

4038



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4038 Name Hector Cobb Corps C of E.

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Hector Cobb
- 2. What is your full Address? } 2. Pilley's Island N.D. Bay
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 21 Years 4 Months
- 5. What is your Trade or Calling? 5. Resolerman
- 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, Hector Cobb 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.

9/31-10-17 Hector Cobb SIGNATURE OF RECRUIT.

..... Robert Paul Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hector Cobb 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 Pilley's Island on this 31 day of Oct 1917.

Signature of Attesting Officer Walter J. ...

†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 compiled with. I accordingly approve, and appoint him to the 1st Regt.

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

Date Oct 31 1917 } 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Heidi Cobb
 Apparent age 21 years 4 months. Height 5' feet 8 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Cobb
Puley's Island 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-10-17</u>									<u>Lance Lt. - 15-2-19.</u>
Joined at <u>St John's</u> on <u>October 31-17</u>									
<u>Discharged July 14/19</u>									
<u>Embarked St. John's N.S. Nova Scotia 11. 12-17</u>									
<u>Embarked for N.B. 23-9-18</u>					<u>Joined</u>	<u>Base Depot</u>	<u>25</u>	<u>9-18</u>	<u>Joined</u>
<u>Battn. in the field 6-10-18</u>					<u>Attended international</u>				<u>But have been 27 1/2</u>
<u>Returned to N.B. and reported N.B. 29 1/2</u>					<u>to file for demobilization</u>				<u>22 5/8</u>
<u>Arrived Newfoundland 1-6-1919.</u>									
<u>Demobilization</u>					<u>14</u>	<u>7</u>	<u>1919</u>		
Total Service forfeited as above.....									
Total Service towards Engagement to <u>14-7-19</u> (date of discharge)					<u>1</u> years	<u>257</u> days			
Pensions " " " " " " " " " " " "									

C.R. 4038

extract from Daily Orders Part II Royal Newfoundland Regiment
Despatch St. John's dated 17-7-19.

~~extract from records~~

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c records from noted date
14-7-19.

4038, L/C. Hector Cobbe

C.R. 4038

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 19-1919.

The discharge of the undernoted on demobilization has been
APPROVED BY O.C. Discharge Depot with effect from 30-6-19.

4038 ~~L~~Cpl. H. Cobb.

C.R. 4038

Extract from Daily Orders Part 11 Depot, St. John's,

Date

June 18th 1919.

4038, L/C. H. Cobb.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

CR:4038

Extract from Casualties received from the Chief Staff
Officer London dated 2nd. May 1919.

The undermention who was attending the International Boat
Race in paris (27/4/19) returned to U.K. and reported to
the Pay and Record Office 29/ 4/19 en route to Winchester
to join their Unit.

4038 L/C. H. Cobb.

AUTHORITY: Officer i/c Records Newfoundland Contingent.

C.R. 4038

Extract from Nominal Roll Embarked for B.E.F. (Left Hassey
Down Camp 21-9-18.)

And Lieut. N.J. Nugent, Conducting Officer.

4038 Pte. Cobb, H.

C.R. 4038

Extract from Nominal Roll, embarked St. John's for Overseas Dec. 11/1917.

for S.S. FLORIZEL.

4038 PTE. L. COEB

C.R. 4638

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt., St. John's, Max. Oct. 31st, 1917.

4038 Pte. H. Cobb.

Attested for General Service with the Nfld. Regt., with
effect from Oct. 31st, 1917.

C.R. 4038

Extract from Daily Orders Part II Unit Royal Newfoundland
Regiment in France, dated 28-2-19.

4038, Pte. H. Cobb.

Appointed L/Cpl. 15-2-19.

Reg. No. 4038 Rank Pfc Name Cobb. H.

Attested 31-10-17 Address Pillsbury Island N.D.B.

Allotment 60¢ Allotee Mrs. Geo. Cobb Mother

Date of Allotment 1-11-17 Returned from Overseas _____

Embarked for Overseas 11-12-17 Cause _____

Van. 3-11-17 Invoce 1st 10-11-17 2nd 27-11-17 3rd 6-12-17
H.L. 16-11-17 to 26-11-17 Retd 30-11-17

C.R.

