



*Lesby*

# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *3176*

Name *Wm S. Goffe* Corps

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

1. What is your name? ..... 1. *Wm S. Goffe*
2. What is your full Address? ..... 2. *170 Street St John's*
3. Are you a British Subject? ..... 3. *yes*
4. What is your age? ..... 4. *26* Years *1* Months
5. What is your Trade or Calling? ..... 5. *Wakaffer*
6. Are you Married? ..... 6. *yes*
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 } II. *yes*  
to be signed by you if you are accepted? ..... }

FOR THE DURATION OF THE WAR

I, *Wm S. Goffe* 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.

*Wm S. Goffe* SIGNATURE OF RECRUIT.  
*Wm S. Goffe* Signature of Witness.

*5 Oct 1916*

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Wm S. Goffe* 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 read and signed the declaration and taken the oath before me at ..... on this ..... day of ..... 1916  
*Mark Aye* Signature of Attesting Officer

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.

Date ..... 1916 }  
Place ..... } Approving Officer.

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

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



3126



*Presbyt*

# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *3126*

Name *Wm. H. Capfield*, Corps

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

1. What is your name? ..... *Wm. H. Capfield*
2. What is your full Address? ..... *17 Somerset St. St. John's*
3. Are you a British Subject? ..... *Yes*
4. What is your age? ..... *26* Years *1* Months
5. What is your Trade or Calling? ..... *Staple*
6. Are you Married? ..... *Yes*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... *No*
8. Are you willing to be vaccinated or re-vaccinated? ..... *Yes*
9. Are you willing to be enlisted for General Service? ..... *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 } 11. *Yes*  
to be signed by you if you are accepted? .....

I, *Wm. H. Capfield* 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.

*William H. Capfield* SIGNATURE OF RECRUIT.

*5 Oct 16*

*Wm. H. Capfield* Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Wm. H. Capfield* 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.....

on this *5 Oct* day of..... 191

Signature of Attesting Officer *Thos. Aye*

### †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..... 191

Place..... } Approving Officer.

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

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

54  
30  
31  
31  
148  
13  
161



# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Corn G. Capfield  
 Apparent age 26 years 1 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 43 inches  
 Range of expansion 5/8 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Barnett Capfield  
170 Queen Street | Relationship wife

### 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.

Married <u>Peckham Sp. 1/11</u>	(b) <u>5/1/11</u>	(c) <u>170 Queen St. Sp. 1/11</u>	(d) _____
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### Particulars as to Children

Christian Names	Date and Place of Birth
<u>Frank George Capfield</u>	<u>18/5/12 - St John's</u>

## 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>3-10-16</u>									
Joined at <u>St John's</u> on <u>October 3<sup>rd</sup> 16</u>									
<u>Discharged March 13/1919</u>									
<u>Embarked St John's S.S. Royal to Wexford 31-1-17 will attend</u>									
<u>Course R.C.I. School Castle Hill Commaning 23-5-17 (Embarked)</u>									
<u>Admitted 3rd Ban. R. M. Dubhoyne. S.M. 14-8-18 Admitted 3 London New Troop General Store 4 2/8</u>									
<u>Surveys the post to King Winchester 10-12-18 to Newfoundland for demobilization 30/19</u>									
<u>Arrives Newfoundland 7-2-1919</u>									
<u>Demobilization St John's 13-3-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 13-3-1919 (date of discharge) 2 years 142 days  
 " " " Pension " " " " " " " "



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of William Coffield  
aged 26 1 month conducted at C.B.  
Date: Oct. 2/16 Recruiting Officer:

NO OF TEST

FINDING

- 1 no.
- 2 no.
- 3 no.
- 4 no.
- 5 no.
- 6 no.
- 7 yes.
- 8 yes.
- 9 no - ✓
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 } n
- 17 } n
- 18 } n
- 19 } 6/6 bock.
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

*W. Coffield*  
*and*  
*3/19/16*  
*George*

Yes rays ago. one left arm.  
5'9"  
150 lbs  
37-44  
145 lb month.  
wife.  
wife & one child - poor.

