



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5451 Name Samuel Coates Corps Coys

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Samuel Coates</u> |
| 2. What is your full Address? | 2. <u>Clarke's Hill, St. John's Bay, N.S.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</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, Samuel Coates 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.

Samuel Coates SIGNATURE OF RECRUIT.

Sam Sherry Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Coates 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 15th day of May, 1915.

Signature of Attesting Officer

†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 1915

Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5-25-1

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

Name James Coates
 Apparent age 34 years 11 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Walter Coates, James Bay, N.B. 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 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>25-5-18</u>									
Joined at <u>St John's</u> on <u>NOV 25 1918</u>									
<u>Discharged August 11 1919</u>									
<u>Embarked St John's N.B. to Halifax N.S. 22-7-18.</u>									
<u>Left for demobilization 24-6-19. Arrived H.C. 1-7-19</u>									
<u>Demobilization St John's 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 [date of discharge] 1 years 72 days
 " " Pensions " " " " " " " " " " " "

C.R. 5451

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.

#5451 Pte. Samuel Coates.

C.R. 5451

Extract from Daily Order s part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 28th, 1918

#5451 Pte. S. Coates.

Attested for General Service with the Royal Nfld. Regt.
from 25.5.18

C.R. 5451

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

~~Reference~~

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

5451, Pte. S. Coates.

C.R. 5451

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

5451 Pte. S. Geach. Coates.

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

C.R. 5451

Extract from Daily Orders Part II Unit The Royal 22nd.
Regt. St. J. Bn's, July 10th, 1919.

The discharge of the undernoted on desabilization has been
APPROVED by C.O. Discharge Depot with effect from 21-7-19.

5451 Pte. S. Coates.

D. Coates

5451

P. + R. P

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 Infd*.....
2. Regtl. No. *3457* 3. Rank.....
4. Name *Coates - Saml*.....
(Surname) (Christian Names)
5. Age last birthday. *22*.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Festeema*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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 complaint 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 ?

Repatriation

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. Procunier, Capt R.A.M.C.

Station *Meyley Down*

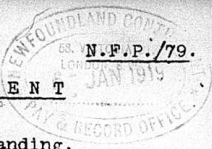
Medical Officer in charge of case.

Date *1/14/19*

* 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. 21609/2496/P.&.A

066 473



NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O.i/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: 5451, Pte. S. Coates,

Receipt hereunder.

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

[Signature]

LIEUT. COLONEL.

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to 5451 Coates, £4.2.0.

Received the sum of Four Pounds

Draft £4.2.0. is enclosed for payment to this Soldier.

two shillings on account of

Kindly obtain his receipt hereon.

cable remittance from Newfoundland.

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

S. Coates

No. 5451 Rank Pte

Witness A Maund

[Signature]

No 8085/1550

From: NEWFOUNDLANDS CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ry. Field. Regiment
Winchester Hants.

²⁹
30th May 1919

May 30th 1919.

5451 Pte. S. Coats

Receipt hereunder

With reference to the following
telegram from the Minister of
Militia / / 19 (209:

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

"Pay to- 5451 S. Coates
£2. 18. 0.

Cheque £ 2. 18. 0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of Two pounds
EIGHTEEN shillings in respect of
telegraphic remittance from the
Minister of Militia.

A. A. Minors
Chief Paymaster & O. i/c Records.

A. Coates
No 5451 Rank Private

Witness: W. Barnes

Coates, S

5451

Gay & Deph.

August 11th 1919.

Mr. S. C. Coates,
Gander Bay, Fogologist.

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. &
Prymaster.

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..... *Simon* 2. Surname..... *Wicks*
3. Rank..... *Rt Lie* 4. Regtl. No..... *2251*
5. Address in full to which future payments of gratuity are to be forwarded..... *Conder Bay* *For. Dist. B. C. P. C.*
6. Date of enlistment in the Regiment..... *May 21/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *fourteen months*
..... *1 1/2*

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

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

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

.....
.....

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

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

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

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

July 18/19

been obliged to

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.

(Contract) Boys, Inc.

Signature of Applicant: — ^{his} Simon ^{more} + Coats
 Place of Residence: Gonaes Bay, Topo, Antigua
 Declared before me at: St Johns
 This 7 day of May 1915....

John P. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

August 4th 1919.

#5451, Pte.S Coates,
Gander ^{Way}.H.D.B.

Dear Sir:

Enclosed please find Discharge Certificate
3352.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5451 Rank Pvt Name Coates S
 Intended place of residence Gander Bay

2. Occupation Fisherman
 Classification of soldier E 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 7 1919

L. M. Smith
 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 7 1919

S. Coates
 Signature of soldier

W. J. Coates
 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 7-7-19

S. Coates
 Signature of soldier

W. J. Coates
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 25-5-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 437

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

14
K. R. Coote 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 4/1919

K. R. Coote Capt
 Officer in Charge
 The Royal Newfoundland Regiment

2079/3352

The Royal Newfoundland Regiment

Class for Demobilization:—

90/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11.7.19*

Regimental No *5451*

Name *Coates Simon* Rank *Plt*

Address *Gander Bay*

Present Medical Category *Ai*

Recommended for:— (a) Immediate discharge
(b) Standard Medical Board

Members of Board

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

H. Watson
Senior Medical Officer

Geo. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5451 Rank Plt Name Coates J
 Date of Enlistment 23-5-18 Address Gardner Bay District Tags
 Occupation Fisherman Classification for Discharge E₁ Medical Category A₁
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 4-7-19

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 #60.00

(b) Clothing Supplied _____

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2178 to his home at Gander Bay and Release Certificate No. 3241 issued.