No. *7038* Name *Pte Cobb, H* Sqn., Batty., or Company *C* Corps *Royal Field.* Date of enlistment *31-10-17* G.C. *(1888)* Service or Proficiency Pay *(1888)*
 Date of last entry in Company Conduct Sheet *1* No. and date of last drink *1* Period not reckoning towards freedom from extra fine *1* Sheet No. *1* Signature O.C. Company, etc. *1* Character *1*

Army Form B. 122.

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>Field</i>	<i>26-11-18</i>	<i>Pte</i>		<i>insolence to an N.C.O</i>	<i>Sgt Woolley</i>	<i>7 days P.F.</i>	<i>26/11/18</i>	<i>Major Bernard</i>	<i>HS</i>

(P.T.O.)

Cobb, H.

C.R. 4038

P.F.R.O.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Sector Cobb , Regl. No. 1038

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and _____ Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz. :

Allotment begins 1-11-17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3056	mother	M ^r Theo (Thos) Cobb	Pelleys Island	60
Total Allotment, \$				60

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

(Sig.) *W. P. ...*
 Officer Commanding Company
W. P. ...
 1-11-17
 191
 (Sig.) *H. X. Cobb*
 (Rank) _____
Witness ...



1^{ST.} NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Sector Cobb* , Regl. No. *438*

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins *1-11-17*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>326</i>	<i>mother</i>	<i>M^r the same</i>	<i>Cobb</i>	<i>60</i>
			<i>St John's</i>	
				<i>60</i>
Total Allotment, \$				

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

(Sig.)
 Officer Commanding
 Company
St John's

 191

(Sig.) *A. X. Cobb*
 (Rank)
Private

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
52 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts 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.

Regtl. No.	Rank	Name	Amount	Signature
4058	Pte	Cobb. H.	\$2.50	H. J. Cobb

I have the honour to be, Sir,
~~Yours obedient servant,~~
Your obedient servant.

Date June 26 1918

H. J. Cobb

Witness P. W. Johnson
1918

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
Royal Leifordland Regt.		403	Capt. H. Pte	25/7/18 REMARKS Discharged from N. Mass Regt: Longport again to headquarters in 3 months for further test viz 16/2/18

To _____
Station and date Philadelphia 16 SEP

A. J. Decker
Supt RAMC

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

R1382/18

Army Form C. 348.



MEMORANDUM.

No. _____

From MO/c R. H. Fed. Regt
To OC Military Hospital
Hazeley Down

From The Officer in Charge
To M.O i/c u/c The O.C.,
2/1st. Royal Newfoundland Regt.
Hazeley Down, WINCHESTER.
ANSWER. O-O-O-O-O-O-O-O-O

Hazeley Down

HILSEA.

3. 9 1918

5.9. 1918.

Ref. yours 28. 8. 18.
No. 4038 Pte Cobb has
been sent to a Detention
Barracks. Please -
the fact that he was under
treatment was entered in his
Commitment paper.

Noted. It is essential, however
for this man's future efficiency and
fitness as a fighting soldier, that he
should have the further treatment to
complete his course. He still requires
3 injections as shown on A.F. I.1238
herewith, and I shall be obliged if
arrangements could be made for this to
be carried out.

I would mention that had this man
been sent to the Special Division,
Military Hospital, Chiseldon, this
treatment could have been carried out
whilst undergoing detention. Will you
please acquaint me with action taken?

M^r
Capt-Rome.

* Is it possible he has been sent
here?

W. Clements
Lieut. Colonel, R.A.M.C.
Officer in Charge

[Large handwritten flourish]

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 Newfld.*.....
2. Regtl. No. *4038* 3. Rank. *2nd Lieut.*.....
4. Name *Cobb* *Hector*.....
 (Surname) (Christian Names)
5. Age last birthday. *22*.....
6. Posted for duty on *5-9-14* at *S. John's*.....
 in category (or grade).....
7. Former Trade or Occupation } *Miner*
- 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 ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability.
12. Place of origin of disability.
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
nil
nil
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? }

na
He Complains for Disability

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

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

16. Was an operation performed? If so, when and what was its nature?
na
17. If not, was an operation advised and declined?
na
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?
na
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?
na

Repatiation

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

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

Station *1st Camp*
 Date *20.5.19*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—
 (a) Any disability claimed or discovered.
 (b) The present condition thereof.