11 Copies - 170 Stone St,

Signature of Medical Examiner:

*W. Burdick*

C.R. 3126

Sept. 7th 18

Dear Mrs. Cofield:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

Your husband, No. 3126, Private William F<sup>r</sup> Cofield is at Wandsworth suffering from Trench Fever.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Harriett Cofield  
170 Cowey Street

Minister of Militia.

C.R. 3126

Extract of DAILY ORDERS, PART II, Depot St. John's,  
dated March 1st 1919.

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The discharge of the undernoted on Demobilization has been  
APPROVED by O.C. Discharge Depot on noted date.

#3126 Pte. Wm. Cofield.

27/2/19.



C.R. 3126

Extract from Preliminary Report of Medical Board held Thursday  
Afternoon, Feb. 20th 1919.

3126 PTE. Cofield, Wm.

Recommended Discharge--Unfit General Service.



C.R. 3126

Extract from Daily Orders Part 11 Unit The Royal  
Mfld. Regt. St. John's, 11-2-19.

The Undersigned returned from Overseas and reported  
to Depot 7-2-19.

Repatriated on A.F. 3179 .

3126 Pte. Wm. Coffield.

C.R. 3126

Extract from Nominal Roll of the Royal Nfld. Regt.  
Embarked by S.S. "Corsican" Jan. 30th, 1919.

3126 Gosfield.

C.R. 312.6

Extract from Daily Orders part 11, from the 2nd., Battalion of the  
Royal Newfoundland Regiment, dated 11/12/18.

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The following having reported back 1st. Battn are taken on the  
strength and posted to "H" Company from 10/12/18.

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#3126 Pte. W. ~~Cleary~~

*Casfield*



C.R. 3126

Extract from Casualties received from Pay & Record Office,  
London, Nov.26th, 1918.

The undermentioned was discharged from the 3rd London General  
Hospital on 25-11-18 and granted furlough to 4-12-18 Marked  
fit for l.Duty.

3126 Siglr. Cofield, W.F.

C.R. 3126

Extract from Casualties received from P.& R. Office London,  
Sept. 17, 1918.

Association Visiting Committee reports progressing favourably.

3126 Corfield.

C.R. 3126

Extract from Telegram from Synoptical, London dated Sept. 7th 1918.

WANDSWORTH. TRENCH FEVER <sup>3126</sup>~~3133~~ COFIELD.



C.R. 3126

Extract from Nominal Roll of Sick and Wounded at 3rd L.G.H. Wandsworth  
S.W. 18.

Admitted on 4th. Sept. 1918. Dated 6th Sept. 1918.

3126 Sglr. W.F. Cofield.

R. Nfld. Regt.....French Fever.



C.R. 3126

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

1633 W

ROYAL GARRISON.

LIST No. H. A. 27625.

185526	Gnr	Tregear A.C.	RGA 443 Sge Bty.	P.U.O. (? Trench Fever)	Slt.	Adm 3-Can Gen H Boulogne 14th Aug'18.
185596	"	Norman R.F.	" 24 Hvy Bty att Inguinal Hernia			Dis ex 10 Can Sty H Calais 15th Aug'18.
			5 Div.Rec.Camp			
512766	Pte	Bowton W.	RGA 222 A.A.S.	Sick. Mild N.Y.D.		Adm 10 Can Sty H Calais 14th Aug'18.
188181	Sgn	Goeling C.T.	" 1/1 W.Rid.Bty XI Corps.	Wounded. NYD. Mild.		Adm 10 Can Sty H Calais 14th Aug'18.
159675	Gnr	Higgatt E.A.	" LX.344.(4)S.B	Sick. NYD. Mild.		Adm 10 Can Sty H Calais 14th Aug'18.
512599	"	Brooklehurst V	" 1/1 W.Rid.HBty	do.		Adm 10 Can Sty H Calais 14th Aug'18.
99551	Cpl	Hills G.H.	" do.	Wounded. NYD		Adm 10 Can Sty H Calais 14th Aug'18.
181356	Gnr	Suthren W.G	" 289 S.B.att 28 Egte.	Sick. NYD.		Adm 10 Can Sty H Calais 14th Aug'18.
185596	"	Norman R.F.	RGA 24 H.Bty att 5 Div.Rec.Camp.	do.		Adm 10 Can Sty H Calais 14th Aug'18.

