



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5395 Name Bartholomew Colman Corps R.C.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Bartholomew Colman</u>       |
| 2. What is your full Address? .....  | 2. <u>Curling</u>                  |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>27</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Selfman</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 .....<br>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, Bartholomew Colman do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

Bartholomew Colman SIGNATURE OF RECRUIT.  
McRae Signature of Witness.

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

I, Bartholomew Colman 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 24 day of May 1915.

Signature of Attesting Officer Edwards 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 compiled with. I accordingly approve, and appoint him to the .....

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

Date ..... 1915

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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Bert Colman

Apparent age 22 years        months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 3 inches

Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin   Curling   | Joseph Colman | Relationship

B. Colman 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 L'epot	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 _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [ " " ] _____ " _____									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5395 Name Bartholomew Colman Corps R.C.

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

1. What is your name? ..... 1. Bartholomew Colman
2. What is your full Address? ..... 2. Curling
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years' 0 Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. ) Name .....  
 ) Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Bartholomew Colman 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.

Bartholomew Colman SIGNATURE OF RECRUIT.  
H. K. Power Signature of Witness.

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

I, Bartholomew Colman 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 satisfactorily 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 24 day of May 1915.

Signature of Attesting Officer Charles L. ...

### †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, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

5395

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

Name Bert Colman  
 Apparent age 22 years        months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 3 inches  
 Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Colman  
Curling | Relationship Uncle  
Box D. 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 <u>United States</u> engagement reckons from <u>12-4-18</u>									
Joined at <u>Waco</u> on <u>Nov 24 1918</u>									
<u>Discharged at Waco. Nov 29 1918</u>									
<u>Countersigned at Waco S. S. Colman letter to Staff Sgt. W. S. 12-7-18.</u>									
<u>Admitted Military Hosp. 16 days down disability to duty 5-9-18.</u>									
<u>5 days for demobilization 16-10-18. Arrived Waco 8-11-18.</u>									
<u>Discharged Medically Waco - 29-11-1918</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>29-11-1918</u> (date of discharge) <u>      </u> years <u>190</u> days									
" " Pensions " " " " " " " " " " " "									

**Medical Report on an Invalid.**

*Duplicate*

Station Hazelton Camp  
 Date 5-10-18

- |   |   |
|---|---|
| 1. Unit <u>Royal N.F.L.C.</u>                                       | 7. Former Trade } <u>Postman</u><br>or Occupation } |
| 2. Regimental No. <u>5395</u>                                       | 7A. If with previous service in Army, state—        |
| 3. Rank <u>Plt</u>  | (a) Former Unit;                                    |
| 4. Name <u>Coleman, Bartholomew</u>                                 | (b) Regimental No.;                                 |
| 5. Age last birthday <u>22 yrs.</u>                                 | (c) Date of Discharge; <u>EN 9</u>                  |
| 6. Enlisted { on <u>24 May 1918</u><br>at <u>St. Johns N.F.L.C.</u> | (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).

*Respiratory*

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.
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.

2

*Hazelton Camp W. Manitoba  
 after 18. three weeks of training  
 he reported sick with cough  
 and faint in chest and diagnosis  
 examination suggested Tuberculosis  
 T.B. not found in sputum etc  
 sent to Hosp for observation  
 and was later discharged for  
 repatriation & attached to report  
 aggravated by strain of  
 military service (condition)*

*EN 9*

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.

*He is pale, articulated and has a tied back very flat chested torso and has a bad family history bronchial breathing at root of right spine of scapula unfit for active service*

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

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

*N a*

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?

*N a*

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

*N a*

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?

*N a*

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.

*N a*

20. Do you recommend—

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

*Discharged as permanent unfit for military service*

*Ad. Res.*

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, 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—

*Height 135 lbs  
Temp 99° Pulse 100  
Accompaniment in both lungs has Conf*

- (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.

*yes*

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

*Has a poor family history - Exposure to hardship*

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?

*Latent cough in sleep*

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

*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.

*Yes*

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:—

*[Signature]*

President.

Station *[Signature]*

*[Signature]*  
*[Signature]*

Members.

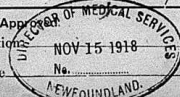
Date *Nov 15 1918*

Approved of Medical Service

Station *Nov 15 1918*

*Curry Macpherson Major*  
Administrative Medical Officer.

