



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5987 Name Joseph J. Coffin Corps AFC

### Questions to be put to the Recruit before Enlistment.

- |  |                            |
|--|----------------------------|
| 1. What is your name? .....  | 1. <u>Joseph J. Coffin</u> |
| 2. What is your full Address? .....  | 2. <u>The Bath Room</u>    |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>              |
| 4. What is your age? .....   | 4. <u>24</u> Years .....   |
| 5. What is your Trade or Calling? .....  | 5. <u>Governor</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, Joseph J. 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.

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

DATE TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph J. 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 10 day of Aug 1918

Signature of Attesting Officer C. P. Dickson Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date 12-8 1918  
 Place St. John's } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5987

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

Name Joseph J Coffin

Apparent age 24 years 0 months. Height 5 feet 5 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 George Coffin  
for Battle Arm. | 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>11-8-18</u>									
Joined at <u>Mt. Mans</u> on <u>August 11-1918</u>									
<u>Discharged August 8-1919</u>									
(20)									
<u>Embarked Mt Mans train to Halifax N.S. 22-9-18</u>									
<u>Reported by the 16. hospital camp No. 11 under the name of <u>Sherman 6-11-19</u></u>									
<u>to undergo course for demobilization 24-6-1919</u>									
<u>Accused to undergo course 1-7-1919</u>									
<u>Demobilization of Mans 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge)									
" " " " " " " " " " " "									
Pensions " " " " " " " " " " " "									

years 3 days 63

C.R. 5987

Extract from telegram from *Mil to Syn* dated April 24, 1919.

Please inform condition of 5987 Coffin.

C.R. 5987

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

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

5987, Pte. J. Coffin.

C.R. 5987

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, July 15, 1919.

The discharge of the undersigned on demobilization has been  
APPROVED by G.O. Discharge Depot with effect from 25-7-19.

5987 Pte. J. Coffin.

C.R. 5987

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

5987 Pte. J. Coffin.

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

G.

C.R. 5987



23rd April, 1919.

E

Dear Mr. Bennett,

I have just received the enclosed message from Simeon Coffin, of Joe Batts Arm, who asks particulars regarding No. 5987 Joseph Coffin, who is seriously ill at Winchester. These are worthy people who have done their best for King and Country, and I shall be glad if you will kindly send a message asking particulars of the young soldier and his present condition. If you will let me have the particulars when you receive them I shall send them forward.

Yours faithfully,

*W. H. Halliday*  
Colonial Secretary.

J. R. Bennett, Esq.,  
Minister of Militia.

Reg. No. 5987 Rank Pte Name Coffin Jos

Attested 10-8-18 Address Joe Bath Arms

Allotment 60<sup>4</sup> Allottee Mother Mrs Jos Coffin

Date of Allotment 1-10-18 Returned from Overseas

Embarked for Overseas SEP 22 1918 Cause

Vacc 15-8-18	15 <sup>th</sup> Dec 14-9-18	2nd 21-9-18
8. Leave 25-8-18	6-9-18	Reto 1-9-18





# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 62 Sent by Joe batts Arm 21 Rec'd by \_\_\_\_\_ Check 17/00 No. \_\_\_\_\_

Place from \_\_\_\_\_

To W W Halpern

POSTAL TELEGRAPHS.  
APR 21 1919  
COURT HOUSE  
ST. JOHN'S N.F.L.D.

Joseph Coffin soldier no 5987  
seriously ill Winchester  
England kindly interview  
Bennett re this case reply  
@ collect

Simion Coffin

C.R. 5987

Extract from telegram from Syn. to Mil. dated April 28/19.

In answer to your telegram April 25th., 5987 Coffin  
Improving.

C.R. 5987

May 1st. 19.

Hon. W. W. Halfyard,  
Colonial Secretary,  
City.

Dear Mr. Halfyard:-

In answer to your letter of April 23rd. requesting particulars regarding #5987 Pte. Joseph Coffin. I telegraphed the Chief Paymaster, London asking him to make the necessary enquiries, a reply has been received to the effect that the young soldier is now improving.

Yours faithfully,

Minister of Militia.

FAR/BC.

C.R. 5987

April 29th., 1919.

Mr. George Coffin,  
Joe Batts Arm.

Dear Sir:-

I am directed to inform you that additional information has been received from our Pay and Record Office, London to the effect that your son, #5987 Private Joseph Coffin, is improving. Information which we may from time to time receive will be communicated to you.

Yours faithfully,

Lieut.

CASUALTY OFFICER.

FAB/BC.