ROYAL ENGINEERS (TRANSPORTATION BRANCH).

LIST No. H. A. 27625.

WR/270057	Spr	Banner E.J.	R.F. 23 Lt.Rly.Misc Trades Coy.	D. A. H.	Slt.	Adm 3-Can Gen H Boulogne 14th Aug'18.
WR/502884	"	Cooper F.	RE Inl.Water Trans	Tbe. Lunge		Adm 3-Can Gen H Boulogne 14th Aug'18.
359097	Pnr	Webster S.L.	RE 9 F'way Coy.	P.U.O.(Trench Fever)	Slt	Adm 3-Can Gen H Boulogne 14th Aug'18.
WR/251150	Spr	Lokey H.J.	RE 296 Rly.Con.Co.	D. A. H.	Slt.	Adm 3-Can Gen H Boulogne 14th Aug'18.
WR/507596	"	Fisher H.R.	RE DRE Boulogne	Influenza.		Dis to Duty ex 3-Can Gen H Boulogne 14th Aug'18.
325502	"	French J.H.	RE RCT.	Varix Lt. Leg.		Dis ex 10 Can Sty H Calais 15th Aug'18.
LS19785	"	Hart T.	RE 221 Trans Wks. Coy.	Sick. Mild. N.Y.D.		Adm 10 Can Sty H Calais 14th Aug'18.

NEWFOUNDLAND CONTINGENT.

LIST No. H. A. 27625.

3126	Pte	Coffield W.	1- R. Newf'land R.	P.U.O. (? Trench Fever)	Mild.	Adm 3-Can Gen H Boulogne 14th Aug'18.
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C.R. 3126

Extract of Nominal Roll of Draft to B.E.F. embarked  
Southampton 10-5-18.

8

#3126 Pte. W.F. Cofield.



C.R. 3126

Abstract of Roster Roll of Officers and men attached to, John's  
21-7-17 21st Battalion 2nd. DIVISION 18-4-17.

#3126 PTE. W. COFIELD.

C.R. 3126

Extract from Orders by Major Lt. Col. G.T. Mathias, D.S.O.  
Commanding 1st Battn. R.Nfld. Regt. 22-8-18.

The u/m has been evacuated and has been struck off the strength  
off the Unit.

3126 pte. Coe field, H.

C.R. 3126

Extract from Orders by Major G.T. Mathias, D.S.O.

Commanding 1st Bn. R.Nfld. Regt. 14-8-18

3126 Pte. H. Colfield.

Is admitted to Hospital this day.

EXTRACT FROM STATEMENT OF ACCOUNT TO ~~XXX XXXX~~ 31-1-19

FROM PAY AND RECORD OFFICE, LONDON

3126 Pte. Cofield, W.

Dr. Bal. £1-12-0

This transferred to Pay Office 26-3-19



C.R.

3126

William F. Coffield was attested for General Service  
with the NEWFOUNDLAND REGIMENT on Oct. 3rd 1916  
Regimental No. 3126 was allotted to Pte. W.F. Coffield.

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919.

W. Cofield

C.R. 3126

P. P. P.



**Medical Report on an Invalid.**

Station Hazley Down Camp  
 Date Jan 8 1919

- 1. Unit Royal Newfoundland
- 2. Regimental No. 3126
- 3. Rank Pte.
- 4. Name COAFFIELD
- 5. Age last birthday
- 6. Enlisted { on  
at
- 7. Former Trade }  
or Occupation }
- 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**

*(Other disabilities should be reported upon in answer to question No. 19).*

*P. O.*

Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*Contracted P. O. O. Trace.  
 Evacuated O. K. Treated  
 3rd Lt. H. Discharged cured.*

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.



*All complaints of no  
Disability now.*

13. What is his present condition?

*Weight should be given in all cases when  
it is likely to afford evidence of the  
progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatented*

*W. H. M. D.*

ROYAL NEWFOUNDLAND REG.

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,  
*except †*

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.

† Delete this word if no exceptions are to be made.