Date *NOV 15 1918*



C.R. 5395

Extract from Medical Board held on Friday Nov. 16th, 1918

3695 Pte. Coleman, B.

Recommended Discharge-Permanently Unfit and admission  
to N&M Convalescent.

MM.

C.R. 5395

Extract from Daily Orders part 11, Depot. Gt. John's  
dated Nov. 14th., 1918.

The undermentioned returned from overseas and reported  
at depot 8/11/1918.

---

#5395 Pte. B. Coleman.



C.R.

5395

Extract from Daily Orders, Part 11, UNIT: The Royal Wild. Regt.,  
dated Dec. 10th. 1918.

STRONG DELEGATE.

5395 Pte. Bart. Coleman

Having been found Medically Unfit is Discharged from 29/11/18.

C.R. 5395

Extract from Moninal Roll of Repatriation Draft, Embarked  
for Newfoundland, 16-10-18.

DISCHARGED UNDER A.F. B.179.

5395 Pte. Coleman B.

MM.

C.R. 5395

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5395 Pte. B. Coleman.

C.R.

5395

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated May 27th, 1918.

#5395 Pte. E. Coleman.

Attested for General Service with the Royal Nfld. Regt.  
from 24.5.18

C.R. 5395

Extract from Telegram to Military St. John's, dated October 17th., 1918.

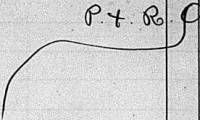
Being sent home for discharge:

5395 Coleman.

B. Coleman

5895

P. + B. 9



Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.

# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 5395 Army Rank Private

Name Coleman Bartholomew  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge \_\_\_\_\_

Place of discharge \_\_\_\_\_

### 1. Description at the time of discharge.

Age 23 years \_\_\_\_\_ months  
 Height \_\_\_\_\_ feet \_\_\_\_\_ inches  
 Chest measure { girth when fully expanded \_\_\_\_\_ ins.  
 ment { range of expansion \_\_\_\_\_ ins.  
 Complexion \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Hair \_\_\_\_\_  
 Trade \_\_\_\_\_  
 Intended place of residence { \_\_\_\_\_  
 (To be given as fully as practicable) \_\_\_\_\_

### Descriptive marks.

COPIES SENT		
TO	NO.	DATE
M. OF M.	<u>106</u>	<u>15 OCT 1918</u>
O.C. 1ST. BN.		
" 2ND. BN.		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of \_\_\_\_\_

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— \_\_\_\_\_

4. Character awarded in accordance with King's Regulations:— \_\_\_\_\_

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 480 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

\* Strike out if not applicable.

[OVER.

Medical Report on an Invalid.

Station Highland Park.  
Date 5.10.28

1. Unit 9th Regt Royal Dev.  
2. Regimental No. 5395  
3. Rank Pte  
4. Name COLEMAN Bartholomew  
5. Age last birthday 22 1/2  
6. Enlisted { on 24 May 1918  
at S. 1000
7. Former Trade } Intercom  
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).

Debility.

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.

COPIES SENT		
To		DATE
M. OF M.	<u>6608</u>	<u>15 OCT 1918</u>
O.C. 1st Bn.		
" 2nd Bn.		

9. Date of origin of disability. ?  
10. Place of origin of disability. Highland Park. Wexford.  
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.  
After three weeks of training he reported sick with cough, pin islets, and dyspnoea; examination suggested Tuberculosis. T.B. not found in sputum. Was sent to hospital for observation, and was later discharged for re-education. None not report.  
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.

Aggravated by other conditions  
service conditions  
Constitutional



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.

*He is fully debilitated, and has a tired look. Very flat chested, hoarse, and has a bad family history. Brochure brought out soon after. Advice given. unfit for return service.*

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

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

*no*

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

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

*no*

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

*no*

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

*no*

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?

*no*

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.

*no*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Discharge as permanently unfit for military service*

*M. K. [Signature]*

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.

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

# MEDICAL HISTORY

Surname Coleman OF Christian Name Pastor Coleman

Table I.—GENERAL TABLE.

