



4313

4 FIRST NEWFOUNDLAND REGIMENT 1

ATTESTATION OF

No. 4313 Name *A. E. Coffin* Corps *Rifle*

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *A. E. Coffin*
2. What is your full Address? 2. *Joe Watts arm
Joe's Street
St. John's*
3. Are you a British Subject? 3. *yes*
4. What is your age? 4. *27* Years *—* Months
5. What is your Trade or Calling? 5. *Justice man*
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, *A. E. Coffin* 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.

Alfred E. Coffin SIGNATURE OF RECRUIT.
John R. Turley Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *A. E. Coffin* 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 *14* day of *January* 191*8*

Signature of Attesting Officer *Georg L. Barry Major*

†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* *regiment* if enlisted by special authority, such will be attached to the original attestation.

Date *Jan 14* 191*8*
Place *St. John's* } Approving Officer.

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

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

C.R. 4313

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

The discharge of the under-noted on demobilization has been
CONFIRMED by Officer 1/c Records from 6-8-19.

4313 Pte. A. Coffin.

C.R. 4313

Extract from Daily Orders Part 11 Unit the Royal Wfld. Regt.
St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 23-7-19

4313 Pte. Coffin.

C.R. 4313

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

4313 Pte. A.E.Coffin.

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

C.R.

43/3

Extract from Daily Orders part II, from 2nd. Bn. R. Hfld. 4
by Lieut. Col. S. J. Barton, D.S.O. Officer Commanding 2nd. Bn.
dated 20-6-19.

Punishment.

4313 L/C. A. E. Coffin, deprived of Lance Stripes.

C.R. 4313

Extract from Daily Orders Part 11 By, Lt. Col. B.J.
Darton, Commanding 2nd Bn. Royal WFLA. Regt. dated
2-8-18.

To be L/C.

4313 Pte. A.E. Coffin.

C.R. 4313

Extract from Naval Roll Embarked St. John's for overseas,
Mar. 28, 1918.

4313 Pte. Coffin A.

C.R. 4313

Extract of Daily Orders part 11, from Unit 4/1st
Roy 1 Newfoundland Regiment. Dated January
15th, 1918.

#4313 Pte. A. Coffin.

tested for General Service with the 1st
Newfoundland Regiment, with effect from 14/1/18

A. E. Coffin

C.R. 4313

LRN

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 *Regiment Newfoundland* 7. Former Trade or Occupation *Farmer*
2. Regtl. No. *4313* 8. Rank *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Officer A. G. G.* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *28*
6. Posted for duty on at in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *Nil*
12. Place of origin of disability. *Nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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.)

He complains 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 invalidated at Foreign Stations.

Repatriation

W.E. Proctor *Capt. Rank*
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *4/11/19*

* 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

EC,- The Chief Paymaster,
Royal Newfoundland Regiment,
59 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
4313	Plt	Coffin A.	\$ 2.50	

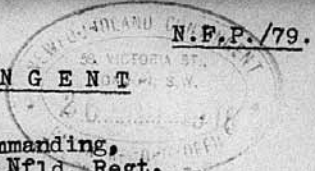
I have the honour to be, Sir,
~~your obedient servant~~
Your obedient servant,

Date

June 26th 1918

A. G. Coffin

No. 11851/1192



NEWFOUNDLAND CONTINGENT

From:

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

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

Handwritten: OHSMS, JRP

23rd July 1918

Subject: 4313, Pte. A.E. Coffin D

With reference to the following telegram (8643) from the Hon. Minister of Militia, received

Pay to 4313 Coffin £5:0:0

Draft £ 5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

25 - 7 - 1918

Receipt hereunder.

Chambers
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Bn. Royal Newfoundland Regiment

Received the sum of Five
Pounds on account of

cable remittance from Newfoundland.

A. E. Coffin
No. 14313 Rank Private

Witness:

No. 19350/2175

N.F.P./79.

065584
/R

From: NEWFOUNDLAND CONTINGENT

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

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

28th November 1918

Nov. 28th 1918

Subject: 4313, L/Cpl. A.E. Coffin,

With reference to the following telegram (10146) from the Hon. Minister of Militia, received

Pay to 4313 Coffin £10:0:0

Draft £10:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

Char
LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of £ ten
pounds on account of
cable remittance from Newfoundland.

A. E. Coffin
Chief Paymaster & O. i/c Records.

A. E. Coffin
No. 4313 Rank L/cpl.

W Powers Pte

2447/2432
No. 21447/2432

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Hazelley Down Camp,
Winchester.

December 26th, 1918

7-1-1919

Subject: 4313, B/Cpl. A.E. Coffin,

With reference to the following telegram (11186) from the Hon. Minister of Militia, received

"Pay to 4313 A.E. Coffin, £3.0.0.

Draft £ 3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Receipt hereunder.