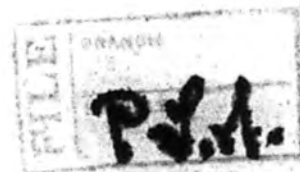
18744/117

Red Cross  
Esher.

20th November 8

W. Cofield  
1:0:0

3126 Pte



Admitted 4.9.18

Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

Army Form W. 3016. (In Books of 200.)

No. .... Date 25-11-18 191

\*(1) To the Officer i/c Records

\*(2) The Officer Commanding

\*(3) The Paymaster

58 Victoria St  
Hazeley Farm Winchester  
58 Victoria St Station.

\* Strike out that which is inapplicable.

Regimental No. 3126

Rank and Name ~~Bofield~~ W F

Regiment or Corps R. W. Fed.

has been granted a furlough from

25-11-18 to 4-12-18

His address while on leave will be

58 Victoria St  
SW

I consider he is fit for

\* Strike out that which is inapplicable.

\* I. DUTY.  
\* II. COMMAND DEPOT. I Duty.  
\* III. EMPLOYMENT.

Officer in charge

Hospital.

~~W. W. W. W. W.~~ Station.

Four copies to be made, and one copy sent to each Officer in charge of the Registrar, R.A.M.C.F.

In the case of men of the Royal Army Medical Corps, Royal Engineers and Army Veterinary Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge of the Hospital, and one to the Paymaster, instead of one copy to the Officer in charge of the Paymaster and O.C. shown in the Schedule.

British Red Cross Society.



Kingston-upon-Thames Division.

TEL. ESHER 44.

HON. SECRETARY  
MISS HELEN TALBOT.

RED CROSS HOSPITAL,  
ESHER,  
SURREY.

Nov 16. 18.

Please remit £1.0.0. (one pound).

& debit same to a/c of  
3126. Pte Cofield.

(Signature) M. Cofield

18744  
117

approved  
H. Talbot

✓  
9920

D.R. of 1-0-0  
M.R. 19/11/18

18744/117  
21-11-18

P.S.	
B & E	
R. & C	
P. & S	

*[Handwritten signature]*



NEWFOUNDLAND CONTINGENT

N.F.P./45.

To: Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street, London, S.W. 1

Please remit to Pte Cofield J.C.

the sum of one pounds ✓ shillings (£1.0.0)  
on account of any balance that may be due to me.

Regtl No 3126 Rank Pte

Name Pte Cofield

Approved H. Talbot  
Officer i/c.,

Essex Hospital.

Dated at Essex  
Nov 9 1918

P.S.d.

*Receipt  
9/11/18  
9611*

*R.F.F. 1-0-0*

No. 3126 Rank Pvt. Name Coffield W.

Pay	F.A.	W.F.R.	Total
100	10		110 ✓
Less Allowance			60 ✓
Net Rate			50 ✓

A.R.P. 25/11/18

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate							
						From	To		£	s	d					
balance					Balance		10/5/18								3	7
Admittance Rolls		6	9	8	Pay @ Net Rate	11/5/18	25/11/18	199	50	99	50	20				10
Hospital Advances		2	1	0	R.A.	25/11/18	4/12/18	10	2/1						1	0
A. B. 54.																
P.&R.O. Payments		3	0	0	Credit Bal.											
<del>Cash 9978</del>	<del>25/11/18</del>	<del>11</del>	<del>10</del>	<del>8</del>	<del>\$10-21-8</del>	<del>26-11/18</del>	<del>11-12/18</del>	<del>16</del>	<del>50</del>	<del>800</del>	<del>21</del>	<del>13</del>	<del>4</del>			
Cash 9975	25/11/18	10	0	0	<del>\$1-15-6</del>											
• 10261		21	10	8												
			0	0												

A.R.P.

O.K. £ 1-0-0 N.F.R 6/11/18

Receipt No. 9533

NEWFOUNDLAND CONTINGENT

N.F.P./45.

To: Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street, London, S.W. 1.

Please remit to 3126 Pte W Cofield

the sum of one pounds 1 shillings (£ 1 )  
on account of any balance that may be due to me.

