	
23-4-18	Vacc. <i>✓</i>	 <p> <i>V.A.R. $\frac{6}{12}$ with (R. $\frac{6}{9}$... L. $\frac{6}{12}$ flavo. (L. $\frac{6}{9}$ slight hypermetropia Alternating Squint Glaucoma unessans. Robert Lockhart Capt. M.P.C.S.A.</i> </p>
17-5-18	Inoc. <i>✓</i>	
15-5-18	T.A.B. <i>✓</i>	
16-6-18	No. <i>Q64</i>	
<p> <i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified for Discharge on Demobilisation. Medical category <i>AT</i></i> <i>July 11/19</i> <small>Base of Force</small> </p>		

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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 *Coady, Daniel*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4628*

Intended address *Fleming St.*

Height on discharge *5 feet 5*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks
Figure on discharge *Shot*

Christian name of Father *Matthew*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Clute Cove. 20 Jan. 1898*

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) *D Coady* (Rank) *Private*

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.

Station

Date

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 } ✓ *r D S. Co.*
 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 disability claimed.

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. B. Proctor, Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazely Down*

Date *29-3-19*

* 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

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.



Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.
	Day	Month	Year	Day	Month	Year			
4th LONDON GENERAL HOSPITAL R.A.M.C. (I). DENMARK HILL, S.E. 5.	6	1	19	27	2	19	Leptospirosis with subsequent hepatitis	52	Received. Urine free from albumen. Discharge to Unit. Discharged. Fit for duty. Re-joined Newfoundland H. Co.
Holles	24	4	19	6	6	19	Leptococci	44	Vaccina Legation P. G. Allen

July 30th 1919.

Mr. D. Coady,
Outer Cove.

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 Service
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 *James* 2. Surname *Coady*

3. Rank *Sgt* 4. Regt. No. *4628*

5. Address in full to which future payments of gratuity are to be forwarded. *Outer Cove, St. John's back*

6. Date of enlistment in the Regiment. *March, 1918*

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.

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 Wfld. If so, give dates and particulars of such service. *Overseas.*

12. Give total length of time which you served on active service, whether in Wfld. or Overseas. *From March, 1918 to July 15/19.*

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?

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 R.F.C.? If not give: (a) date of discharge, (b) Reason for discharge.

*July 15/19
& temporary*

No. Deactivation

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.

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.

D. Brady

Signature of Applicant:

Place of Residence:

Outer Cove, Keshwick, Wash. D.C.

Declared before me at:

W. Johns, Wash. D.C.

This

15th

day of

July 1919

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

John M. Gaffney

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
-----------	---------------	-----------------	-----------------------	----------------

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

Certified correct.

Notary

Nº 4326



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Daniel Coady, Regl. No. 4628

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{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 1st June 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4093	Mother	Mrs John (Catherine) Coady	Outer Cove St Johns Base	
Total Allotment, \$				<u>604</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.) W. A. B.
 Officer Commanding
St John's B Company
May 29th 1918

(Sig.) Daniel Coady
 (Rank) Pte

SEPARATION ALLOWANCE.

Claimant..... *Catherine Coady (Mother)*
On account of *Daniel Coady* No. *4628*, Rank. *Plt.*

Decision..... *approved*
.....
.....
.....

~~W. H. Kindeell~~
W. H. Kindeell Lieut. Col.
W. Bowley Major

Date..... *Dec. 10/1919*

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

Allotment of *60¢* per day payable to *Mr John Coady*
his *Mother* from *1/6/18* to *present*
Discontinued on account of *29-7-19*

W. H. Luke

4326

#279 ³³

NOTICE.ROYAL NEWFOUNDLAND REGIMENT.MOTHER.

(Separation Allowance Branch)

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

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

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

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
Daniel Coady *Able* *R.N. Regiment* *H678*
2. Age of soldier. Married or Single.
21 *Single*
3. Name in full of mother. Age. Occupation. Permanent Address.
Catherine Coady *70* *none* *~~John Street (53)~~
24 Spencer St.*
4. Give name of your husband. Age. Occupation Where Employed.
John Coady *80* *—* *—*
5. If your husband is not supporting you state the reason. *Dead*
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.) *—*
7. If you are a widow, state date and place of death of your husband. *July 25/1906 at Outer Cove
St. John's East.*
8. Have you married again since death of above mentioned husband? *No*
9. Names of your other children. Address in full. Age. Occupation Married or Single.
*Have four sons away but never
hear from them —*

