

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3869 Name Joseph Coady Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Joseph Coady
2. What is your full Address? 2. Bar Haven P.B.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 24 Years 0 Months
5. What is your Trade or Calling? 5. Fireman
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, Joseph 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.

Joseph Coady SIGNATURE OF RECRUIT.
J. Coady Signature of Witness.

Joseph 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 29 day of July 1915

Signature of Attesting Officer C. Dicks 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 July 30, 1915 } 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).....

C.R. 5869

Extract from Daily Orders Part II Royal Newfoundland
Regt. Depot St. John's dated Aug. 11th 1919.

The discharge of the undernoted on demobilisation has
been CONFIRMED by officer i/c Records from noted date
4-8-19.

5869

2039, Pte. J. Coady.

C.R. 5869

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 10th, 1919.

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

5869 Pte. J. Coady.

C.R. 5869

Extract from Daily Orders Part VI Unit The Royal Field. Regt
St. John's, July 3rd 1919.

5869 Pte. J. Coady.

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

C.R. 5869

Extract from Orders by Lt. Col. B. J. BARTON D.S.O., Commanding 2nd.
Battalion of the Newfoundland Regiment dated 16th November 1918.

THE UNDERMENTIONED WILL PROCEED TO JOIN THE NEWFOUNDLAND FORESTRY
CORPS ON MONDAY 18th inst 1918. NOVEMBER.

#5869 Pte. J. Coady.
5

C.R. 5869

Extract of ORDERS BY MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

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

#5869 Pte. J. Coady.

"B" Company.

C.R. 5869

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

~~5868~~ Coady Joseph.

5869

C.R. 5869

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

#5869 Pte. J. Coady,

Returned from Special Duty from R. N. CO's Dry Dock, 16-9-18.

C.R. 5869

Extract from Daily Orders Part 11 Depot St. John's dated 12-9-18.

#5869 Pte. M. Coady.

The above mentioned soldier proceeded on Special Int. to
R. N. Co's dry Dock, 9-9-18.

C.R. 5869

Extract from ~~Selected~~ Daily Orders part 11, from Unit
The Royal Irish Regt. St. John's, dated July 30, 1918

#5869 Pte. Joseph Coady.

Attested for General Service with the Royal Irish
Regt. from 29-7-18

J. L. Loady

C.R.

5869

~~1410~~

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 Newfound Land* 7. Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *5869* 3. Rank... *R/E* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Leady* *Joseph* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday... *34*
 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."
nil
 11. Date of origin of disability.
 12. Place of origin of disability. *nil*
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

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

The complaints of his 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. I. Proctor

Capt

Rame

Medical Officer in charge of case.

Station *Hazleyburn*

Date *9.14.19*

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

No. 6678/1031

NEWFOUNDLAND

From NEWFOUNDLAND CONTINGENT

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

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
15 MAY 1919
PAY & RECORD OFFICE

Company Officer Commanding.
2nd Batt. Ryl. Nfld. Regiment
Winchester

3rd May 1919

May 13th 1919

5869 Pte. J. Coady

With reference to the following telegram from the Minister of Militia / 160.

"Pay to-5869 J. Coady
£4-2-0

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

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

Received the sum of £4.2.0
Four pounds two in respect of telegraphic remittance from the Minister of Militia.

A. A. Minnall Pay.
Chief Paymaster & O. i/c Records.

J. Coady
No. 5869 Rank Rli
Witness *Geo Perry*

Coady, J.

5869

Ray sept.

August 11th 1910.

Mr. J. Coady,
Marhaven, P.B.

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 20th. 1919.

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

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

Christian name..... Joseph 2. Surname..... Coady

3. Rank..... Pte 4. Regtl. No..... 5869

5. Address in full to which future payments of gratuity are to be forwarded..... Box Haven, Placentia Bay

6. Date of enlistment in the Regiment..... July 29. 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..... Twelve months

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.? If not give: (a) date of discharge.

July 19, 1919

no

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: ^{his} Joseph X Gady ^{(Witness) Thaplean}
 Place of Residence: ^{not} Bar Haven, Pleasantia Bay.
 Declared before me at: St John's Newfoundland
 This 5th day of July 1919....

Y. P. Haaley

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, 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.		

August 4th 1919.

#5869, Pte. J. Coady,

Barhaven, P.B.

Dear Sir:

Enclosed please find Discharge Certificate
3340.

Yours truly,

Capt. & Quyaaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5869 Rank Pte Name J. Cooney
 Intended place of residence Bar Harbor

2. Occupation Distancer
 Classification of soldier 2 Medical Category A1

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 5 1919
Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S
 Date JUL 5 1919
Signature of soldier
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S
 Date 5-7-19
Signature of soldier
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-7-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 372

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, twenty-eight days from date.

Place, ST. JOHN'S
 Date JUL 21 1919
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S
 Date August 4/1919
Officer in Charge
The Royal Newfoundland Regiment

27350791 3340

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5869 Rank Plt Name Coady, J
 Date of Enlistment 29-7-18 Address Bar Haven District Placentia
 Occupation Fisherman Classification for Discharge 1 Medical Category H1
 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 5-7-19

L.R. Cooney Capt.
for O. C. Discharge Depot.