*AC*

Regtl No. 3126 Rank Pte

Name W.F. Cofield

Approved H. J. Salbot  
Officer i/c.,

Dated at Essex

Nov 6 1918

Essex Hospital.

*P.P.S.*





Field Wm

3126

Pay Dept

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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 question 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. *William F.* 2. Surname. *Cofield*

3. Rank. *Signaller* 4. Regtl. No. *3126*

5. Address in full to which future payments of gratuity are to be forwarded. *Mrs. W. F. Cofield*

*C/o Mr. M. DeKham 149 Gower St. St. John's*

6. Date of enlistment in the Regiment. *October 2nd. 1916.*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.

*Mrs. W. F. Cofield*

8. Relationship of such dependents. *Wife*

9. Address in full of such dependent. *Mrs. W. F. Cofield*

*170 Gower Street St. John's*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *No*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas. *Two years and five 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. *Clothes allowance paid by Capt. B. Dicka*

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. applicable*

19. Are you now serving in the Regt.? *No*.... If not give:- (a) Date of discharge. *13/3/19*..... (b) Reason for discharge. *Demobilisation*

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. *Armentiers. t. Ypres. 1918. sectors*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. *No*  
(b). If (a), 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.



Signature of Applicant: *W. F. Cofield*

Place of Residence: *170 Lower Street St Johns*

Declared before me at: *St. Johns*

This *14<sup>th</sup>* day of *March* 19*49*.

*C. O. Neill Curry*

Signature of Barrister of the *Not. Pub.*  
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>5 mos.</i>	<i>500.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Paymaster.

BOND BLANK



March 13, 1919

#5126 Pte. William F. Coffield,  
#170 Gower St.,  
City

Dear Sir:-

Please find enclosed "Discharge Certificate

No 1250."

Yours truly,

Captain,  
Paymaster & O.i/c Records

No. 3/26 Name Coxford, W. Sqn., Batty., } or Company } Corps 1st New Zealand Date of enlistment } 3-10-16 G.C. Badges } Service or Proficiency Pay } Character } Good.

Date of last entry in Company Conduct Sheet } - No. and date of last drunk } - Period not reckoning towards freedom from extra fine } Sheet No. } 1 Signature O.C. Company, etc. } J.E.P. For Captain

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



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3126 Rank Plt. Name Cofield Wm  
 Intended place of residence 170 Queen St St Johns  
 2. Occupation Chaffeur  
 Classification of soldier B Medical Category E

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 .....  
 Date FEB 27 1919 Wiley Capt  
 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. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACT.  
 Place and date St Johns 27.2.19  
W. F. Cofield Signature of soldier  
W. D. Wells Capt Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I <sup>was</sup> in a position to resume civilian occupation immediately on discharge.  
 Place and Date St Johns 27. 2. 19.  
W. Cofield Signature of soldier  
F. J. Duggan Bt Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 21.10.16 No of days on Military  
 Discharged from service 27.2.19. Plus 14 days Service 874 Days

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S R. H. Sait Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date FEB 27 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St Johns, Nfld. W. Bowley Capt  
 Date March 13/1919 Officer in Charge Records  
 The Royal Newfoundland Regiment

W. B. 2079/1250

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. 542.6 Rank. Plt Name Coxfield, William  
 Date of Enlistment 21.10.16 Address Spencer St. District St. John's  
 Occupation Cheffier Classification for Discharge B Medical Category E  
 Recommendation S. M. B. in full general service Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

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		

Date 26.2.19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am N.C.F. in a position to resume civilian occupation.

*W. Coxfield*

Particulars passed to Vocational Officer for information and action.

Date 27.2.19

*Joseph A. Lawford*

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6000

(b) Clothing Supplied *Joseph A. Lawford*

Date 27.2.19

O i/c. Re-clothing.



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 1269 to his home at ..... and Release Certificate No. .... issued.

Date 27-2-19 .....  
 .....  
 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 13-3-19

Date 11-2-19 .....  
 .....  
 Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 27. 2. 19 .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36. ....	B 268. ....	B 121. ....	N.F. Med. ....	D.F. 1. ....	1	From B
F 178. ....	W 3494. ....	B 122. ....	Board 1st. ....	" 2. ....	1	
B 178a. ....	D 400A. ....	B 1915. ....	do 2nd. ....	" 3. ....	2	
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 27 2 19 .....  
 .....  
 Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuit.**

**FEB 27 1919**

Date .....  
 .....  
 O. C. Discharge Depot.