**NEWFOUNDLAND POSTAL TELEGRAPHS.**

**C.R. 5987**

**Cable Connection with all the World**

**All Messages Sent are Subject to the Following Conditions:**

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated April 10th, 1919

To George Coffin, Joo Batt's Arm

Regret to inform you that Record Office, London,  
officially reports No. 5987, Private Joseph  
Coffin at Magdalen Camp Military Hospital Winchester  
seriously ill suffering from pneumonia

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia. Minister of Militia.

**FOR TYPEWRITER**

C.R. 5987

Extract from Telegram from Syn. to MIL. Dated April 8, 1919.

Magdalen Camp Military Hospital, Winchester April 7th.,  
seriously ill pneumonia.

5987 Coffin.

C.R. 5987

Extract from telegram from Syn. to Mil. dated Feb. <sup>28</sup> 5th., 1919.

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In answer to your telegram Feb. 25th., 5987 Coffin not understood  
Regimental number correct..

C.R. 5987

Extract from telegram from Syn. to Mil. dated Feb. 25th., 1919

With reference to your telegram Feby. 21st., verify carefully and report whether correct Regimental particulars 5987 Coffin.



CR 5987

Extract from Daily Orders part 21, from Unit The Royal  
Mfld. Reg. St. John's, dated August 1841918.

#5987 Pte. Joseph Coffin.

Attested for General Service with The Royal Mfld.  
Regt. from 9-8-18

C.R. 5987

Extract from WATSON'S Memorial Roll Entained At St. John's  
for Germans Sept. 23, 1918.

5987 Pte, Coffin Joseph J.

II



C.R. 5987

**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

..... August 22nd, 1918 ..... 191

To D.O.C., Newfoundland,  
Militia Department

5987 Pte. Coffin, J.J.

Reference marginally noted soldier, A.F.

Bl78 A shows:	Sight, both eyes	6/18
Form 93 " :	" "	6/18

Dr. A. Tait, one of the medical examiners, states: "Sight slightly defective, but not sufficient to turn him down."

When questioned about his condition, Pte. Coffin stated that he had never had any severe illness and did not know of anything wrong with him.

  
Captain

JN\*AC

C.R. 5987

Extract from Casualties received from Pay and Record  
Office, London dated 8th. April 1919.

5987 Pte. Coffin is reported 6/4/19 by the O. C. Magdalen  
Camp Hospital, Winchester SERIOUSLY ILL of Pneumonia.

C.R. 5987

August 23rd/16

Sir:-

5987, Pte J.J.Coffin.

I return telegram with reference to the above soldier, with copy of report from the Depot. The sight shown is above the average required for admittance to the Army.

ENC.

I have the honour to be,

Sir,

Your obedient Servant,

Hon.W.W.Halliyard,  
Colonial Sec'ty,  
C I T Y .

Major,  
D.O.C., Newfoundland.

C.R. 5987

Extract of Orders by MAJOR H.S. SULLIVAN,  
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,  
19/11/19.

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

<sup>5987</sup>  
#2987 Pte. J. Coffin.

"A" Company.

C.R. 5987

Extract from Orders by Lt. Col., B.J. BARTON, D.S.O., Commanding  
2nd., Battalion of the Newfoundland Regiment dated November  
10th., 1918.

The undermentioned man will proceed to join the Newfoundland  
Forestry Corps on Monday the 18th., on probation.

---

6

#5987 Pte. J. Coffin.

BC.

J Coffin

CR 5987

1880







**MESSAGE FORM.** Series No. of Message \_\_\_\_\_

In	Reed.
CALL <input type="checkbox"/>	At _____ By _____
Out <input type="checkbox"/>	Sent _____
	At _____ By _____

Army Form C 2128  
(pads of 100).

Date Stamp.

PREAMBLE

M.M. Offices	Delivery <input type="checkbox"/>
	Origin _____

PREFIX

Words

TO **COMMANDING**  
**MAGDALEN CAMP HOSPITAL**  
**WINCHESTER**

FROM  
& place

Originator's Number

**302**

Day of Month

**25/4/19**

In reply to Number

<del>XXXXXXXXXX</del>			
Telegraph Coffin	present	condition	5987

**SYNOPTICAL**

TIME OF ORIGIN

TIME OF HANDING IN  
(For Signal use only).

Originator's Signature  
(Not Telegraphed)

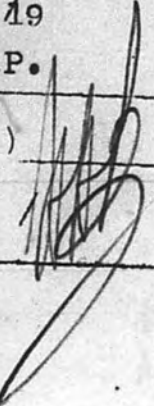
N.F.P. 198.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~Full text~~ extract from MINISTER OF MILITIA No. 795

Dated 25/ 4 /19 ( 153 ), Received 26 /4 /19

Decoded by J. S. Checked by R.A.P.