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. \$65.00
 (b) ~~Clothing~~ Supplied McCluskey

Date 5-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2174 to his home at Bar Haven and Release Certificate No. 3264 issued.

Date 5-7-19 J.A. Snowcroft
Demobilization Officer.

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-8-19

Date 5-7-19 J.A. Snowcroft
Depot Paymaster.

Discharge approved for 21-7-19

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
R 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 5-7-19 J.A. Snowcroft
Demobilization Officer.

APPROVED.

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

with following additional documents.

Date JUL 21 1919 Eligible for War Service/Gratuity
J.P. Coople Capt
for O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: 7/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

5.7.19

Regimental No. 5869.....

Name

Coady Joseph

Address

10 St. Maden P.B.

Present Medical Category.....

A i

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~.....

Members of Board {

R.H. East Major
O.C. Discharge Depot.

Hatton
Senior Medical Officer

T. Borden
M. O. Depot

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.

L. Oady Jr

Signature of Man.

J. H. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. *5869*

Place

St Johns

Date

7-7-79

191

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

MEDICAL HISTORY

Surname

Coady

Christian Name

Joseph

Table I.—GENERAL TABLE

Birthplace:—Parish

St. John's County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>29</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
	at <i>St John's</i>	at		
Declared Age	<i>24</i> years		years	days
Trade or Occupation	<i>Guiderman</i>			
Height	<i>5</i> feet	<i>6</i> inches	feet	inches
Weight		<i>100</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>37 1/2</i> inches		inches
	Range of Expansion	<i>2 1/2</i> inches		inches

Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			

When Vaccinated				
Vision	R.E.—V=	<i>4/6</i>	R.E.—V=	
	L.E.—V=	<i>1/6</i>	L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

Samuel Paterson

(Rank)

Medical Officer

Medical Officer

Enlisted

at *St John's*

on *29* day of *July* 191*8*

Joined on Enlistment

Corps *Royal* Regtl. No. *5869*

Transferred to

117th B Regt

Became non-effective by

on day of 191 on day of 191

(Signature)

(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 *Joseph Coakley*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5869*

Intended address *Barbours AB*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *—*

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 *Barbours, Nfld., July 1895*

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) *Joseph Coakley* *Yk*
(Rank)

Station *St. John's* *Walt* *Ed. Neary* Date *4-7-19*

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 } *Fisherman*
2. Regtl. No. *5869* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Coady Joseph* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *24*...
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input type="checkbox"/> | <input type="checkbox"/> |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

All Complaints of 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 invalidated at Foreign Stations.

Repatriation

W. G. McNeill, M.D.

Medical Officer in charge of case.

Station *Hazleydown*....

Date *9/4/19*.....

* 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

5869

ROYAL NEWFOUNDLAND REGIMENT.

Duplicate

Medical Examination Held at Headquarters on July 29 1918

1. Name Joseph Coady Age (a) Declared 24

(b) Apparent

2. Do you know of anything wrong with you? Trouble with Back.

What severe illnesses have you had? None

Eyes Blue
Comp Pain
Marked Burns on Back.

3. Height 5-6 Weight 155

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) ~
Extensive Scar over back of hum

6. Examination of Lungs ~
Measurement (a) Expiration 35 (b) Inspiration 37 1/2

7. Examination of Heart ~

8. Examination of Urine (

9. Examination of Mouth--(Defective Speech)
Teeth }
Throat }
Nose }
Ears--(Otorrhea) }
(Deafness) }

10. Have you been successfully vaccinated, and when? Yes about 3 years ago S. J. O'Connell

11. Name and address of next of kin Brother John Coady

REMARKS--

A 11
Sgt Archie Dart
D. W. Burdett

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet the
Signature of O. C. Company A. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5869 Joseph Coady</u>	Age on	24 years	months		
Joined	Date	Place and Date of Enlistment	<u>St. John's 26. 7. 18</u>		Trade	<u>Fisherman</u>
Joined	Date			Religion	<u>R.C.</u>	
Joined	Date	Period of	with Colours	4 years.	Place of Birth	
Joined	Date		with Reserve	1 3/4 years.	<u>Bar Harbor, P.B.</u>	

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>Demobilized St John's</u>	<u>4-19</u>				

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5869 Rank Plt Name Grady, J.
 Date of Enlistment 29-7-18 Address Bar Haven, N. Placentia
 Occupation Fisherman Classification for Discharge E7 Medical Category H.1
 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 5-7-19

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Jos. Mark Grady
lost to station

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 AMC

Date 5-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.2174..... to his home at Bar Haven..... and Release Certificate No. 3264..... issued.

Date 5-7-19.....

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 5-8-19.....

Date 5-7-19.....

J.A. Snowcraft
Depot Paymaster.

Discharge approved for 21-7-19.....

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.....		

Date 5-7-19.....

J.A. Snowcraft
Demobilization Officer.

APPROVED.

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

Date JUL 21 1919..... Eligible for War Service Gratuity
H.T. Cooper Capt
for O. C. Discharge Depot.

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

Date July 21/19.....

[Signature]