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

Date .....

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

# MEDICAL HISTORY

OF

Surname Cafets

Christian Name William



Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_

County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>3</u> day of <u>Oct</u> 191 <u>8</u> at <u>St John</u>		on _____ day of _____ 191 <u>8</u> at _____	
Declared Age	<u>26</u> years <u>1</u> days		_____ years _____ days	
Trade or Occupation	<u>Chaffeur</u>			
Height	<u>5</u> feet <u>9</u> inches		_____ inches	
Weight	<u>150</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>42</u> inches		_____ inches	
	Range of Expansion .. <u>2</u> inches		_____ inches	
Physical Development				
Vaccination Marks				
	Number ... <u>12</u>			
When Vaccinated	<u>12 years ago</u>			
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V=_____ L.E.—V=_____	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>St John's</u>		Medical Officer.	
	on <u>5</u> day of <u>Oct</u> 191 <u>8</u>		_____ day of _____ 191 <u>8</u>	
Joined on Enlistment	Corps, <u>3rd M.F.C.</u>		Corps, _____	
	Regtl. No. <u>5126</u>		Regtl. No. _____	
Transferred to	ROYAL NEWFOUNDLAND REGIMENT			
Became non-effective by				
(Signature)	on _____ day of _____ 191 <u>8</u>		on _____ day of _____ 191 <u>8</u>	
(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 cases 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				
DUNDEE WAR HOSPITAL	23	7	17	7	8	17	scabies.	15		<i>W. G. R. Capt Ramey</i>
<i>2nd London General Hospital Bancroft</i>	4	9	18	25	11	18	<i>Flu, Sunburn, Trench Shell Shock.</i>	82	<i>P. pneumoniae &amp; parvula in legs</i>	<i>G. A. M. Capt Ramey</i>

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
10-10-16	Vaccination SP
7-11-16	} TAB SP
14-11-16	} 3. SP
24-11-16	} SP
7-5-18	} TAB <del>ask</del> Capt Rame
8-1-19	} Recommend Repatriation
	} <i>J. B. Sullivan M.D.</i>
	} ROYAL NEWFOUNDLAND REG.
	} It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>6</u> for discharge on Demobilisation. Medical category <u>1</u>
	} <u>20-7-19</u> Date of S.M.B.
	} <i>[Signature]</i> Captain Discharge Inspector Newfoundland

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
H.M. Horigel	July 31	July 31			
Windsor	July 31	16.4.17			
D.D. Aurora	16.4.17				



## 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:

*I desire position in Wholesale Store.*

*W. F. Coffield*  
Signature of Man.

Reg. No. *3126*

*W. Murphy*  
Signature of the Vocational Officer's Representative.

Place *Dept. Street*

Date *Feb. 27* 1919

February 24<sup>th</sup> 9.

Inventory List

- 1 Suit Underware
  - 1 Cap
  - 2 Pair Socks
  - 1 Pair Boots
  - 1 Kit Bag
- No. 3176. Mc Coy & W.

**Medical Report on an Invalid.**

Station Hazley Down Camp  
 Date Jan 8 1919

1. Unit Royal Newfoundland 7. Former Trade }  
 2. Regimental No. 31<sup>st</sup> or Occupation }  
 3. Rank Pte  
 4. Name BOALFIELD  
 5. Age last birthday  
 6. Enlisted { on  
 { at  
 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**

(Other disabilities should be reported upon in answer to question No. 19).

P. U. O

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.  
 10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.  
Contracted P.W. O. Inactive  
Evacuated U.S. Treated  
3.27.18. Discharged cured.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*His complaints of no  
Disability now*

13. What is his present condition?

*Weight should be given in all cases when  
it is likely to afford evidence of the  
progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?  
(b) Where?  
(c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Reputation*

*W. H. M. M. M.*

ROYAL NEWFOUNDLAND REG.