Date

7-7-19

J.A. Snowball
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 21-7-19

Date

7-7-19

J.A. Snowball
Depot Paymaster.

Discharged approved for

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date

7-7-19

J.A. Snowball
O. C. Discharge Depot.

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 21 1919

K.N. 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.

Coates - S +

Signature of Man.

Reg. No. *3451*

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

7-7-19

191

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

MEDICAL HISTORY

Surname Boates OF Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish Calvert's Neve St. John's Bay, Nfld. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	25 th	May	1918	191
at	St. John's			
Declared Age	22	years		days
Trade or Occupation	Fisherman			
Height	5	feet 8.		inches
Weight	124.	lbs.		lbs.
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		4.	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.L.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	Samuel Peterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	25 th day of May	on	day of 191
		1918		
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	Royal Nfld.			
	Regiment.	5151		
Transferred to				
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

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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 Artillery* 7. Former Trade } *Fishman*
or Occupation }
2. Regtl. No. *57451* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Beaks Samuel*
(Surname) (Christian Names)
5. Age last birthday. *27*
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 general 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 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.

Refratation

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

Station *Harrogate*

Date *17-4-19*

* 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



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

Coates Simon

Regiment from which discharged

Royal Newfoundland

Regimental number

5451

Intended address

Gander Bay, Fogo

Height on discharge

5^{feet} 9

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Grey

Descriptive Marks

Figure on discharge

Tall

Christian name of Father

George

Christian name of Mother

Mary

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Gander Bay, 19 Jan. 1896

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full)

Simon Coates (Rank) *Private*

Station

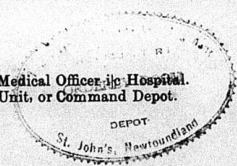
St John's

Date

21 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, Hospital,
Unit, or Command Depot.



Station

Date

May 27th. 1918.

The Royal Newfoundland Regiment,

To 5451. Simeon Coates, (Recruit).

May 24th./18 To Passage from Glenwood to St. John's.

\$4.65.

(As per voucher).

Correct for \$4⁶⁵
C. B. Dickes Lieut

ok J.W.P.

May



27/5/18

to Simeon Coates

Attended amount to be sent

No 5451 Prince's Rink

Musport New
1150
e Ma

Musport J.R.T.

J.W.P.

J.W.P.

5451

Form 463

REID-NEWFOUNDLAND COMPANY.

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT.

Received from Simon Peab the sum of

Four Dollars 65 Cents, being the amount of Second Class Fare

From Greenwood to St Johns

and have issued him Ticket No 236 Form No. _____

Date May 14th 1918

W. Russell
Agent, Conductor or Purser

This form to be used when requested to give receipt for amount paid for tickets.

May 31st, 1918.

Private Simeon Coates,

No. 6451,

Prince's Rink,

Dear Sir,-

I enclose herewith cheque for \$4.65, being the amount due you for passage from Glenwood to St. John's.

Yours faithfully,

Capt. & Paymaster.

J/H.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland Number of Sheet One
Signature of O. C. Company Asst. Dir. of Genl.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.		Age on	years	months	Trade				
5451	5477 Coates Samuel	22			Jushman				
Joined	Date	Place and Date of Enlistment		Region					
Joined	Date	St. John's		Colt.					
Joined	Date	Period of		Place of Birth					
Joined	Date	with Colours 1 1/2 years.		Clarks Harbor					
Joined	Date	with Reserve 3/4 years.							
Place	Date of Offence	Rank	Class of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	St John's	14	5-19		

To be carried over.

The Royal Newfoundland Regiment 3451

DEMOBILIZATION OF

Reg. No. 5451 Rank Capt Name Coates J
 Date of Enlistment 25-5-18 Address Spencer Bay District St. John's
 Occupation Fisherman Classification for Discharge F Medical Category A.I.
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	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 11-7-19 O. C. Discharge Depot. J. W. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

His
 S. Mark Coates
 but by 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
- (b) Clothing Supplied _____

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2178 to his home at Jander Bay and Release Certificate No. 5241 issued.

Date

7-7-19

J.A. Snowball
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

Date

7-7-19

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
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
B179c	B 120	M 93		

L. Form B

Date

7-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUL 21 1919

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

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

Date

July 21 1919

[Signature]

Reg. No. 5451 Rank 1/2 Name Coates S.

Attested Address Clarks Head

Allotment Allottee

Date of Allotment Returned from Overseas JUL 1 1919

Returned on S Cassandra Cause Discharge

4.7.19
21.8.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.