

26



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5984 Name James Cole Corps C. of E.

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

- |                                                                                                                                    |                                        |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>James Cole</u>                   |
| 2. What is your full Address? .....                                                                                                | 2. <u>Lower St. Andrew's Cove B.B.</u> |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>Yes</u>                          |
| 4. What is your age? .....                                                                                                         | 4. <u>23</u> Years .....               |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <u>Fisherman</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, James Cole 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.

James Cole SIGNATURE OF RECRUIT.

J. H. Moulton Signature of Witness.

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

I, James Cole 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 31<sup>st</sup> day of July 1918

Signature of Attesting Officer A. B. Dickes 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 Aug 1<sup>st</sup> 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

0884

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

Name James Cole  
 Apparent age 29 years \_\_\_\_\_ months. Height 5 feet 4 1/4 inches  
 Chest Measurement { Girth when fully expanded 34 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Alfred Cole  
Lower Market Lane B. B. | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-7-18</u>									
Joined at <u>M. H. Co.</u> on <u>July 31-1918</u>									
<u>Discharged August 4-1-1919</u>									
<u>Embarked M. H. Co. train to Halifax N.S.</u>									<u>22-9-18</u>
<u>He is suspended for demobilization</u>									<u>24-6-1919</u>
<u>Arrived to suspendees 1-7-1919</u>									
<u>Demobilization M. H. Co.</u>									<u>4-8-1919</u>
Total Service forfeited as above.....									

Total Service towards Engagement to H-8-1919 (date of discharge) 1 years 5 days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

Reg. No. 5884 Rank *Pt* Name *Cole James*  
Attested *31-7-18* Address *Bondassita*  
Allotment *60 4* Allottee *Mrs Fannie Cole (Mother)*  
Date of Allotment *1-10-18* Returned from Overseas  
Embarked for Overseas **SEP 22 1918** Cause

*Vac 9-2-18, 1<sup>st</sup> Dec 2-8-18 2<sup>nd</sup> 9-9-18, 3<sup>rd</sup> Dec 14-9-18  
4<sup>th</sup> leave 17-8-18 to 28-8-18 Reto 4-9-18.*



C.R. 5884,

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 8th 1919.

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

5884, Pte. Jas. Cole.

C.R. 5884

Extract from Daily Orders Part II Unit The Royal  
Wilt. Regt. St. John's, July 20th, 1919.

The discharge of the undersigned on demobilization has been  
APPROVED by G.O. Discharge Depot, with effect from 21-7-19.

5884 Pte. J. Cole.

C.R. 5884

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

5884 Pte. J. Cole.

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



C.R. 5884

Extract from Daily Orders By Major M.S. Sullivan,  
Commanding Newfoundland Forestry Companies, 6-12-18.

The Undermentioned having reported for duty from  
the 2nd Bn. Royal Nfld. Regt. is attached to the Strength  
for rations, from this date and posted to Companies<sup>"A"</sup>.

5884 Pte. J. Cole.

C.R. 5884

Extract of ORDERS BY LT. COL. B.J. BARTON, D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,

20/11/18.

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#5884 L/C J. Spencer.

who proceeded to Peafield for duty on the 9/11/18 is  
struck off the strength as from that date.



C.R. 5884

Extract from Nominal Roll obtained at St. John's 1007  
Overseas Sept. 22, 1918. "02

5884 Cole James.

C.R. 5884

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's dated August 17th, 1918.

5884 Pte. J. Cole.

Granted leave from 17-8-18 to 26-8-18.



C.R. 5884

Extract from Daily Orders part 21, from Unit The Royal  
Wfld. Regt. St. John's, dated August 1, 1918.

#5884 Pte. James Cole.

Attested for General Service with the Royal Wfld.  
Regiment 21-7-18



*copy.*

*C.R. 5884*

August 1, 1918

Deputy Minister of Militia & Defence,  
Department of Militia & Defence,  
Ottawa, Canada,

Re. JAMES COLE

Sir:-

I have the honour to acknowledge receipt of receipt of your 1064/30/56/247 of 24/7/18, having reference to the above mentioned man, who has been discharged from the Canadian Expeditionary Force, for the purpose of enlisting in the Newfoundland Forces. His case will have the immediate attention of this Department, to ensure that he does enlist in our Force.

I have the honour to be,

Sir,

Your obedient servant,

Lieut. Colonel,  
Chief Staff Officer,  
For Minister of Militia.

*Original in M 4  
copy in poles file.*

*H.C.J.*

J Cole

CR

5884

2

~~1150~~

3

**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 New South Wales* } Former Trade or Occupation } *Fisherman*  
2. Regtl. No. *5884* }  
3. Rank. *Rpl* }  
4. Name *Coll* } *Jamie* }  
(Surname) (Christian Names)  
5. Age last birthday *23*  
6. Posted for duty on ..... at .....  
in category (or grade).....  
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?  
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(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."  
*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 .. .. .                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service .. .. .                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| (iii.) Climate in pre-war service .. .. .                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war .. .. .     | <input type="checkbox"/>            | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input type="checkbox"/>            | <input type="checkbox"/> |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

*The Complaint of this disability*

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

15. What is his present condition?

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

16. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W. E. Greiner* *Capt*  
*Rame*

Medical Officer in charge of case.