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

*No disability -  
or complaint.*

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

*nil*

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

27. Do the Board recommend—

- (a) Discharge as ~~permanently~~ unfit, or
- (b) Change to England?

*for general service Yes*

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station St John's

Date Feb 20/19

A. G. H. [Signature] President.

J. Hindai Jait  
H. [Signature] Members.

Station [Blank]

Date [Blank]

Clay Macpherson [Signature]  
Administrative Medical Officer.



The Royal Wld. Regiment

DEMOBILIZATION

No. 3126 Rank PTC

Name Loefeld W

Warned for demobilization on

27-8-19



## 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. & 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

*Cofield Wm*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*3126.*

Intended address

*170 Gower Street*

Height on discharge

*5 Feet 9.*

Color of hair on discharge

*Brown.*

Complexion

*Fair.*

Color of eyes

*Blue.*

Descriptive Marks

*Scar, Back of Neck.*

Figure on discharge

*Medium*

Christian name of Father

*Wm Joseph.*

Christian name of Mother

*Ann.*

Wife's maiden name in full

*Harriet.*

Date and place of marriage

*St Johns Jan'y 18<sup>th</sup> 1911.*

Christian names of children

*Frank, Anne, Clara, Neil.*

Place and date of soldier's birth

*St Johns. 17. 8-1889.*

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)

*William J. Cofield.*

*Pte.*  
(Rank)

Station

*St Johns*

Date

*17-2-19.*

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

Medical Officer i/c Hospital  
Unit, or Command Depot



Station

Date

Army Form B. 103.

*(Cofield)*

Regimental Number *2126*

**Casualty Form—Active Service.**

Regiment or Corps *21st Royal New Brunswick*

Rank *Pte* Surname *Cofield* Christian Name *William*

Religion *Pres* Age on Enlistment *26* years *10* months

Enlisted *3-10-16* Terms of Service (a) *Duration* Service reckons from (a) *3-10-16*

Date of promotion to present rank *20-8-17* Date of appointment to lance rank *13-5-17*

Extended { } Re-engaged { } Qualification (b) { }  
or Corps Trade and Rate *B*

Occupation *Chauffeur* Signature of Officer *J. W. Emerson*



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				
			Embarked <b>10 MAY 1918</b>		
			Disembarked <b>13 MAY 1918</b>		
			<b>ARRIVED D I. B. D.</b>		
	<i>18th O.C.</i>	<i>James ...</i>			
	<i>26th 3 Can. I.A.</i>	<i>Adm. hosp</i>			<i>14-8-18 13263</i>
	<i>St David</i>	<i>Adm. P.M.O. (? &amp; few m)</i>	<i>Boulogne</i>		<i>14-8-18 H.A. 27625</i>
		<i>To England</i>			<i>4-9-18 W/3083</i>
					<b>LIEUT. FOR</b>
					<b>Officer i/o l Section</b>
					<b>G.H.Q; Brit. EXP. Force</b>

(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, Shoeing-Smith, &c.





21 1ST. NEWFOUNDLAND REGIMENT 15.

ALLOTMENTS

I, William F. Copfield, Regl. No. 3126

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

Allotment begins November 11/16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2901	wife.	Mrs William F. (Harriet) Copfield	170 Souer St. St Johns.	70
Total Allotment, \$				70

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.) Chas. H. Aye Capt. Officer Commanding Company

(Sig.) William F. Copfield (Rank) Lt.

St Johns Oct 11/16

ST. JOHN'S, FEB 28 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Plt - W. Copfield

Billeting Soldiers as undermentioned

from Feb 21<sup>st</sup> /19 to Feb 28<sup>th</sup> /19

<u>3126 - Plt. W. Copfield</u>	<u>7</u>	<u>20</u>
--------------------------------	----------	-----------

Certified correct for \$ 7. 20

A.J. J.A. Lawrence  
Billeting Officer.

Reg. No. *3126* Rank *Pfc* Name *Capell, Wm. J.*

Attested ..... Address *170 Gower St*

Allotment..... Allottee .....