Branch Records Acted upon (Initial) 

Acknowledged per No. \_\_\_\_\_ dated / /

Please inform condition of-5987-Coffin-

N.E.—This Form must accompany any inquiry respecting this Telegram.



POST OFFICE TELEGRAPHS LTD. LOND.

# POST OFFICE TELEGRAPHS.

Office Stamp.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 1/2d. being reckoned as 1/2d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.



OTM Winchester

Charges }  
to pay }

s. d.

Handed }  
in at }

1140

Received }  
here at }

17h

TO {

Synoptical Ledger

173/19

27th

3180

your 302

26.4.19

aaa

5987

pte Coffin improving  
magdalen cp. hosp l winchester

NEWFOUNDLAND CONTINGENT

~~Full text~~  
TRANSLATION Extract of TELEGRAM to MINISTER of MILITIA No. 203 28/4/19

M. of M. Reply No. \_\_\_\_\_ dated / / Coded by \_\_\_\_\_

branch \_\_\_\_\_ **Records** \_\_\_\_\_ Checked by \_\_\_\_\_

With reference your telegram 25th April-5987-Coffin-  
improving-

95  
Extract Cable No. ~~98~~, 25/2/19, to Minister of Militia:-

With reference to your telegram 21 February- verify carefully and report whether correct- regimental particulars- 5987- Coffin- fullstop-

Awaiting Reply  
~~5987 Coffin~~

No. 3553/553 *b*

N.F.P. /79.

13 MAR 1919

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/Bn. Ryl Nfld Regt.

Winchester.

*P.D. 0645086*  
*4/13/19*  
3rd March 1919

*March 6<sup>th</sup>* 1919

5987. Pte Coffin. J.J.

Receipt hereunder *per* *Karr* T. LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. \_\_\_\_\_ Batt'n.

With reference to the follow-  
ing telegram from the Minister of  
Militia / / ( 38. )

Received the sum of £ 7. 0. 0  
*Seven pounds.* in respect of

"Pay to-5987. Coffin.

telegraphic remittance from the  
Minister of Militia.

£7. 0. (0

Cheque £7. 0. 0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

*J. Coffin*  
No. 5987 Rank Pte.  
Witness Geo. Perry Sfc

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



Coffin, J

5987

May - Sept.

August 8th 1919.

#5987, Pte. J. Coffin.

Woe Matt's ARM.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3633.

Yours truly,

Capt. \*

Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5987 Rank Pvt Name Coffin J  
 Intended place of residence Joe Batts Alton

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 JUL 11 1919

L. 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 11 1919

J. Coffin  
 Signature of soldier

J. H. Newman  
 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 11 1919

J. Coffin  
 Signature of soldier

James O. Newman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 10-8-18 No. of days on Military  
 Discharged from service JUL 25 1919 Plus 14 days Service 364

### 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 25 1919

N.R. 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 8 1919

M. Bowley Capt.  
 Officer in Records  
 The Royal Newfoundland Regiment

203207 913633

# The Royal Newfoundland Regiment

Class for Demobilization:

*2*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *10.7.19* .....

Regimental No. .... *5987* .....

Name ..... *Coffin Joseph* .....

Address ..... *Joe Watts Ave* .....

Present Medical Category ..... *A 1* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board { *Ret Lt Col Major*  
O.C. Discharge Depot.  
*P. P. P.*  
Senior Medical Officer  
*S. W. B.*  
~~M. O. Depot~~

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5987 Rank Plt Name J. Coffin  
 Date of Enlistment 10-8-18 Address St. Boniface District St. John's  
 Occupation Artist Classification for Discharge F1 Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 10-7-19 O. C. Discharge Depot. St. John's

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am.....in a position to resume civilian occupation. J. 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..... Amulet

Date 11-7-19 O. i/c. Re-clothing.....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192330 to his home,  
 at Joe Batts Ann and Release Certificate No. 348st issued.

Date 11-7-19 *J.A. Snowcroft*  
 Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19 *J.A. Snowcroft*  
 Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19 *J.A. Snowcroft*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 25 1919 *N.R. Cooha Cabot*  
 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.

*J. Coffin*

Signature of Man.

*J. A. Howell apt*

Signature of the Vocational Officer or his Representative.

Reg. No. 6987.