Station *Hogely Down*

Date *9.14.19*

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause





No. 4473/660

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

20th March 1919

March 31<sup>st</sup> 1919

5884 Pte. Cole J.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / ( 84 )

Esam LIEUT. COLONEL.  
Officer Comdg. 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5884 Cole  
£6. 0. 0.

Received the sum of £6.0.0.  
Six pounds. in respect of

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

telegraphic remittance from the  
Minister of Militia.

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

J. Cole  
No. 5884 Rank Lt  
Witness Geo. Perry i/c



Col. J

5884

Ray Sept.

August 4th 1919.

#5884, Pte. James Cole.

Bonavista.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3362.

Yours truly,

Capt. W. Kaymaster.

WB/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5884 Rank Pte Name Cole James  
 Intended place of residence Bonanza

2. Occupation Fisherman  
 Classification of soldier F 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 7 1919

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 7 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 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 7 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 31-7-18 No. of days on Military  
 Discharged from service 21-7-19 Plus 14 days Service 370

### 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 21 1919

*[Signature]*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 4/1919

*[Signature]*  
 Officer in Records  
 The Royal Newfoundland Regiment

*[Handwritten notes]*



# The Royal Newfoundland Regiment

Class for Demobilization:

*76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *11.7.19* .....

Regimental No. *5884* .....

Name ..... *Cole J.* .....

Address ..... *Bonavis ta* .....

Present Medical Category ..... *Ai* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. East Major*  
.....  
O.C. Discharge Depot.

*H. Paterson*  
.....  
Senior Medical Officer

*Geo. Burden*  
.....  
~~M. O. Depot~~

August 11th 1919.

Mr, Jas. Cole,  
Lower Amherst Cove.

Dear Sir:

Referring to your application, I enclose  
cheque for seventy dollars (\$70.00) being amount  
of first payment due you on account of War Service  
Gratuity.

Yours truly

Capt. &  
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 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..... *Lance Cole*.....

3. Rank..... *A/c*..... 4. Regtl. No..... *5884*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Lance Cole & Co. Bonaville*.....

6. Date of enlistment in the Regiment..... *June 4, 1918*.....

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

8. Relationship of such dependents..... *no*.....

9. Address in full of such dependents..... *no*.....

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

11. Were you on active service only in 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..... *Three months*.....

..... 1. 2. ....



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.

*no*

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

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

19. Are you now serving in the Regt.? If not give - (a) date of discharge

*July 2/19*

(b) Reason for discharge  
*Demobilization*

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

*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: James Cole  
 Place of Residence: Home - Auburn & Cone, Bonaville  
 Declared before me at: or where  
 This 7 day of July, 1945...

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

*John P. Carthy*

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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5884 Rank Pvt Name Cole James  
 Date of Enlistment 31-7-18 Address Donavista District Donavista  
 Occupation Fisherman Classification for Discharge E Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 7-7-19 O. C. Discharge Depot. H. H. H. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation James Cole  
with Newfoundland mark

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing:

Certified that Clothing Regulations have been complied with:  
 (a) Clothing Allowance payable \$60  
 (b) Clothing Supplied

Date 7-7-19

O i/c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2110 to his home at Bonavisia and Release Certificate No. 3210 issued.

Date 7-7-19

*J.A. Knowlton*  
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 4-8-19

Date 7-7-19

*H. H. Stewart*  
Depot Paymaster.

Discharged approved for 21-7-19  
Forwarded with following documents to O.C. Discharge Depot.

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

*Form B*

Date 7-7-19

*J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 21 1919

*H.R. Cooper Capt.*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Signature of Man.

Reg. No. 5884

*J. H. Snow Capt.*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns James case*

Date

*7-7-19*

191

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

# MEDICAL HISTORY

OF (Special Reserve) (Regular Army)

Surname *Cole*

Christian Name *James*

Table I.—GENERAL TABLE

Birthplace:—Parish *Bananista* County *Newfoundland*

**SPECIAL RESERVE**

**REGULAR ARMY**

Examined	on <i>31</i> day of <i>July</i> 191 <i>8</i>	at <i>St John's</i>	on	day of	191
Declared Age	<i>23</i> years	days	years	days	
Trade or Occupation	<i>Fisherman</i>				
Height	<i>5</i> feet	<i>11 1/4</i> inches	feet	inches	
Weight		<i>117</i> lbs.		lbs.	
Chest Measurement	Girth when fully expanded	<i>34 1/2</i> inches		inches	
	Range of Expansion	<i>3 1/2</i> inches		inches	
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Number				
When Vaccinated					
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=		
	L.E.—V=	<i>7/6</i>	L.E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)		
(b) Slight defects but not sufficient to cause rejection	(b)		(b)		
Approved by (Signature)	<i>Lambertson</i>				
(Rank)		<i>Major</i> Medical Officer			Medical Officer
Enlisted	at <i>St John's</i>	at			
	on <i>31</i> day of <i>July</i> 191 <i>8</i>	on	day of		191
Joined on Enlistment	Corps <i>Royal</i>	Regtl. No. <i>5884</i>	Corps	Regtl. No.	
Transferred to	<i>1st Bn Regt.</i>				
Became non-effective by	on	day of	191	on	day of
(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 *Cole James*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2464*