Birthplace:—Parish Buyside, St. John's, C. I. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	24	May		
	at <u>St. John's</u>		at	
Declared Age	27	years		
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet	74	inches
Weight			125	lbs.
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		3	inches

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To	No.	DATE
M. of M.		15 OCT 1918
O.C. etc.		
2 No. E.V.		

Physical Development	Right	Left	Right	Left
	Vaccination Marks			

When Vaccinated

Vision R.E.—V= 6/6  
L.E.—V= 6/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lambert Paterson  
(Rank) Major Medical Officer.

Enlisted at St. John's on 24 day of May 1918

Corps.	Regtl. No.	Corps.	Regtl. No.
<u>The Royal</u>	<u>395</u>		
<u>Nfld Regt</u>			

Became non-effective by

(Signature) on day of 191

(Rank)

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals 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				
Hazeley Down	26	8	18	5	9	18	Debility	10	Discharged to duty. Complained of pain in chest. Cough. Sputum exam shows no T.B. but pneumococci present. Treated with expectorants & extra diet. Much improved.	6507 Atkinson



LAST PAY CERTIFICATE

**OFFICE COPY.**  
N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 539s Rank Private Name B. Coleman Unit ROYAL NEWFOUNDLAND REGT. was rehabilitated  
to Newfoundland on 16/10/18 Authority Part to Order Cause \_\_\_\_\_

**STATEMENT OF ACCOUNT** CR.

	PARTICULARS					PARTICULARS				
	£	s	d	£	s	d	£	s	d	
Balance Dr. from							Balance Cr. from			
Allotment 19 days @ 50 <sup>s</sup>	19	50	11	19	0	0	Pay 19 days @ \$ 1.07	119	07	
Cash Payments:							Field Allow 19 days @ \$1.19	120	90	14 5 "
5 - 10 - 18.					15	0	Other Allowances days @ \$			
12 - 10 - 18.					15	0	Other Credits:			
Other Debits:										
Total Debits				13	9	0	Total Credits			14 5 "
Balance due by Paymaster				1	16	11	Balance due to Paymaster			14 5 "
				14	5	11				14 5 "

PERIOD: From 28/9/18 to 25/10/18.

COPIES SENT	
TO	DATE
M. OF M.	21/10/18
O.C. 1st. Unit	30-10-18
2nd. Unit	16/11/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

D. Company  
J.D. Camp. Hinchley Oct. 16 1918.  
(Place) (Date)

W. Gordon Capt.  
O.C. "D" Company.

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
28 OCT. 1918 191

Chief Paymaster & Officer i/c Records.

FORM K

No 4683



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Barth Coleman, Regl. No. 5395 hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and 74 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins July 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4826	Uncle	<u>Mr Joseph Coleman</u>	<u>Curling Bay of Island</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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

Sig.) Wiston Lamb  
Officer Commanding  
E Company

PA Johns  
June 12 1918

(Sg.) Barth Coleman  
(Rank) Pt

FORM K

No. 4683



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Barth Coleman, Regt. No. 5395

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

Allotment begins July 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4326	Uncle	Mr Joseph Coleman	Carrolling Bay of Islands	50
Total Allotment, \$				50

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

Sig.) Waston Lieut.  
 Officer Commanding  
E Company  
St Johns  
Jun 12 1918

(S) Barth Coleman  
 (Rank) Pvt

# Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer in Charge Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own hand-writing.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer in Charge, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

**PART A.** Soldier's Name Coleman Bartholomew  
(Surname) (Christian names in full)

Unit from which discharged 2nd Bn Royal Newfoundland Regiment

Regimental Number 5595 Rank on discharge Private Age on discharge 22

Married, widower with children, or single No

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life No other qualification but fisherman.

Nature and locality of employment desired Fisherman in Newfoundland

Full postal address to which proceeding on discharge Bartholomew Coleman, c/o Joseph Coleman, Curlew, St. John's Islands.

Name of Approved Society (if any) None.

**PART B.** Period of service, and in what Corps ... ..

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed ... ..

Service towards pension ... ..

**PART C.** Number of G.C. badges medals

Wounds and actions in which received

**PART D.** Where born (parish, town and county), and date

Colour of hair on discharge Brown Colour of eyes Grey Complexion Fair

Christian name of father Joseph

Christian name of mother Jean

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer in Charge hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the dispatch of a soldier to the Discharge Centre.



### Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvLa), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Coleman  
(Surname) (Christian names in full)

A. Unit from which discharged \_\_\_\_\_  
 Regimental Number \_\_\_\_\_ Rank on discharge \_\_\_\_\_ Age on discharge \_\_\_\_\_  
 Married, widower with children, or single \_\_\_\_\_  
 Occupation before enlistment \_\_\_\_\_  
 Special qualifications (if any) for }  
 employment in civil life } \_\_\_\_\_  
 Nature and locality of employment desired \_\_\_\_\_  
 Full postal address to which }  
 proceeding on discharge } \_\_\_\_\_  
 Name of Approved Society (if any) \_\_\_\_\_

PART B. Nature of medical unfitness \_\_\_\_\_  
 \_\_\_\_\_  
 Service with Colours \_\_\_\_\_ years \_\_\_\_\_ days, of which \_\_\_\_\_ years  
 \_\_\_\_\_ days were served abroad during the present war.  
 Military character \_\_\_\_\_  
 Anything against the soldier to render his recommendation undesirable \_\_\_\_\_  
 Date of discharge \_\_\_\_\_ 191\_\_\_\_.  
 Station \_\_\_\_\_  
 Date \_\_\_\_\_

Officer i/c Records \_\_\_\_\_

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the G.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi), or (xvLa), King's Regulations.



OFFICER COMMANDING

Nfld. Regt.

TO BE DISCHARGED

HOSPITAL TO-MORROW

FIT TO REJOIN UNIT:

5282 Pte. Uail Yb.

5178 Pte. Vivian W.

2260 Cpl. Mahar R. J.

\* 5395 Pte. Coleman B.

\* ? for repatriation

*Morse*

MAJOR R.A.M.C. (S.A.)

TO BE LEFT BLANK.

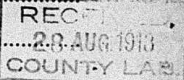
Outfit Number.....4

Result of the examination of the specimen of.....*sputum*.....taken from

Reg. No. *5395* Rank *Pte* Name *Coleman B*

Corps *Newfoundland Regiment*

Result *Tubercle bacilli not found pneumonia*  
*present.*



*Aug 28th* 191*8*

*R. A. Hyatt*

Specialist Sanitary Officer.

TO BE LEFT BLANK.

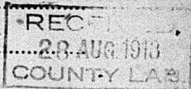
Outfit Number.....4

Result of the examination of the specimen of.....*sputum*.....taken from

Reg. No. *5395* Rank *Pte* Name *Coleman B*

Corps...*Newfoundland Regiment*

Result...*Tubercle bacilli not found pneumonia*  
*present.*



*Aug 28th* 191*8*

*R. A. Hyatt*

Specialist Sanitary Officer.

Coleman, B

5395

Ray Dept.

COPY

4009

This space to be left blank for the Chelsea Number.

Army Form B. 268.

# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>5395</u>	Army Rank <u>Private</u>
Name <u>Coleman Bartholomew</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT</u>	
Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>November 29<sup>th</sup> 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. Description at the time of discharge.	
Age <u>23</u> years _____ months Height <u>5</u> feet <u>7 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>brown</u> Hair <u>dark</u> Trade <u>Fisherman</u> Intended place of residence { <u>Quilling, Rof.</u> (To be given as fully as practicable)	Descriptive marks.           8 20 21 21 20 21 29 1910
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— _____ 4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.



## 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 *Coleman, Bartholomew*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *5395*  
 Intended address *Bay of Islands, Curling*  
 Height on discharge *5* Feet *7 1/2*"  
 Color of hair on discharge *Dark*  
 Complexion *Fair*  
 Color of eyes *Brown*  
 Descriptive Marks */*  
 Figure on discharge *Medium*  
 Christian name of Father   
 Christian name of Mother   
 Wife's maiden name in full   
 Date and place of marriage   
 Christian names of children   
 Place and date of soldier's birth. *Bonne Bay. Nov. 24, 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) *Barth Coleman* *pte*  
 Station *St John's* Date *Nov 13* (Rank)

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.

*W. H. C. Call*  
 Medical Officer in Hospital.  
 Unit or Command Depot.