22. 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 part of the soldier | | |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
 - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hazeley D Camp* } President or Chairman.
 Date } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station
 Date Officer in charge, Central Hospital.

*Only applicable in cases of Patients in Hospitals.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date O.C. Discharge Centre.

Cobb, H

4038

Hay Sept.

July 14, 1919

#4038 L/C. Hector Cobb,

Pilley's Island.

Dear Sir:-

Please find enclosed discharge Certificate #2991.

Yours truly

Commanding Officer
Captain,
Quartermaster & O.I./c records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4038 Rank 2^d Lt Name Cobb H
 Intended place of residence Pilley Rd

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUN 16 1919

H. M. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUN 16 1919

Hector Cobb
 Signature of soldier

W. L. Louster
 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 JUN 16 1919

Hector Cobb
 Signature of soldier

James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 31-10-17 No. of days on Military
 Discharged from service 30-6-19 Plus 14 days Service 632

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 30 1919

R. H. Lait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 14 1919

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

24B 2079/2991

The Royal Newfoundland Regiment

Class for Demobilization: —

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

16.6.19

Regimental No

11038

Name

Levitt Kepton

Rank

L. Capt.

Address

Pilley's Island N.D. Bay

Present Medical Category

A7

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

M. A. Mason
Senior Medical Officer

Geo. Berdew
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4008 Rank L/Capt. Name Wells H.
 Date of Enlistment 31-10-17 Address Bellevue St. District Twillingate
 Occupation Fisherman Classification for Discharge F 1 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/36	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	5
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		<u>1239-1</u>	" 6	
B 179c	B 120	M 93		<u>1238-1</u>		

Date 16-6-19 _____
 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.
both
[Signature]

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 [Signature]

Date 16-6-19 _____ O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P1813 to his home at Phillips Island and Release Certificate No. 2846 issued.

Date 16-8-19 *J.A. Lawless*
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 14-7-19

Date 16-8-19 *J.A. Lawless*
Depot Paymaster.

Discharged approved for 30-6-19
Forwarded with following documents to O.C. Discharge Depot.

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

1239-1
1238-1

2 Form B

Date 16-6-19 *J.A. Lawless*
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 JUN 30 1919 *R.H. Sait 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.

Bob. H.

Signature of Man.

Reg. No. 4038

J. P. Snowcraft

Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *16-6-19*

191

Date Method Dose, Batch and Remedy TEMPERATURES R. H. D. V. Pte. Cobb H. Ward 4

6 p.m. 9 p.m. 9 a.m. 6 p.m. 9 a.m.

REMARKS.

Date	Method	Dose, Batch and Remedy	6 p.m.	9 p.m.	9 a.m.	6 p.m.	9 a.m.	R.	H.	D.	V.
1918 Aug 22	IV	4 Khar 816	-	-	-	-	-				nil
29	IV	4 Khar 816	-	-	-	-	-				-
Sept- 5	IV	5 Khar 816	-	-	-	-	-				-

A. J. D.
 Supt. Prison

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

MEDICAL HISTORY


Surname Cobb OF Christian Name Victor

Table I—GENERAL TABLE.