10. State amount earned by (a) Yourself ^{2/-} nothing as I am blind.
(b) Your husband.
-
11. State amount and source of any other income. none
-
12. State value of real property belonging to you and your husband. none
-
13. State value of personal property belonging to you and your husband. none
-
14. If husband is dead state value of real and personal property left by him. none
-
15. Actual amount contributed by soldier during the year prior to enlistment. about \$700
-
16. Was this amount contributed weekly or monthly. weekly
-
17. Did this amount include payment of son's Board etc., yes.
-
18. State your son's trade or occupation prior to enlistment. Blacksmith
-
19. State amount of his wages per week. Fifteen dollars
-
20. State name and address of his last employer. *Harvey Company
St. John's*
-
21. State amount of monthly support from son since enlistment. \$18⁰⁰/₊₊
-
22. State amount of allotment received by you from son since enlistment. \$26
-
23. State from what date did you receive allotment? July 1918
-
24. Actual amount contributed by other children

Weekly	Monthly
none	
-
25. Are any of these children in the employ of you or your husband? NO

- 26. If not receiving support from other children, state cause. Explain fully. *Don't know where they are*
- 27. With whom are you residing at present? *My son Daniel*
- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No - did not know anything about it.*
- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? *no*
- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *no*
- 31. Was the soldier at the time of his enlistment an employee of the H.M.S. Government. *no*
- 32. In what capacity and in what place? *no*
- 33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. */*

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

(Witness) Catherine + Coady
 Signature of Applicant.....
 Place of Residence..... *53 Fleming Street St Johns*
 Declared and subscribed before me at..... *St Johns*
 this..... *12th*..... day of..... *July*..... 1919

Signature of Barrister of the Supreme Court, Secondary Magistrate, Notary Public or Justice of the Peace. *John McCarthys J.P.*

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

Signature of Clergyman..... *John W. Garton*
 Signature of member of the Patriotic Fund Committee. *[Signature]*

July 25, 1919

Mrs. Catherine Condy,
753 Fleming St.,
City.

Dear Madam:-

Referring to your application for separation allowance you stated that you have four children away. Will you kindly furnish me with the names and ages, and state whether they are married or single; also advise me what is the date on which they left

Yours truly,

Captain & Paymaster.

53 Fleming St.
City
July 31/19

J. M. Howley Esq
Captain & Paymaster
Department of Militia

Dear Sir

I enclose herewith
information asked
for in your communi-
cation of the 25th inst.

Yours truly
Miss Catherine Coady

John Coady 42 years married, He is now
out of this Dominion twenty
two years.

William Coady 40 years married, He is now
out of this Dominion eighteen
years.

Patrick Coady, 33 years married, He is now
out of this Dominion five
years.

Thomas Coady, 31 years married, He is
now seven years out of
this Dominion,

last son married 6 years ago.

Impossible to get certificate, as applicant has
not been in communication with sons for
years

statement made to me by Mrs Coady 19/9/19

M. Bowles

Dec.17,1919

Mrs.Catherine Coady,
#24 Spencer St.,
City

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for Two hundred and seventy nine dollars and thirty three cents (\$279.33) in payment of same.

Yours truly

Major

Paymaster.

ROYAL Nfld. REGT

DR.

To John Lawlor

To Cab Hire for 4628 Pte. R. Coady

from St John's to Outer Cove

J. Coady
\$5.00

J Lawlor

2 As per warrant attached

ACCOUNT	<i>Trans</i>
GIL NO	<i>2465</i>
INITIALS	<i>265</i>
NO LESSER	INITIALS
BY LESSER	INITIALS
DATE	INITIALS

CERTIFIED CORRECT.

L. L. Cooper Capt Regt.

Royal Newfoundland Regiment .

D^r

To. Joe Symmonds (Cabman)

Driving Pte Coady From Outer Cove TO ST. Johns

\$5.00

Warrant Attached.

J. C. A.

CERTIFIED TO...

W. Cooper Capt & Adjt.

ACCOUNT	<i>3594</i>	INITIALS	<i>Res</i>
CH NO			
IND. LEDGER		EXIT #LS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

J. Symmonds

Act



Please Mr. Howley give
me 70 dollar. I want to
buy a horse to go carting
on the street And oblige.

Dannid. body.

PN
Authorized
W.F.H.
7/8/19

No. 218

TRAVELLING WARRANT

Date 2-7-19 The Royal Newfoundland Regiment

Halifax
Please issue 1st Class Passage and Meals for

No. 628 Rank Private Name A. J. [unclear]

From - ST. JOHN'S - To North Cove

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

[Signature] MAJOR
SIGNATURE OF ISSUING OFFICER.