J. P. Rector LIEUT. COLONEL,
COMMANDING 2nd Bn. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt'n,
Royal Newfoundland Regiment.

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

A. E. Coffin
No. 4313 Rank 2/sergeant

Witness *H. Maunders*

No. 5954/874

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment.
Winchester.

16th April 1919

4313 L/Cpl. A.E. Coffin

With reference to the following telegram from the Minister of Militia / / (139)

"Pay to- 4313 Coffin A.E.
£6. 0. 0.

Cheque £6. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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



April 24th 1919

Receipt hereunder.

[Signature] LIEUT. COLONEL,
COMMANDING OFFICER, NEWFOUNDLAND REGT.

Received the sum of £6.00

in respect of telegraphic remittance from the Minister of Militia.

A. E. Coffin
No. 4313 Rank Lance Cpl.

Witness B. Shave

Coffin, A

4313

Hay Sept.

August 6th 1919.

4313, Pte. A. Coffin.

Pogo.

Dear Sir:

Enclosed please find Discharge Certificate
F 3433.

Yours truly,

Capt. & O.i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4319 Rank Pte Name Boffin A.

Intended place of residence Sogo

2. Occupation Disturber

Classification of soldier 2 Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 9 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 JUL 9 1919

Alfred E. Boffin
Signature of soldier

A. Knowlton
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 9 - 1919

Alfred E. Boffin
Signature of soldier

W. Flattery Qms.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 14-1-18 No. of days on Military

Discharged from service 23-9-19 Plus 14 days Service 570

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 23 1919

R. L. Cooper Capt
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 6/1919

M. Howley Capt
Officer in Records
The Royal Newfoundland Regiment

2099/545

18
28
21
20
27
20
31
6
208

The Royal Newfoundland Regiment

Class for Demobilization -

*7
16*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

8.7.19

Regimental No. *4313*

Name

Coffin Alfred

Address

Logo

Present Medical Category

A 1

Recommended for:-

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

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

Watson
Senior Medical Officer

See Beese
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4313 Rank Pvt Name L. Coffin
 Date of Enlistment 11.1.18 Address Loyal District Loyal
 Occupation Infantry Classification for Discharge Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 8.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

L. Coffin

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~~ Amulohonston

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9862 to his home
 at 7080 and Release Certificate No. 3361 issued.

Date 9-7-19 *J.A. Snowe*
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 6-8-19

Date 4-7-19 *J.A. Snowe*
 Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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		

2 Form B

Date 9-7-19 *J.A. Snowe*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919

J.R. Cooper Capt
 for 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.

Alfred E. Coffey

Signature of Man.

Reg. No. 4313

J. J. Shaveloff

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

9-7-19.

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

MEDICAL HISTORY

Surname Coffin OF Christian Name Alfred

Table I.—GENERAL TABLE.

Birthplace:—Parish <u>Fogo</u> County _____		<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
Examined	on <u>14</u> day of <u>July</u> 191 <u>8</u>	on	day of	191	
	at <u>Headquarters</u>	at			
Declared Age	<u>27</u> years	days	years	days	
Trade or Occupation	<u>Suskeiman</u>				
Height	<u>5</u> feet	<u>7.</u> inches	feet	inches	
Weight		<u>132</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded	<u>37</u> inches		inches	
		Range of Expansion	<u>5</u> inches	inches	
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Arm	Number			
When Vaccinated					
Vision	R. E.—V=	<u>6/15</u>	R. E.—V=		
	L. E.—V=	<u>6/10</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>Samuel Patterson</u>				
(Rank)	<u>Major</u>				
	Medical Officer.		Medical Officer.		
Enlisted	at <u>St Johns</u>	at			
	on <u>14</u> day of <u>July</u> 191 <u>8</u>	on	day of	191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.	
Transferred to	<u>Royal</u>	<u>4313.</u>			
	<u>W.F.L.D.</u>				
Became non-effective by	on	day of	191	on	day of
[Signature]					
[Rank]					

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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* Former Trade } *Blackman*
or Occupation }
2. Regtl. No. *4313* 3. Rank *R. Cpl* 7a. If the soldier claims previous service in Army, he should state (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Coffin* *Alfred* (Surname) (Christian Names)
5. Age last birthday *28*
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 (b) Where (d) Particulars of Pension or Gratuity (if any)
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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 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.

Repatriation

W.E. Freeman. Capt R.A.M.C.

Station *Hazley Brown*

Medical Officer in charge of case.