Birthplace:—Parish Jellay's Island R.P.D. County Wfla

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at <u>St. Johns</u>	<u>21st</u> day of <u>Oct</u> 191 <u>7</u>	at	day of 191
Declared Age	<u>21</u> years	<u>4</u> days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>8</u> inches	feet	inches
Weight		<u>145</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>39</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</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>Lamm Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. Johns</u>	<u>21</u> day of <u>Oct</u> 191 <u>7</u>	at	day of 191
Joined on Enlistment	Corps.	Regtl. No. <u>4038</u>	Corps.	Regtl. No.
Transferred to	<u>1st Regt Reg!</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission 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 Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
 Md. H. H. H. H. H. H.	2	FEB	1918	16	2	18	Symovatic Knee left (also injury 2 yrs ago)	14	Recovered Discharged 10 days	H. B. Lawson Capt. R. A. C.
	4	7	18	29	7	18	221 hypertension	26	Spore on pers. S. Pallida present. Vite A. I. 1234. Obs. Hg. To continue treatment as out-pt. Fit to rejoin unit.	J. J. Smith Capt. R. A. C.
SPECIAL DIVISION MILITARY HOSPITAL CHABLEDON.	20	18	18	16	9	18	Syphilitic $\frac{1}{2}$ 12 B. $\frac{1}{2}$ 12 B.	28	Fear of chanc. synchronous junction of prope. General ad. silitis leuko-melanoderm of eye. 3 K. H. B. D. 10 3 Hg. Wass. negative	A. J. Denham L. R. A. C.

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 Newfld*..... 7. Former Trade }
 or Occupation }
2. Regtl. No. *4035* 3. Rank... *L/Pl*..... 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
4. Name ... *Cobb* *Hector*
 (Surname) (Christian Names)
5. Age last birthday... *22*.....
6. Posted for duty on... *5-9-17* at... *St John's*
 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
- | | | |
|--|---------------------|-------------------|
| (i.) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service | } <i>na.</i> | } |
| (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? } |  |  | na. |

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.)

No complains of no disability

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
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? *na.*
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? *na.*

Repatriation

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.

W.S. Gocumier. Cpl. R.A.M.C.
 Medical Officer in charge of case.

Station *H.D. Camp*
 Date *20-5-19*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz.: (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
 (b) The present condition thereof.

- | | | |
|--|---------------------|-------------------|
| 22. 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 part of the soldier .. .. . | ..... | ..... |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army ?

25. If an operation was advised and declined, was the refusal unreasonable ?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only ?
- OR
- (b) In what other grade do the Board place him ?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station) ?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service ?

28. Is treatment being recommended on Army Form B. 179c ?

29. Does the soldier require :—

- (a) An attendant for his journey home ?
- (b) Transport from railway station to his home ?
- (c) The constant attendance of another person in his own home ?

Signatures :—

Station *Hazley Camp* } President or Chairman.
 Date } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospitals.
 Date } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations:
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station }
 Date } O.C. Discharge Centre.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
Royal Newfoundland Regt.		4038	Bobl. H. Pvt	20. 5. 1918. REMARKS Discharged from R. Wass reg. Loreport account leaves Mil R. in 3 mths for further test on 16/12/18

To _____
Station and date Shebrden 6 SEP

A. J. Decker
Surst R. P. M. C.

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

SYPHILIS CASE-SHEET.

Regtl. No. 4038 Rank and Name *Pvt A Cole* Corps *2 R Wflds*
 Placed on Syphilis Register at *Nilea* on *4.7.18* No. in Register *2046*
 Disease contracted at *Winchester* Primary sore appeared on (date) *28.6.18*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Two indurated papulo ulcerative*
Chancres mucous prepuc.
 Lymphatic glands *Double inguinal pain, cerv. adenitis*
 Skin (nature and distribution of rash) _____

Mucous membranes _____

Other symptoms _____

Condition on admission to hospital (Spec Dr.): *hail: HP: 20.5.1918*
~~*1. Scar of chancre near cutaneous junction of prepuc. Venereal warts to the aspects of penis*~~
~~*ii. Inguinal general adenitis*~~
~~*iii. Leucoderma. Melanoderma of neck*~~
~~*iv. Congestion of pharynx*~~

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *SP. Present*
 Examination of blood serum—Method employed (original or modification) *Original*
 Wassermann reaction Result (positive or negative) *Positive Negative*

Station *Nilea* Date *25/7/18* Signature of M.O. *J. J. ...*

Struck off Syphilis Register at _____ on _____
 Cause of being struck off Register