Station *St. John's nfld.* Date *Nov. 12/18.* *Rams*

LAST PAY CERTIFICATE

DUPLICATE MAIL COPY N.F.P./94  
 POST AND RECEIVED  
 who was repaired

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 5390 Rank Private Name B. Coleman Unit ROYAL NEWFOUNDLAND  
 to Newfoundland on 16/10/18 Authority Part 5 Order Cause

DR.

STATEMENT OF ACCOUNT

	PARTICULARS					PARTICULARS					CR.	
	\$	¢	£	s	d	\$	¢	£	s	d		
Balance Dr. from						Balance Cr. from						
Allotment 19 days @ 50¢	19	50	1	19	0	Pay 19 days @ \$1.07	19	07				
Cash Payments:						Field Alice 19 days @ \$1.07	19	97				
5-10-18				15	0							
14-10-18				15	0	Other Allices days @ \$						
Other Debits:						Other Credits:						
Total Debits			3	9	0	Total Credits			14	5		"
Balance due by Paymaster			1	16	"	Balance due to Paymaster			14	5		"
			4	5	"				14	5		"

PERIOD: From 28/9/18 To 16/10/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of D. Company  
H. P. Conf. Winchester Oct. 16 1918.  
 (Place) (Date)

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/9/18  
 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
 28 OCT 1918 191

Chief Paymaster & Officer i/c Records.



LAST PAY CERTIFICATE

ORIGINAL N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 5395 Rank Private Name B. Coleman Unit ROYAL NEWFOUNDLAND REGT. who was reluctant  
to Newfoundland on 16/10/18 Authority Part 2 Orders Cause \_\_\_\_\_

DR. STATEMENT OF ACCOUNT CR.

PERIOD:	PARTICULARS	\$			£			s	d	PARTICULARS	\$			£			s	d
From 28/9/18 to 27/10/18	Balance Dr. from									Balance Cr. from								
	Allotment 19 days @ 50 <sup>s</sup>	19	50		1	19	0			Pay 19 days @ \$1 <sup>00</sup>	119	00						
	Cash Payments:									Field Allow 19 days @ \$10 <sup>11</sup> 99	120	90	14	5				
	5-10-18					15	0			Other Allowes days @ \$								
	12-10-18					15	0			Other Credits:								
	Other Debits:																	
	Total Debits					3	9	0		Total Credits				14	5			
	Balance due by Paymaster					1	16			Balance due to Paymaster								
						14	5							14	5			

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

A. Company  
H. D. Camp Winchester (Place) Oct. 16 1918 (Date)

W. Long Capt.  
O.C. "D" Company.

Made up/checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

A. D. Maxwell Maj.  
Chief Paymaster & Officer i/c Records.

# The Royal Newfoundland Regiment

## DEMobilIZATION

### CIVILIAN CLOTHING GUARANTEE

I, No. 5395 Rank. Pte Name B. Coleman

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60<sup>00</sup>/<sub>100</sub>

Date .....

Bart Coleman

Signature of Soldier

E. A. Bagg

Signature of Witness

Kindly sign and return at

your convenience.

Certificate to be signed by the soldier on discharge

---

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date.

Date 26/12/12

Sig. of Soldier Bart Solomon

Place Germany

Sig. of Witness E. A. Baum

10

Received from the Assistant Adjutant, Royal Newfoundland  
Regiment, Depot, the sum of eighty cents, being balance  
in full of Regimental Pay due me.

(Date) Ochre Pit Cove,

Reg. No. #627 R. G. Barnell

Medical Report on an Invalid.Station Hazeley Down Camp.Date 3/10/18

1. Unit **Royal Wfld.**
2. Regimental No. **5395**
3. Rank **Pte.**
4. Name **COLEMAN, BARTHOLEMEW**
5. Age last birthday **22**
6. Enlisted { on **May 24th., 1918**  
at **St. John's, Wfld.**
7. Former Trade } **Fisherman**  
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).***DEBILITY**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. **Hazeley Down Camp, Winchester**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- After three weeks of training he reported sick with cough and pain in chest and ---? Examination suggested Tuberculosis. T.B. not found in sputum Was sent to Hospital for observation and was later discharged for repatriation Attached to report. Aggravated by strain of military service conditions**
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).
- Aggravated by strain of military service conditions.**
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- N.—A. Constitutional**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- N. A<sub>2</sub>**

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?