Date *4/4/19*

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 *Alfred Coffin*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4313*

Intended address *7090*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Short*

Christian name of Father *Joseph*

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 *Jose Bath Am., Sept 21st 1890*

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) *Alfred E. Coffin*

Pte
(Rank)

Station *S + Johns*

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

August 15, 1919

Mr. Alfred Coffin,
Joe Batts A.M.,
FOGO DIST.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the war service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY:

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

Christian name..... *Alfred* 2. Surname..... *Appin*

3. Rank..... *Pvt* 4. Regtl. No..... *4213*

5. Address in full to which future payments of gratuity are to be forwarded..... *Joe Batts Arm, Fog, District*

6. Date of enlistment in the Regiment..... *January 14/18*

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..... *the*

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?..... *No*

11. Were you on active service only in Mfld, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Eighteen 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 Rest.?..... If not give? - (a) Date of discharge. July 23/19 (b) Reason for discharge.....

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.
..... no

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: *Alfred Coffin*
 Place of Residence: *Joe Bath Arm. 7000 District*
 Declared before me at: *St John's*
 This *10* day of *July* *1919*...

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

John M. Cahill
J.P.

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

ST. JOHN'S, JUL 12 1919

Royal Newfoundland Regiment.

Billeting Account,

To M^{rs} B. Day
22. Cochrane. St.

Billeting Soldiers as undermentioned

from July 1st 19 to July 12th 19

Paid
for Boarding July 14/19
48/3. St. A. Coffin 12 00

ACCOUNT	<u>B + M</u>
CH NO	<u>2898</u>
P. C. LEDGER	INITIALS
FRY LEDGER	INITIALS
GEN LEDGER	INITIALS <u>90</u>

Certified correct for 12

M. Blonstein
R. J. Billeting Officer.

R. 4313

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name

Alfred E. Coffin. (4313)

Date

Nov. 21st 1919

Place

Gen. Batts arm

9

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
70.

Number of Sheets One

Regiment of Royal Newfoundland

Signature of O. C. Company W. H. G. H.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1007</u>	Age on	<u>27</u> years - months	<u>Fireman</u>	
<u>14212</u> <u>Loiffin Alfred E.</u>		Place and Date of Enlistment		Religion	<u>Promoted Lance Capt 2-5-1897</u> <u>Deprived of Rank 20-5-1914</u>
Joined Date		with Colours		<u>C of E.</u>	
Joined Date		with Reserve		Place of Birth	
Joined Date		with Reserve		<u>Que Beles Aron</u>	

Place	Date of Offence	Rank	Case of Drunk. case	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Haystack Camp</u>	<u>5/12-14</u>	<u>2/c</u>		<u>I Irregular conduct on evening hall</u>					
"	<u>29/5-19</u>			<u>II Persistence in failing to comply with an order.</u>	<u>Cpl Foster</u>	<u>Seven Liberman</u>	<u>27/5-19</u>	<u>Lt Col B. S. Barton</u>	<u>W. H. G.</u>
"	<u>7-6-19</u>	<u>1/pt</u>		<u>III Out of Camp imperpetrated dressed drunk & using profane language on the public street</u>	<u>Cpl Mottet</u>	<u>Deprived of Rank</u>	<u>30/6-19</u>	<u>Lt Col B. S. Barton</u>	<u>W. H. G.</u>
					<u>Cpl Hyms</u>	<u>8 days C.B.</u>		<u>Lt Col B. S. Barton</u>	<u>W. H. G.</u>
				<u>Demobilized St. John's, 6/19</u>					

To be carried over

The Royal Newfoundland Regiment

D
4313

DEMobilIZATION OF

Reg. No. 4313 Rank Plt Name Alfred E. Soffin
 Date of Enlistment 11/1/18 Address Loyal District Loyal
 Occupation fisherman Classification for Discharge Medical Category HS
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 378	W 3494	B 122	Board 1st	2	
B 178a	D 400A	B 1915	dc 2nd	3	3
B 179	D 400B	Form L	dc 3rd	4	
B 179a	D 400C	Form K	dc 4th	5	
B 179b	B 103	ME 2		6	
B 179c	B 120	M 93			

Date 8-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

r. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date Eligible for War Service Gratuity

s. Clothing.

Certified that Clothing Regulations have been complied with—

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

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9862 to his home
at Fargo and Release Certificate No. 3361 issued.

Date

9-7-19

J. A. Saweoff
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 9-8-19

Date

9-7-19

J. A. Saweoff
Depot Paymaster.

Discharge approved for

23-1-19

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

N.F. P[36]	B 268	B 131	/	N.F. Med.	D.F. 1	
F 178	W 3494	B 122		Board 1st.	" 2.	
B 178a	/ D 400A	B 1915	/	do 2nd.	" 3.	<i>3 Famm B</i>
B 179	D 400B	Form L		do 3rd.	" 4.	
B 179a	/ D 400C	Form K		do 4th.	" 5.	
B 179b	B 103	ME 2		" 6.		
B 179c	B 120	M 93				

Date

9-7-19

J. A. Saweoff
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUL 23 1919

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

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

Date

July 23 1919