(a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army

Station _____ Date _____ Signature of M.O. _____

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Wassermann Reaction	Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialed)
				Normal (N) Albumen (Alb.)	Method		Arsenical	Mercurial	Other Methods	
Hilawa	14.7.18	Admitted to Hospital								<i>Thucwen</i> Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialed)
	6.7.18	WASSERMANN.								
	6.7.18	EXAMINATION SP. PALLIDA								
	8.7.18			N						
	8.7.18									
	16.7.18			N						
	16.7.18									
	23.7.18			N						
	23.7.18	WASSERMANN.								
	6.8.18									
	6.8.18		REQUIRES FURTHER TREATMENT AS BELOW.							
<i>nil</i>										
Whistledon	Aug 20	Admitted to Hospital								} <i>A. J. ...</i> <i>B-</i> <i>...</i> RAME
	23	Symptoms								
	28			N						
	29									
	Sept 14			N						
	5									
	11		Discharged to Duty							
16										
Wass due 16.12.1918										

The Royal Wld. Regiment

DEMOBILIZATION

No. 4038 Rank

Name Cobb A

Warned for demobilization on

JUN 16 1941

July 16, 1919

#4038 Pte. Hector Cobb,

Pilley's Island, N.D.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 the War Service Gratuity.

Yours truly

Captain,
Paymaster & U.I/c Records

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..... *Robert* 2. Surname..... *Cobb*

3. Rank..... *Pvt* 4. Regtl. No..... *4038*

5. Address in full to which future payments of gratuity are to be forwarded..... *Parents to, N.B.B.*

6. Date of enlistment in the Regiment..... *July 16/17*

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 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..... *From July 16/17 to June 17/19*

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? *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? *Issue 17/19*

19. Are you now serving in the Regt.? *No* If not give? - (a) Date of discharge. *Temporary* (b) Reason for discharge. *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *France, Belgium + Germany - From June 1918*

Apr. 1919

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.

H. C. [unclear]

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Philip S. W.B.B.
St. Louis, Mo.
19th day of *June* 19*19*

Johan M. [unclear]

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

The Royal Newfoundland Regiment.

RELEASE CERTIFICATE NO

2845

Reg. No. 4038 Rank Pfc. Name Cobb. H.
 Address Tilly's rd. Gwgt.

This certifies that in consequence of demobilization discharge has
 been approved for 30-6-19.

Regular Discharge Certificate will be mailed by Officer i/c Re-
 cords 48 days from date of approval.

The wearing of uniforms is prohibited after discharge is confirm-
 ed except with permission of competent authority.

Date 16-6-19

O. C. Discharge Depot

Nº 3738



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Sector Cobb

, Regl. No. 4038

hereby agree, until further notification by me, and in similar official form to make an Allotment of Twenty Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons concerned, viz :

Allotment begins 1-11-17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3056	mother	W ^o Geo (Lucie) Cobb	Cobb	60
			Pelleys Island	
Total Allotment, \$				60

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. H. A. M.
Officer Commanding
Company

(Sig.) Sector Cobb
(Rank) Platoon Leader

W. J. A. M.
1-11-17
1917

Witness W. J. A. M.

C.R. 4038

RECEIPT.

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.

NO. 4038... NAME... Hector Cobb

DATE April 27th 20
PLACE Grand Falls....

Receipt for Army Book 64

No. ³ 4088 Name Hett Cobl

40 38

To Certify that I have received the AB 64 of the above named soldier.

Name Hector Cobl

Date 26/7/20

Place Pillup Island

H.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

1901

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

9-5157

DATE

ADDRESS

1901

SEP 17 1921

1921.

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

is/are forwarded herewith to

Hector Cobb

in respect of his service as No. **4038** Rank **Pte.**

Name **H. Cobb**

Royal Nfld. Regt.

Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received _____

Signature

Hector Cobb

Date

9/26/21

Address

Pilleys Island

[P.T.O.]

Casualty Form - Active Service.