**He is pale, debilitated and has a tired look. Very flat chested and has a bad family history. Bronchial breathing at exit (?) of right spine of scapula. Unfit for active service**

**Discharged as permanently unfit for military service**

**(Sgd) J. StP. Knight, Capt. R.A.M.C.**

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; -----Yes
- (iv) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v) Whether it is constitutional or hereditary.

(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.

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?

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; -----Yes
- (d) Asylum; or
- (e) Other institution either as an in-patient or as out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1375 of 1917, is any surgical appliance recommended?

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

**Weight 135 lbs.  
Temp. 99. Pulse 100.  
Accompaniments in both lungs, and has cough.**

**Has a poor family history.  
Exposure and hardship.**

**Total while in hospital**

**Yes**

Signatures:—

**N. S. FRASER**

President.

Station **St. John's**

**J. S. TAIT**

Members.

Date **Nov. 15th '18.**

**L. PATERSON, Major**

Approved.

Station \_\_\_\_\_

**(Sig) CLUNY MACPHERSON, Major.**

Administrative Medical Officer.

Date \_\_\_\_\_



COPY.

To be used for recruits enlisting direct into the Regular Army only.  
 Army Form B. 178<sup>a</sup> to be used for Special Reserve recruits  
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Coleman Christian Name Bartholomew

TABLE I.—GENERAL TABLE.

Birthplace Parish Sayre's Pond, Cumbria County W. Yorks

Examined ... { on 24 day of May 1918  
 at St. Johns

Declared Age ... 22 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 7/4 inches.

Weight ... 125 lbs.

Chest Measurement { Girth when fully Expanded. 34 inches.

{ Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left  
 Number / /

When Vaccinated ...

Vision ... R.E.—V = 4/6  
 L.E.—V = 4/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Ed. Lamont Paterson  
 (Rank) Major Medical Officer.

Enlisted ... at St. Johns  
 on 24 day of May 1918.

Corps.	Regt. No.
ROYAL NEWFOUNDLAND REGIMENT.	<u>5395</u>

Transferred to ...

Became non-effective by ...  
 on ... day of ... 191  

(Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_

COPY.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178<sup>a</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Coleman Christian Name Bartholomew

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St. John's, Antigua County St. John

Examined ... { on 24 day of May 1918  
at St. John's

Declared Age ... 22 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 7/4 inches.

Weight ... 125 lbs.

Chest Measurement { Girth when fully Expanded. 34 inches.

{ Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left  
{ Number

When Vaccinated ...

Vision ... { R.E.—V—5/6  
{ L.E.—V—5/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Spd. Lamont Paterson  
(Rank) Major Medical Officer.

Enlisted ... { at St. John's  
{ on 24 day of May 1918

Table with 2 columns: Corps, Regtl. No. Row 1: ROYAL NEWFOUNDLAND REGIMENT., 5395

Transferred to ...

Became non-effective by ... on ... day of ... 191 ...

(Signature) \_\_\_\_\_

(Rank) \_\_\_\_\_



Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Hazley Down</i>	<i>26</i>	<i>8</i>	<i>18</i>	<i>5</i>	<i>9</i>	<i>18</i>	<i>Debility</i>	<i>10</i>	<i>Discharged &amp; Duty Complained of pain in chest Cough Sputum exam shows No TB but pneumococci present treated w/ expectorants &amp; extra diet. Much improved</i>	<i>W. C. A. Swain Capt R.A.C.</i>

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

Date	Brief details, and signature
23-5-18	Vacc LP
13-6-18	} TAB LP
20-6-18	} LP
27-6-18	} HP
5-10-18	<p>Boarded Hazelby Down Camp Marked F Category                      Debility (Ainsby M. J. M. Lettis)                      (Sgd) J. S. P. Knight                      Capt. Lane</p>

**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





THE ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

November 16th 1918

From Assistant Adjutant.  
 Depot.

To Paymaster & Officer i/c Records.  
 Militia Dept.

5395, Pte. E. Coleman.

Above noted man has been recommended for discharge as permanently unfit, and ADMISSION TO N. AND M. CONVALESCENT HOSPITAL, by Medical Board, held on Friday, November 15th. I am sending him herewith for your attention, and necessary action, please, and have given him verbal instructions to report to the D. M. S. for his attention, after he has finished his business with you.