Date of Allotment..... Returned from Overseas *7-19*

Embarked for Overseas ..... Cause *Discharge*

*20-2-19* *Les. Dis- Permanently unfit*

**FEB 26 1919** PASSED TO DEMOBILIZATION OFFICER

*27.2.19.* DISCHARGE APPROVED ON DEMOBILISATION.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet First

Signature of O. C. Company Frank Lloyd Capt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay					
No.	<u>3126</u>		<u>W</u>	<u>Chauffeur</u>						
Age on	<u>26</u> years <u>1</u> months	Place and Date of Enlistment		Religion						
Joined	Date	{ with Colours <sup>262</sup> years. with Reserve <sub>365</sub> years.		Place of Birth						
Joined	Date				<u>St. John's Nfld</u> <u>3-10-16</u>	<u>Pres.</u>				
Joined	Date									
Joined	Date									
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	
<u>Barry</u>	<u>11-8-17</u>	<u>L. Coy.</u>		<u>Absent from camp 11 P.M.</u> <u>11-8-17 until 11 a.m. 12-8-17</u>	<u>Corporal</u> <u>S. Mayne</u>	<u>Admonished</u>	<u>13-8-17</u>	<u>Capt. S. Robertson</u>	<u>Forfeits one day pay by R. W. Lt. F.</u>	
<u>Barry</u>	<u>18/8/17</u> <u>19/8/17</u>		<u>1.</u>	<u>1. Drunken</u> <u>2. Breaking camp whilst under open arrest</u>	<u>Sgt. Daniels</u> <u>Edwin Melville</u>	<u>Deprived of Lance stripe</u>	<u>20/8/17</u>	<u>Lt. Col. Whelaker</u>	<u>JML</u>	
				<u>Demobilized St. John's - 13 <sup>3</sup>/<sub>19</sub></u>						

To be carried over

Army Form B. 121.



# The Royal Newfoundland Regiment

*J*  
*3176*

DEMOBILIZATION OF

Reg. No. *3126* Rank *Str* Name *Cosfield William*  
 Date of Enlistment *21.10.16* Address *170. Queen St* District *St Johns*  
 Occupation *Chaffeur* Classification for Discharge *B* Medical Category *E*  
 Recommendation S.M.B. *Unfit for general service* Disability Rating *Nil*  
 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 *26.2.19* O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am *Not* in a position to resume civilian occupation.

*W. Cosfield*

Particulars passed to Vocational Officer for information and action.

Date *27.2.19* *Joseph A. Snowling*

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *\$600.00*

(b) Clothing Supplied *Joseph A. Snowling*

Date *27-2-19* O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 1269 issued.

Date 27-2-19 ..... Asdicks Capt  
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 13-3-19

Date 27-2-19 ..... Asdicks Capt  
Depot Paymaster.  
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 27. 2. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1.	1	
F 178	W 3494	B 122		Board 1st.	" 2.	1	5000 B
F 178a	1 D 400A	1 B 1915		do 2nd.	" 3.	2	
B 179	1 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 27. 2. 19 ..... Asdicks Capt  
Demobilization Officer.

APPROVED.

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

**FEB 27 1919 Eligible for War Service Gratuity**

Date ..... R.H. Sait Capt.  
O. C. Discharge Depot.

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

Date March 11/1919 ..... Asdicks Capt  
Depot Paymaster.

# The Royal Newfoundland Regiment

## CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3126..... Rank Plat..... Name Wm Copfield.....  
 Former Occupation Chaffeur..... Address 170 Queen St..... District St John.....  
 Class B..... Medical Category F..... Disability Rating —.....  
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as in Wholesale Grocery Store..... His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 27 7/19.....

To be forwarded Orderly Room in Duplicate.

Joseph A. [Signature]  
 Demobilization Officer



# The Royal Newfoundland Regiment

## CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3126:..... Rank Pvt...... Name Wm Copfield  
 Former Occupation Chaffeur:..... Address 170 Queen St..... District 8 + Tol.  
 Class B:..... Medical Category F:..... Disability Rating —  
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position in Wholesale Grocery Store..... His case has therefore been referred this day to the Vocational Office for action, and his discharge is therefore held in abeyance.

Date 27 7/19.....  
 To be forwarded Orderly Room in Duplicate.....  
 Demobilization Officer