Regiment or Corps *4th Royal Newfoundland*
 Rank *Pte* Surname *Cobb* Christian Name *Hector*
 Religion *Catholic* Age on Enlistment *21* years *4* months
 Enlisted (a) *31. 10. 17* Terms of Service (a) *Duration* Service reckons from (a) *31. 10. 17*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and rate.....
 Occupation *Fisherman* *J. W. Curran* Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
Date	From whom received				
<i>20. 9. 18</i>		<i>AT</i>	<i>Embarked 23/9/18</i> <i>Disembarked 25 SEP 1918</i>		
<i>6. 1. 19</i>	<i>Ob. Unit.</i>	<i>Remained in Abandoned 7 days' S.P. to 2 for when on active service, incidence to a R.C.O. To be 2/cpl</i>	<i>6/10/18</i>	<i>26. 11. 18</i>	<i>B 213 7/18 Part 2 1/2 B 213. 22/2/19</i>
		<i>Pass boat race & joined Depot Manchester 29/19</i>			
		<i>Next of Kin: Father: - George Cobb Bellevue Island Newfoundland</i>			

Jms

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shipping, Smith, &c.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

1st Newfoundland

Number of Sheets

one

Signature of O. C. Company

[Signature]

Regimental Number and Name	
No.	<i>4038 Cobb. A.</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>21</i> years <i>4</i> months
Place and Date of Enlistment	<i>St. John's 31-10-17</i>
Period of	with Colours <i>257</i> years.
	with Reserve <i>365</i> years.

Trade	<i>Fisherman</i>
Religion	<i>C of E.</i>
Place of Birth	

Good Conduct Badges, Service pay or proficiency pay

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>Stagely Down Camp.</i>	<i>19.5.18</i>	<i>Pte.</i>		<i>Absent from Church Parade</i>	<i>Lt. Kent</i>	<i>3 days LB.</i>	<i>2/5/18</i>	<i>Capt. Emerson.</i>	<i>[Signatures]</i>
<i>"</i>	<i>"</i>	<i>"</i>		<i>found in bed at 6.20 a.m.</i>	<i>Lt. S. M. Melville</i>	<i>3 days LB.</i>	<i>30-5-18</i>	<i>Capt. Emerson</i>	
<i>"</i>	<i>"</i>	<i>"</i>	<i>I</i>	<i>Drunk. Improper conduct in Chatter 5.30 pm</i>	<i>Capt. W. Donald</i>	<i>8 days CB.</i>	<i>1.7.18</i>	<i>Lt. Col. B. J. Burtin DSO</i>	
<i>"</i>	<i>"</i>	<i>"</i>		<i>I Disorderly Conduct</i>	<i>Lt. Garland (Documentary)</i>	<i>28 days detention</i>	<i>19.8.18</i>	<i>Lt. Col. B. J. Burtin DSO M.H.</i>	
				<i>II Damaging Government Property</i>					
				<i>III Inciting or disturbing</i>					
<i>Demobilized St. John's 14/19</i>									

To be carried over

14038.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1038 Rank Lt Col Name Colt. A
 Date of Enlistment 31-10-17 Address Alley St District St. John's
 Occupation Postman Classification for Discharge F 4 Medical Category A1
 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		1239-1	" 6	
B 179c	B 120	M 93		1238-1		

Date 16-6-19 _____
 _____ O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation by both
Mr. J. Rowell

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Date 16-6-19 _____ O i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1813 to his home at 1111 1/2 St. N. W. Washington, D.C. and Release Certificate No. 15468 issued.

Date 16-8-19

J.A. Crawford
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 11-8-19

Date 11-8-19

J. H. [unclear]
Depot Paymaster.

Discharge approved for 30-6-19

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

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>1239-1</u>	" 6
B179c	B 120	M 93	<u>1238-1</u>	

2 Form B

Date 16-6-19

J.A. Crawford
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 JUN 30 1919

R.H. [unclear]
O. C. Discharge Depot.

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

Date June 28/19

[Signature]
For Official Records

Reg. No. *4038* Rank *Act. P.* Name *Cobb. N.*

Attested Address *Pilley's Isld.*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

16-6-19
30-6-19

PASSED TO DEMOBILISATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION.



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 *Cobb, Hector.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4038.*

Intended address *Pilley Island Hovey*

Height on discharge *5 Feet 8.*

Color of hair on discharge *Dark Brown*

Complexion *Fair.*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *George*

Christian name of Mother *Susan*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Pilley Island 30-6-1897*

Nature and locality of civil employment required *—*

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

(Soldier's signature in full)

Hector X Cobb
man

L/Corpl.
(Rank)

Station

Date *16-6-19*
Walter J. Rodman

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.

Station

Date