Copy for D. M. S.

WFC

*Robertson Capt* Adjutant  
 Depot The Royal Newfoundland Regiment  
 St. John's, Nfld.

Country.

Paymaster of the 3597

Dec 26<sup>th</sup> 1918

Department of Militia 5395

Sir

Will you please to  
send me my discharge badge  
and kit bag at 23 Field St. where  
the latter is. My discharge badge  
I have not yet received from your  
Department

Yours truly,

Bart, Solomon

5395 P. B. Coleman

b. clothing

ch. 6504

\$ 60<sup>00</sup>

~~5395~~

Dec. 18th. 18

Fte. B. Coleman,  
Curling,  
Bay Of Islands.

Dear Sir,-

I beg to enclose herewith cheque for \$79.01, being the balance of pay due you to the date of discharge (including \$60.00 Clothing Allowance), also a Certificate of Pay.

I also enclose Certificate of Discharge, dated Nov. 29th. 1918, together with special form, which kindly sign and return to this Office, at your convenience.

Yours faithfully,

Capt. & Paymaster &  
Officer i/c Records.

J/H.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 79 <sup>01</sup>/<sub>xx</sub>

Dec 5<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Seventy Nine <sup>01</sup>/<sub>xx</sub> Dollars.  
~~on account~~  
balance of Pay.

Ch. No.	6504	Initials	EW
Pay Ledger	400	Initials	awL
Gen. Ledger		Initials	

Regtl. No. *170* Rank



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.

C.R. 5395

NAME 5395 Bart bolman

DATE 27/11/19.  
PLACE Burling.

1891

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  
are forwarded herewith to

Bartholomew Coleman

in respect of his service as No. 5395 Rank Pte.

Name Bartholomew Coleman Royal Nfld. Regt.  
~~Rtd. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received Reviewed Medal

Signature Pte. Joseph Colman

Date Oct. 26-1921

Address Curling of fland.

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Rifles

Number of Sheet one

Signature of O. C. Company C. B. Dickson

Regimental Number and Name		Enlistment		Trade
No.	<u>Coleman Park.</u>	Age on	<u>27</u> years <u>0</u> months	<u>Fisherman</u>
Joined	Date	Place and Date of Enlistment	<u>St. Johns</u>	Religion
Joined	Date		<u>27-8-18</u>	<u>R.C.</u>
Joined	Date	Period of	with Colours <u>190 days</u>	Place of Birth
Joined	Date		with Reserve <u>years</u>	<u>Cowling Pt.</u>

Good Conduct Badges, Service pay or proficiency pay

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
				<u>Medically unfit</u>	<u>St. John's</u>	<u>29<sup>th</sup> 18.</u>			



To be carried over.



5395

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

*St. John's, Newfoundland,*

Dec. 7th. 1918 ..... 191

Officer Commanding,  
Headquarters.

Sir:-

The under-mentioned men have been discharged on the dates given. Kindly note and post in Daily Orders, Part 11.

I have the Honour to be,  
Sir,  
Your obedient Servant.

Sgd. ....J.M.Howley,  
Capt.  
Paymaster & O. 1/c Records.

4202.	Pte.	Wellon, Stewart	Nov. 29th. 1918.	Med. Unfit.
3235.	Lt.	Pike, Thos.	do	do
4123.	Pte.	LeDrew, Edward J.	do	do
5555.	"	Langdon, Chas.	do d	do
5395.	"	Coleman, Bartholomew	do	do
4200.	"	Stickland, James	do	do
4265.	"	Morris, Willis.R.	EM 30th	do
5662.	"	Verge, Thos.	do	do
5641.	"	Sooley, John.	Do	do.

Reg. No. 5395 Rank Pte Name Coleman B

Attested ..... Address .....

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

Date of Allotment..... Returned from Overseas 8-11-18

Embarked for Overseas ..... Cause Discharge

15-11-18 Rec - Dis - Adv - unfit + admission to B. & M.  
Convalescent Hosp

39-11-18

**DISCHARGED - MEDICALLY UNFIT**

November 16th 1918

From Assistant Adjutant  
Depot.

To Paymaster & Officer i/c Records.  
Militia Dept.

5395, Pte. B. Coleman.

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Copy for D. M. S.

WFC