Intended address *Berawista*

Height on discharge *5* Feet *5"*

Color of hair on discharge *Light*

Complexion *Tan*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *Alfred*

Christian name of Mother *Hannah*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Berawista 4.7.1897*

Nature and locality of civil employment required \_\_\_\_\_

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

(Soldier's signature in full) *Cole James* *Warrant Sgt Major* (Rank) *W. J.*

Station *St John's* Date *4.7.19*

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

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

Station

Date

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.) or (vii.), 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 Former Trade or Occupation } Jekeema  
 2. Regtl. No. 5884 3. Rank... plti 7a. If the soldier claims previous service in Army, he should state—  
 4. Name Cole James (Surname) (Christian Name) (a) Former Regts. or Corps ; with Regtl. Nos.  
 5. Age last birthday... 23  
 6. Posted for duty on..... at..... in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ; (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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

*nil*

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

*nil*

*nil*



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

In all cases such as facial injuries, eye, ear, nose and throat, disability, 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.)*

*In Compliance of no disability.*

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

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

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

*Repatriation*

*W. J. Proctor, Capt R.A.M.C.*

Medical Officer in charge of case.

Station *Hoveley Barr*

Date *4/4/19*

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

5884

Nov. 18.

1

Mrs. Alfred Cole,  
LOWER AMHERST COVE, B.B.

Dear Madam:

With reference to your letter of Nov. 11th, I beg to inform you that there was a cheque returned to us a short while ago, which was made payable to you, for correction, and I assume this is the cheque you refer to. This one was afterwards forwarded on to you with the necessary correction made.

If you have not received it, or if there is any other cheques which you have not received, kindly inform me again, and I will make further inquiries.

Yours truly,

Lieut.  
For Paymaster



5884

October 17, 1918.

Mrs. Alfred Cole,  
LOWER AMHERST COVE.

Dear Madam:

With reference to your letter of October 14th. I regret that an error was made in your Allotment cheque for this month. Will you therefore return it to this office, so that the necessary correction may be made, and it will be forwarded on to you again.

I further wish to state that your son James declared his allotment to commence from Oct. 1st., therefore the first cheque to be posted to you on his account will be done so on the 7th. of Nov. in payment for the month of October.

Yours faithfully,

Lieut.  
For Paymaster



Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,



***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S, Nfld.***

Fold Here



OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
is/are forwarded herewith to

James Cole

in respect of his service as No. 5884 Rank Pte.

Name J. Cole Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received yes

Signature James Cole

Date Oct 20 <sup>11</sup> 1921

Address Gower Archery Lane 1813

[P.T.O.]

C.R. 5884

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name *James X. Cole*.....

Date *Nov. 17<sup>th</sup> 1919*

Place *Sower. Amhurst. Linc*



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

C. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5884 Joe Cole.</i>	Age on	28 years	months		<i>Yokonan</i>
Joined	Date	Place and Date of Enlistment	<i>St John's 5-7-18</i>			Religion
Joined	Date	Period of	with Colours	1 <sup>2</sup> years.		Place of Birth
Joined	Date		with Reserve	36 years.		

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>Harzley Down Camp</i>	<i>19.3.19</i>	<i>Pte</i>		<i>absent from 3 P.M. Parade to S.M. Galley</i>		<i>2 days C.B.</i>	<i>20.3.19</i>	<i>Lieut Lesmesurier</i>	<i>J.M.C.</i>
				<i>Demobilized St John's</i>					<i>4<sup>8</sup>/<sub>19</sub></i>

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5884 Rank Plt Name Cole James  
 Date of Enlistment 31-7-18 Address Donaustown District Donaustown  
 Occupation Fisherman Classification for Discharge F1 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19 O. C. Discharge Depot. James H. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation mit fisherman James Cole

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 7-7-19 O i/c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 2170 to his home at Bonaville and Release Certificate No. 3270 issued.

Date

7-7-19

*J. A. Snowless*  
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 7-7-19

Date

7-7-19

*H. H. Stewart*  
Depot Paymaster.

Discharge approved for

21-7-19

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*Form B*

Date

7-7-19

*J. A. Snowless*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

JUL 21 1919

*H. R. Cooper Capt*  
O. C. Discharge Depot.

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

Date

July 21 1919



# 5884 July to C.R. 5884  
British War Service a love

Sept 22 1951

To Dept of Militia  
St Johns  
Dear Sir

its about time that I should  
rite you to find out where  
I am Sir, I would like to know  
if there are any of those  
war medals due to me it  
looks pretty dull to me to  
see that every one are getting  
them, I never got as much  
as a piece of ribbon and  
every one that enlisted with me  
got it all please reply and  
tell me I will about it if  
it belongs to me or not if  
it dont belong to me, I will  
be satisfied, your truly  
James Cole Green a love & B