Place *St. Johns*

Date *11 7 - 65* 191

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

# MEDICAL HISTORY

OF THE

Surname

*Coffin*

Christian Name

*Joseph J*

Table I.—GENERAL TABLE

Birthplace :—Parish

*St John's County Newfoundland*

**SPECIAL RESERVE**

**REGULAR ARMY**

Examined	on <i>10</i> day of <i>Aug</i> 191 <i>8</i>	on	day of	191
	at <i>St John's</i>	at		
Declared Age	<i>24</i> years	days	years	days
Trade or Occupation	<i>Yokerman</i>			
Height	<i>5</i> feet	<i>5</i> inches	feet	inches
Weight	<i>118</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>35</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				

Vaccination Marks	Arm	Right	Left	Right	Left
	Number				

When Vaccinated

Right	<i>6/18</i>	Left	
Number	<i>6/18</i>	Number	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

*Lambert Paterson*

(Rank)

Medical Officer

Medical Officer

Enlisted

at *St John's*

on *10* day of *Aug* 191*8*

Joined on Enlistment

*Regt. No. 5987*

Transferred to

*Regiment*

Became non-effective by

on day of 191 on day of 191

(Signature)

(Rank)











# Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Joseph Coffin*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5987*

Intended address *Jor. Bath. Arm*

Height on discharge *5 Feet 5"*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Gray*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *George*

Christian name of Mother *Martha*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Jor. Bath. Arm 25-3- age 25-1895*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Joseph Coffin*

(Rank) *PTC*

Station **ST. JOHN'S.**

Date *July 9th 1919*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and particulars are, to the best of my knowledge correct.



Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station

Date

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

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *5987* 3. Rank. *Pte*
4. Name *Coffin* *Joseph J.*  
(Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on. *Aug 10/1918* at *St. John's.*  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
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) 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*  
*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 }<br>man's part. } | .....               | .....             |
- 14 (a). If not due to any of these causes, to what }  
specific condition do you attribute it? }

na.  
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 complaints of disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na.  
na.  
na.  
na.

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. S. Proctor Capt-RMC.  
Medical Officer in charge of case.

Station T.S.S. Cassandra  
Date 30/6/19.

\* 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.

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... *Regt. Newfoundland Inf* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5987* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Coffin* *Joseph* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *25*
6. Posted for duty on *8.18* 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 ?
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. *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 .. .. .                     | na.                 | .....             |
| (ii.) Previous active service.. .. .                            |                     | .....             |
| (iii.) Climate in pre-war service .. .. .                       |                     | .....             |
| (iv.) Ordinary military service before the war .. .. .          |                     | .....             |
| (v.) Serious negligence or misconduct on the }<br>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.)

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

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. P. Pocumie, Capt R.A.M.C.  
Medical Officer in charge of case.

Station ... J.S.S. Cassandra

Date ... 30.6.19

\* 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.



August 16, 1919

Mr. Joseph Coffin,  
Joe Batts Arm,  
FOGO BIST.

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,

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..... *Joseph* ..... 2. Surname..... *Coffin* .....
3. Rank..... *Rt Lie* ..... 4. Regtl. No..... *5987* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Joe Batts Avn. Top West* .....
6. Date of enlistment in the Regiment..... *Aug 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no* .....
8. Relationship of such dependents..... *—* .....
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..... *Eleven months* .....
- ..... 1.  $\frac{3}{4}$  .....

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?

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 R.A.F.? If not give:- (a) Date of discharge. (b) Reason for discharge.

*no*  
*Jul 25/19*  
*Remun*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*England*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Joseph Coppin*  
 Place of Residence: *Joe Battarum Twp Dist*  
 Declared before me at: *Pr John*  
 This                    11 day of *Jul*, 19*18*....

Signature of Barrister of the *John McArthur*  
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

Number of Sheet

*One*

*P. B. Dickson*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Joseph J Coffin</i>	Age on	<i>24</i> years <i>1</i> months	<i>Fisherman</i>	
5987		Place and Date of Enlistment	<i>St Johns</i> <i>10-8-68</i>	Religion	
Joined		Date	} with Colours <i>364</i> years. } with Reserve <i>365</i> years.	<i>C of E</i>	
Joined		Date		Place of Birth	
Joined		Date		<i>for Batt Am</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St Johns</i>	<i>8-8-19</i>			

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5987 Rank Plin Name J. Coffin  
 Date of Enlistment 10-8-18 Address St. Bonifacius District 7090  
 Occupation Truckman Classification for Discharge F 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 10-7-19

O. C. Discharge Depot. J. Coffin

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am.....in a position to resume civilian occupation. J. 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 Ameliorated

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.2330.....to his home at Joe Batts Ann and Release Certificate No. 3494 issued.

Date 11-7-19

J.A. Snowcraft  
Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19

J.A. Snowcraft  
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
F 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 11-7-19

J.A. Snowcraft  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date Jul 25 1919

N.R. Probe Capt.  
O. C. Discharge Depot.

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

Date Aug 9/19

W.H.