No. *R 28*

TRAVELLING WARRANT

Date *2-7-19* The Royal Newfoundland Regiment

Adman
Please issue 1st Class Passage and Meals for

No. *168* Rank *Adman* Name *Loopy*

To - ST. JOHN'S - From *St. John's*

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

The Royal Newfoundland Regiment
DEPT ST. JOHN'S, N.F.

R.H. Sait MAJOR

SIGNATURE OF ISSUING OFFICER.

ST. JOHN'S, JUL 15 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pvt E Coady

Billeting Soldiers as undermentioned

from July 1/19 to July 15/19

H628 Pvt E Coady 15. 50

ACCOUNT	<u>13 Arm</u>
GRAND TOTAL	<u>30.27</u>
PAY BY BANK	
CASH PAID	

Certified correct for \$ 15.50

M. Johnston
Billeting Officer.
E Coady

Colby

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰.

Aug 21 1919

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. W. L. G.
balance D. Casady

Ch. No. 8179	Initials. <u>W. L. G.</u>
Pay Ledger 41	Initials. <u>W. L. G.</u>
Gen. Ledger.....	Initials.....

Regtl. No. H. A. S. J.

No. 462F Rank Pt

Name Doady

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

Oct 31 1919

Received from the First Newfoundland Regiment
the sum of Seventy ~~_____~~ Dollars.
~~on account~~ of Pay. W. J. [unclear]
balance

D [unclear]

Ch. No. 16714	Initials. [unclear]
Pay Ledger 44	Initials. [unclear]
Gen. Ledger	Initials

Regtl. No. Rank

No. 4620

Rank

Plt

Name

D Coady

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 21 $\frac{66}{100}$

Oct 31 19 19

Received from the First Newfoundland Regiment
the sum of twenty one _____ Dollars.
on account of Pay.
balance

D. Coody

Ch. No.	16713	Initials	EW
Pay Ledger	41	Initials	WR
Gen. Ledger		Initials	

Regtl. No. _____ Rank _____

No. 46 28

Rank 1st

Name

D Wady

No. *4628* Name *Coady, D.* Sqn., Batty., or Company } *B* Corps **ROYAL NEWFOUNDLAND REG** Date of enlistment } *19/10/1914* Service or Proficiency Pay } *12/11/1914*

Date of last entry in Company/Conduct Sheet } *17/11/1914* No. and date of last drink } *17/11/1914* Period not reckoning towards freedom from extra fine } *17/11/1914* Sheet No. *10* Signature O.C. Company, etc. *No. in Garrison* Character *1st*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
									<i>Keep</i>

C.R.

Army Form B. 122

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

DATE *January 13 1920*
PLACE *Outer Cove*

NO. *4628* NAME *Daniel Coady*

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

SEP 17 1921 1921.

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

Daniel Coady

in respect of his service as No. 4628 Rank Pte.

Name D. Coady Royal Nfld. Regt.
Nfld. Forestry Coy.

Receipt of the same should be acknowledged hereon.

Received Victory and war medal

Signature Daniel Coady

Date Oct. 23rd 1921

Address Middle Cove, St. John's Nfld
1d
(P.T.O.)

4526

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet one

Regiment of Royal New Brunswick

Signature of O. C. Company A. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>Coady Paul</u>	Age on <u>22</u> years months	<u>Blacksmith</u>	<u>Blacksmith</u>			
Joined		Date				Place and Date of Enlistment	Religion
Joined		Date				<u>St John's</u>	<u>R.C.</u>
Joined		Date				Period of } with Colours <u>198</u> years. with Reserve <u>36</u> years.	Place of Birth
Joined		Date			<u>Quebec</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>29 7/19</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4628 Rank Private Name Loody D
 Date of Enlistment 23 4 18 Address Heming St. District St. John's
 Occupation Blacksmith Classification for Discharge 6 Medical Category A I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/38	B 268	B 121	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date July 1919 O. C. Discharge Depot H. M. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

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 _____

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at Flamingo St. and Release Certificate No. 5111 issued.

Date 15-7-19

W. M. G. ...
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 24-7-19

Date 15-7-19

W. M. G. ...
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 15-7-19

W. M. G. ...
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 15 1919

D. R. Cooke Capt.
O. C. Discharge Depot.

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

Date July 28/19

Reg. No. *4674* Rank *Plt.* Name *Cady, R.*

Attested Address *Oriskany Cove.*

Allotment Allottee ..

Date of Allotment Returned from Overseas ..

Returned on S S *Cassandra* Cause *Secretary 1919*

1919
1919

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION.