



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3557 Name Simeon Cales Corps Cpl.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Simeon Cales
- 2. What is your full Address? 2. Blackhead Cove
7090
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 26 Years 9 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
- II. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? II. Yes

I, Simeon Cales 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.

Simeon Cales SIGNATURE OF RECRUIT.
Arthur Burgess Signature of Witness.

E 19-3-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Simeon Cales 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 Blackhead Cove on this 19th day of March 1917
Signature of Attesting Officer Mark R. [Signature]

†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 1917 } Approving Officer.
Place

† 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 Simon Cole
 Apparent age 26 years 9 months. Height 5 feet 1 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Humphrey (Selina) Cole
Blackhead Cove | Relationship Mother
7590 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " " Pensions " _____ [" "] _____ " _____ "

3557



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3557 Name Simeon Coles Corps Cpl

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Simeon Coles</u> |
| 2. What is your full Address? | 2. <u>Blackhead Cove</u>
<u>7090</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>26</u> Years <u>9</u> Months |
| 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, Simeon Coles 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.

Simeon Coles SIGNATURE OF RECRUIT.

E 19-3-17

Arthur Burgess Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Simeon Coles 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 Johns on this 19th day of March 1917

Signature of Attesting Officer Chas R. Aylesworth

†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

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

Name Simon Cole
 Apparent age 26 years 9 months. Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 36½ inches
 Range of expansion 3½ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Humphrey (Selina) Cole
Blackhead Cove | Relationship Mother
7090 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>19-3-17</u>									
Joined at <u>St John's</u> on <u>March 19-17</u>									
<u>Discharged St John's May 22/1918</u>									
<u>Embarked St John's Train to Halifax N.S. 7th Embarked for 26.11.17</u>									
<u>Disembarked Rossby 12.6.17</u> <u>Joined 13th Battalion in the field 12.7.17</u>									
<u>Wounded to 2nd Admitted 17th C. Es. S.W. Amble 16th Admitted 26th Gen. Hosp. Copley 17.8.17</u>									
<u>Invalided to Cornwall 27.8.17</u> <u>Admitted 3rd L. H. Wandsworth 29.8.17</u> <u>Surloughs leave report R.M. 10 for despatch 25.7.18</u> <u>to Newfoundland for discharge 26.3.1918</u>									
<u>Arrived Newfoundland 19.11.18</u>									
<u>Reattested for special duty Banquets 18-10-18</u> <u>Discharged medically unfit 22.5.18</u>									
<u>Remobilization 12.7.1919</u> <u>26 days</u>									
Total Service towards Engagement to <u>22 5-1918</u> (date of discharge) <u>1</u> years <u>65</u> days									
Pensions _____									

337
365

514

N. M. D.

Report of Medical Board.

Station St. John's, Nfld Date Jan 28/19.
 No. and Rank 3551 Pte. Age 29 Height 5'8"
 Name COLES.S. Complexion FRESH
 Unit Royal Newfoundland Eyes BLUE Hair FAIR.
 Address ISLAND HARBOR. FOGO.
 Former Trade FISHERMAN
 Enlisted at ST. JOHN'S On 17/3/17. (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original G.S.W. LEFT ARM. MUSCULO SPIRAL PARALYSIS.

Subsequent

Present Condition (Compare with previous Board)

SCARS SOUNDLY HEALED SOMEWHAT PUCKERED IN THE SCAR BEHIND ELBOW.
 FULL MOVEMENT AT ELBOW JOINT. CAN FLEX WRIST & CLOSE HAND BUT NOT
 COMPLETELY LOSS OF POWER MOST MARKED IN TWO SMALL FINGERS.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: ^{40%} To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?
 40% for 3 months.

Recommendation of Medical Board

DISCHARGE PERMANENTLY UNFIT. Members of Board

REQUIRES TREATMENT.

N.S. FRASER.

(SGD) CLUNY MACPHERSON

J.S. TAIT.

MAJOR

L. PATERSON MAJOR.

Approving Medical Officer.

Third Board

Report of Medical Board.

Station St. John's, Nfld Date June 24/19
 No. and Rank 3551 96 Age 29 Height 5-8
 Name Coles S Complexion Fresh
 Unit Royal Newfoundland Eyes Blue Hair Fair
 Address Island n° 309
 Former Trade Fisherman
 Enlisted at St John On 14-3-17 (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original C.S.W. Left Arm. Musculo-Spiral Palsy.

Subsequent

Present Condition (Compare with previous Board)

*Puckered scar behind elbow. Full movement at elbow.
 Cannot fully close fist. Loss of power most marked
 in little & ring fingers.*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? 20%

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? 20% Six months

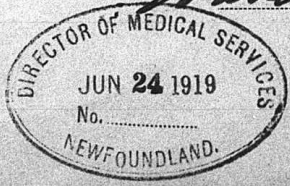
Recommendation of Medical Board

Members of Board

Chas Macpherson,
Major

[Signature]
[Signature]
[Signature]

Approving Medical Officer.



Report of Medical Board.

Station **St. John's, Nfld.** Date **April 23rd., 1918**
 No. and Rank **3551 - Private** Age **27** Height **5'8"**
 Name **Coles, S.** Complexion **Fresh**
 Unit **Royal Nfld.** Eyes **Blue** Hair **Fair**
 Address **Highland Hr., Fogo**
 Former Trade **Fisherman**
 Enlisted at **St John's** On **17/3/17** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **GUN SHOT WOUND LEFT ARM. MUSCULO SPIRAL NERVE PALSY**

Subsequent

Present Condition (Compare with previous Board)

Two scars outer side of left upper arm. One on inner side. Can move elbow freely. Can flex wrist & can move fingers but cannot close the fist

Has he been employed, and by whom?

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?

60% six months

Recommendation of Medical Board

Discharge as permanently unfit

Members of Board

[Signature]
[Signature]
[Signature]

Approving Medical Officer

Chas. Macpherson,
Major.

D. M. S. NEWFOUNDLAND.



C.R. 3551

Extract from Daily Orders Part 11, Depot St. John's,
Royal Newfoundland Regiment. 8-4-19

Discharged from Barracks Hospital 7-4-19.

3551 Pte. S. Coles.

C.R. 3557

Extract from Daily Orders part 11, Depot St. John's
dated October 19th. 1916.

#3551 Pte. S, Cales

RE-ATTESTED FOR GENERAL SERVICE WITH THE NEWFOUNDLAND
REGIMENT FROM 1810-19.

C.R. 3551

Extract from list of men of the Royal Newfoundland Regiment discharged on various dates.

3551 Pte.S.Cole,

Discharged 22- 5 - 18, Medically unfit

C.R. 3551

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 30th, 1918.

#3551 Pte. S. Coles

Having been found Medically Unfit is discharged from
22.5.18

C.R. 3551

Extract from **MAA** Preliminary Report From: The Director
of Medical Services, To The Officer Commanding, Depot,
dated April 24, 1918.

#3551 Pte. S. Coles.

Recommended Discharge @ Permanently Unfit.

C.R! 3551

Extract of Hospital advance No. 3639/29 received from P.&R.O., London
dated 26th April 1929.

3551 Pte. S. Coles

Royal Newfoundland Regiment.....Advances whilst at St. London
General Hospital per Voucher 4760, ¹⁴ shillings and ~~6~~ pence.

C.R. 3551

Extract from Casualties received from ~~off~~ P & R Office London.
Mar. 26th, 1918.

FOR DISCHARGE.

3551 Pte. Coles, S.

Ex 3rd L.G.H. 25/3/18 and classified unfit for further Military service is ordered to report to the N.C.O. in Charge Repatriation Draft No. 59 P & R O. at 8 p.m. 25/3/18. to be repatriated.

Authority: for discharge A.F.S. W. 3201.

3351- St. John's

Newfoundland Postal Telegraphs.

Office Stamp and Date.

Prefix _____ SERVICE MESSAGE

Time received _____ by _____ Time sent _____ by _____

From

Postal

To

Casualty Clerk

Fogo notifies youps date
boles undelivered no
chance. to deliver unless
expressed, shall forward
first chance and advise

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line
Number _____

Rcd _____

By _____

Sent _____

by _____

Check _____

*Dated***September 1, 1917.***To***Mrs. Selina Coles,****Blackhead Cove,****Fogo.****Record Office, London, today reports No. 3551,****Private Simeon Coles, is now at Wandsworth.****R.A. SQUIRES****Colonial Secretary****FOR TYPEWRITER**

3551 Pte. Simeon Coles ✓

Ext. of Casualty list received Sept. 1st 1917.

Previously reported 26th General Hospital Etaples

Aug. 17th, "Admitted Wandsworth."

C.R. 3551

Extract of Casualty List received from P & R O. London
Dated 31st. Aug. 1917.

O.C. 3rd. London General Hospital reports:

3551 Pte. A.S. Coles ✓

1st. Nfld. Regt., Adm. to Hospital 29/8/17. G.S.W. Arm.
Auth: A.F. W. 3026a. from Hospital.

3551 Private. Solomon Coles.

Extract of telegram dated August 23rd. 1917

858

G.S.W. Left arm

Admitted to 26th. General Hospital Etaples 17th. 1917

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

August 23, 1917.

To

Mrs. Selina Coles,
Blackhead Cove, Fogo.

Regret to inform you that Record Office

London, officially reports No. 3551, Private Simeon

Coles, was at Twentysixth General Hospital, Etaples,

August seventeenth, suffering from mild gunshot wound
in left arm.

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

~~J. H. COOPER~~ R.A. SQUIRES

Colonial Secretary.

3581
Form 3 (10/2) Union Colls.

4.

Newfoundland Postal Telegraphs.

Office Stamp and Date.
AUG 23 1917

Prefix _____ SERVICE MESSAGE

Time received _____ by _____ Time sent _____ by _____

From _____

To Casualty Clerk

in year book!

~~Yours most truly
Blackhead some fogs
undelivered place unknown
to Opr at fogs or
seldom
Postal~~

C.R. 3551

Extract from Casualties received from ~~Casualties~~ P.&.R.office,
London. August.23,1917.

26th General Hospital Estaples, August 17th.

3551 Cole.

G.S.W. left arm.

C.R. 355-1

Extract of Nominal Roll of Draft No.25: Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment, Newton-on-Ayr, to 1/1st Newfoundland
Regiment B.E.F.

3551 Pte.Coles, S.

MP.

C.R. 3551

Extract from Nominal Roll, embarked St. John's for Overseas 7/4/17

3551 PTE. S. COLES

3551

C.R.

Extract from Daily Orders Part II Unit The Royal Field.
Regt. St. John's, March 19th, 1917.

3551 Pte. Simeon Coles.

Attached to the Strength March 19th, 1917.

① C.R. 3551

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 4th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 25-6-19

3651 Pte. Simeon Coles.

C.R. 3551

Extract from Singapore Medical Board held on Tuesday June
24th 1919.

3551 Pte. S.Coles.

RECOMMENDED DISCHARGE FROM THE ARMY (3rd Board)

S Coles

C.R

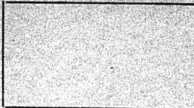
3551

~~1110~~

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. <u>3551</u>	Army Rank <u>Private</u>
Name <u>Colts Simeon</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, Depot, &c. <small>(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.)</small>	
Date of discharge _____	
Place of discharge _____	
1. <i>Description at the time of discharge.</i>	
Age <u>27</u> years <u>-</u> months Height <u>5</u> feet <u>8</u> inches Chest measurement { girth when fully expanded <u>36 1/2</u> ins. range of expansion <u>3 1/2</u> ins. Complexion <u>Fresh</u> Eyes <u>Blue</u> Hair <u>Fair</u> Trade <u>Fisherman</u> Intended place of residence <u>Island Harbour</u> (To be given as fully as practicable) <u>1990 Newfoundland</u>	Descriptive marks. <u>GSW Left Elbow</u>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. FILE P.38. No. <u>11660/1918</u> DATED <u>25 MAR 1918</u> </div>	
<small>(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.)</small>	
2. The above-named man is discharged in consequence of <u>Wounds received in Action</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>	
To be filled in on the soldier quitting the Colours.	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*	

Original

Medical Report on an Invalid.

Station 3rd London General Hospital,
WANDSWORTH, S.W.
Date 21 MAR 1918

- 1. Unit 1st R. NFD.
- 2. Regimental No. 3551.
- 3. Rank Pte.
- 4. Name Coles, S.
- 5. Age last birthday 27.
- 6. Enlisted { on 17.3.1917.
at 88 Johns. nfd
- 7. Former Trade } Fisherman
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge; nil.
(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).

G.S.W. Left arm.
Musculo Spinal nerve palsy.

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. Aug 16. 17
- 10. Place of origin of disability. Gprus.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
M.F.P.38. No. 4660/24
DATED 25 MAR 1918

Received G.S.W. left arm Aug 16/17.
Shrapnel removed Aug. 20-17. wound
healed rapidly. wound broke down again
operation performed, foreign body removed.
upon receiving from operation Patient
had wrist drop, palsy 2 fingers sup tongue
& slight anaesthesia of hand only

- 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.

Active service

*General condition fair.
Slight mist drop 2 left mist
Slight delay of all tendons*

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? *yes*
- (b) On field service? *yes*
- (c) On duty? *yes*
- (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?

Foreign bodies removed.

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?~~

yes

J. J. Bell, C.S.

Officer in medical charge of case.

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

~~except~~

Station *London General Hospital,*
WANDSWORTH, S.W.

A E Druce

Officer in charge of Hospital.

Date **22 MAR 1918**

Col. A.M.S.

Comdg. 3rd. London Gen. Hospital.

*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.

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

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

yes
✓
✓
no
no

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

g.s.w.

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

✓

23. Is the disability permanent?

yes

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?

70

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?

vide 16

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.

As an out-patient for Massage & Electricity —

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

no

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

no

Station 3rd London General Hospital, WANDSWORTH, S.W.

Signatures: W.E.W. Major President.
R. P. Rames
Members.

Date 22/3/18

Station 3rd London General Hospital,

W.E.W. Major R. P. Rames
Administrative Medical Officer.

Date 22/3/18

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

MEDICAL HISTORY

OF

Surname

Coles

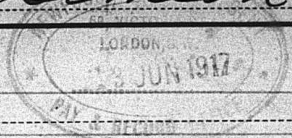
Christian Name

Simon

Table I.—GENERAL TABLE.

Birthplace:—Parish

County



	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>19th</i> day of <i>march</i> 1917		on day of 191	
	at <i>St Johns</i>		at	
Declared Age	<i>26</i> years — days		years days	
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet	<i>10</i> inches	feet	inches
Weight	<i>130</i>	lbs.		lbs.
Chest Measurement	Grith when fully expanded ... <i>36 1/2</i> inches		inches	
	Range of Expansion .. <i>3 1/2</i> inches		inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/18</i>	R. E.—V=	
	L. E.—V=	<i>6/9</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>Geo Burden</i>			
(Rank)	<i>Lieut</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St Johns</i>		at	
	on <i>10th</i> day of <i>march</i> 1917		on day of 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>4/1st nfld</i>	<i>3557</i>		
Transferred to	<i>Regt Newfoundland</i>			
Became non-effective by				
	on day of 191		on day of 191	
(Signature)				
(Rank)				

COPY SENT TO
O.C.H.Q.
ST. JOHNS, N.F.L.D.
P.38. NO. *4660/14*
DATED *25 MAR 1918*

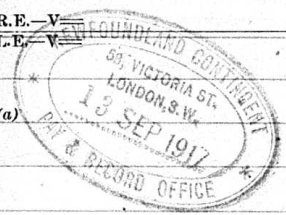


Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	29	8	17				G.S.H. arm Musculo spiral N. palsy		Brand held - see above Resiliety - G.S.H. arm musculo spiral N. palsy Night wrist drop & palsy Cause - G.S. as Active Service. Capacity - for carrying & handling assumed by 70%	W. S. M. J. R. Capt. R.A.M.C. for 3rd London General Hospital, WANDSWORTH, S.W.

✓ No. 3557 Name *Boles Simon* *Sgt., Batty., or-Company* } *C* Corps *2nd Lt. Newfoundland* Date of enlistment } *19-3-17* G.C. Badges }
Date of last entry in Company Conduct Sheet } *Nil* No. and date of last drunk } *Nil* Period not reckoning towards freedom from extra fine } Sheet No. *1* Signature O.C. Company, etc. } *Robertson Capt.* Service or Proficiency Pay } Character *Good* ✓

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				<i>Transferred to England 27.8.17.</i>					

ARMY FORM B. 122

No. 3440



41 1st. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, Simon Coles, Regl. No. 3551

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

Allotment begins April, 1st.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2907	Mother	Mrs Humphrey	Blackhead	
		(Selina) Coles	Cove. Togo	60
Total Allotment, \$				60

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

(Sig.) Charles R. Aye
Officer Commanding
26 Company
St John's
4-4-17 191

(Sig.) Simon Coles
(Rank) pt
Warrant Officer



H/ 1ST. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, Simeon Coles, Regl. No. 3551

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

Allotment begins April, 1st.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2907	Mother	Mrs Humphrey Blackhead (Selina) Coles	Core. Fogo	60
Total Allotment, \$				60

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.) Mark Rye Capt.

Officer Commanding
6. Company

M. Johns
4-4-19 191

(Sig.) ^{his}Simeon X Coles
_{mark}

(Rank) ptk
Wit Arthur N. Burgess

No. 3551 Rank St

Name S. Coles

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			60
Net Rate			50

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate			£ s d		
						From	To							
Balance					Balance	9/6/17	21 ¹² / ₇	196				15	2	5
Acquittance Rolls					Pay @ Net Rate	22 ¹² / ₇	28 ³ / ₁₈	94	50	47	00	9	13	2
Hospital Advances		2	4	6										
A.B. 64.					<i>Rain across</i>								1	9
P.&R.O. Payments		4	0	0	<i>one day</i>									
Cheque														
Cable	6227	25	3	18	18-12-10									

Handwritten initials and marks

24-17-4

6-4-6

Handwritten signature and date 25/18



AUSTRALIAN RED CROSS.



Ward 8 3rd London Gen Hosp
Ward 2001 S.W. 18
14th February 1918

Chief Paymaster
Royal Newfoundland Regt.
Sir,

I beg to make application for £3 Three pounds
out of my pay as I wish to buy several
necessaries. I have some little bills to pay.

Yours obediently,

Wm S Coles
No 3551

Approved
Jm Hughes
Capt. Quarter

OK
£3.0.0
JRB 14/1/18
Receipt no 2687

LAST PAY CERTIFICATE

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. 551 Rank Pte Name T. Coles Unit Royal Hfld. Regt who was Repatriated
to Newfoundland on 26 / 3 / 18 Authority A. P. B. 179 Cause Class A

STATEMENT OF ACCOUNT

DR.

CR.

PERIOD: From 22/12/17 To 26/3/18

PARTICULARS				£	s	d	PARTICULARS				£	s	d	
Balance Dr. from							Balance Cr. from <u>21/12/17</u>				15	2	5	
Allotment <u>95</u> days @ <u>60¢</u>				57	00		Pay <u>95</u> days @ <u>£ 1.00</u>				95	00		
Cash Payments: <u>P. & R. O.</u>							Field Allowance <u>95</u> days @ <u>¢ .10</u>							
Hospital Advances						2					<u>¢ 50</u>			
Other Debits:							Other Allowances days @ <u>¢</u>				<u>104 50</u>	21	9	5
							Other Credits:							
							Ration Allowance <u>26/3/18-26/3/18</u>							
							<u>2 days @ 1/9</u>						3	6
Total Debits							Total Credits							
Balance due by Paymaster						35	Balance due to Paymaster				35	15	4	
						56					56	15	4	

CHECKED
7/3/18

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

(Place) _____ (Date) 191 _____ " " Company.

Made up/checked in accordance with information received in the Pay & Record Office London to 25/3/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
25 MAR 1918 191

Chief Paymaster & Officer i/c Records.

3rd. L.I.S. Hospital
Wandsworth Common

To R. Payne.



Please pay to 3551. 96. Colles. S.
one pound. (£.1.) of pay & allowances



OK. L.I.
M.C. 22/3/18
Recpt No 6210

Approved
Wm. Apperett

Registrar, R.A.M.C.T.

3rd London Registrar, R.A.M.C.T.
3rd London General Hospital
WANDSWORTH, S. W.



FOR USE IN THE CASE OF ALL SOLDIERS SENT TO THEIR HOMES UNDER
A.C.I. 1011 OF 1916, PARA. 2(ix.)

~~No. 3551, Rank PLT, Name Coles. S
is discharged from 3RD LONDON GENERAL HOSPITAL
with orders to proceed to his home:~~

(Address

52 Victoria Street
Gurloagh. 25/3/18.)

and there to await further instructions as to his discharge from the Service.

Officer Commanding.

Place 3RD LONDON GENERAL.

Date 25/3/18

H. Jagan
Capt. R.A.M.C.(F)
Registrar, R.A.M.C.F.

*Here enter name of Hospital or Unit from which Soldier was discharged.
3RD LONDON General Hospital,
WANDSWORTH, S. W.

No.

Reyll. No.

3557

Rank

Private

Name

Coles S.

Regiment

R. Inf.

Date from

25-3-1918

To 8 P.M.

25-3-1918

To proceed to

Station

Date



Address whilst on furlough to which any orders will be sent:

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's } 3551 Rank Pte 25 MAR 1918
Regtl. No. }

Name Leslie S. (Admitted 29/8/17)
(Surname first)

Corps or Regiment } 1st Royal
(also Unit if known) }

To Officer i/c of Records 58 Victoria St

Regimental Paymaster 58 Victoria St

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the

22/3/18, has been sent to ^{the address below} ~~his home~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded on (date) 25 march

to (full address) 58 Victoria St
London SW

Date 25/3/18 M. J. C. W. { Officer
Registrar, R.A.M.C.F. } Comm.

Place 3rd London General Hospital, Hospital.
W. ANDS. W. G. H. S. IV.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer in Charge when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital Chelsea, London, S.W.1.

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

A Name in full Coles, Simon
Regiment from which discharged 1. R. NFD.
Regimental Number 3551.
Where born (Parish, Town and County), and when Fogo, Highland Harbour, NFD. 2 June. 1890.
Intended address Fogo, Highland Harbour, NFD.

Height on discharge 5 Feet 8. Inches
Colour of Hair on discharge fair. **Colour of Eyes** Blue
Descriptive marks few l. elbow. **Complexion** fresh.
Figure on discharge rather thin.
Christian name of Father Geo.
Christian name of Mother Selina.
Wife's Maiden name in full —
Date and Place of Marriage —
Christian names of Children —
Nature and locality of civil employment desired —

Uncertain owing to wound fellow.

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) Simon Coles (Rank) Private
Station — — Date 18-3-17

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.

Station 3rd London General Hospital
WANDSWORTH, S.W. Date 18-3-18

B Period of Service and in what Corps ...

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
			India		
			COPY SENT TO		
			O.C. H.Q.		
			S. Africa		
			JOHNS, N.F.L.D.		
			194-P.38, No. <u>46602</u>		
			DATED <u>25 MAR 1918</u>		

Disallowed ...

Service towards Pension ...

Date inclusive to which pay has been issued

Sums due on account of public debts ...

Sum due on account of advance of Pension }

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
Date _____ Records.

Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has this day been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.C.I. 4623 of 1916.)

Soldier's surname Gales, Christian names Simon
(in full) ¹⁴¹²

Regt. No. and Rank 3551 Pte Regt. or Corps n/lo
(If T.P. this should be stated)

His address on discharge will be Fozz,

Highland Park,

This information is for the Central Army Pension Issue Office only.

The Soldier states that* n/lo allowance

is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 3rd London General Hospital
WANDSWORTH, S.W.

Date 22/3/18 W. W. G. Major
President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(I) in substitution for a man fit for General Service.

No. 3551 Rank Private Regiment 1st Royal Newfoundland
 Name Coles Limcon
 (Surname first)

1. State what special qualifications you have for employment in civil life.

Fishing and lumbering.

COPY SENT TO	
O.C. H.Q.	
ST. JOHNS, N.F.L.D.	
REF. 38. No. <u>4660/24</u>	
DATED <u>25 MAR 1918</u>	

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

- (1) Own employer whilst fishing in the summer of each year since the age of 14.
- (1) Engaged by A. D. Company's Pulp & paper mills in winter since the age of 14.
 Anglo-Newfoundland Development Co.
 Grand Falls,
 Newfoundland.

3. What is the nature and locality of the employment you desire?

(1) Am not in a position to form an opinion,
as to what I can do owing to uselessness
of left arm.

(2) Island Harbour,

Fogo,

Newfoundland.

4. What is the name of your Approved Society?

I. N. F. & Orange Society.

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date 19th March 1918 Signature _____

His mark

X T. Cerrall. I. N. F.

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Coles, S

3551

Ray sept

COPY

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

Army Form B. 268.



Proceedings on Discharge.

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

No. 3551 Army Rank Private

Name Coles Simeon
(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 May 22nd 1918

Place of discharge St. John's, Nfld.

1. 27 Description at the time of discharge.
Age 29 years 11 months
Height 5 feet 8 inches
Chest measurement { girth when fully expanded 36 1/2 ins.
range of expansion 3 1/2 ins.
Complexion fresh
Eyes blue
Hair fair
Trade Fisherman
Descriptive marks GSW Left Elbow

Intended place of residence Island Harbour
(To be given as fully as practicable) Fogo
Newfoundland

(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 Wounds received in Action.

(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:— Very good

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. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*



RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To **The O.C., Headquarters.**

Please receive documents as indicated below

No. RANK AND NAME

3551 Pte. Celos, S.

N. F. F/36	Non-effective account	Medical history sheet	Mfd. medical history sheet	Medical report on an invalid	Proceedings on discharge	Civil life qualifications	Descriptive return	Active service casualty form	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards				Attestation paper	Identity certificate	Allotment papers	Kit issue on payment	Headquarters Travelling Board
B. 178	B. 178a	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 120	B. 121	B. 122	1st Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	Form I		
	1		1				1				1									

Received above noted documents,

Date 19

Signature of officer forwarding documents: _____

Date January 27, 19

LAST PAY CERTIFICATE

N.P.F./94
DUPLICATE
MAIL COPY
Posted 16 APR 1918

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.

Regtl No. 5551 Rank Pte Name T. Giles Unit Royal Wfld. "sgtm" who was Repatriated
to Newfoundland on 26/5/18 Authority A.F.R. 179 Cause Class A

STATEMENT OF ACCOUNT

		PARTICULARS			£ s d			PARTICULARS			CR.			
		£	s	d	£	s	d	£	s	d	£	s	d	
PERIOD: FROM <u>22/12/17</u> TO <u>26/5/18</u>	Balance Dr. from							Balance Cr. from						
	Allotment <u>95</u> days @ <u>60¢</u>	<u>57</u>	<u>00</u>		<u>11</u>	<u>14</u>	<u>5</u>	Pay <u>95</u> days @ <u>1.00</u>	<u>95</u>	<u>00</u>		<u>15</u>	<u>2</u>	<u>5</u>
	Cash Payments: <u>P. & R. O.</u>				<u>22</u>	<u>00</u>	<u>0</u>	Field Allowance <u>95</u> days @ <u>1.10</u>	<u>9</u>	<u>50</u>				
	Hospital Advances				<u>2</u>	<u>4</u>	<u>6</u>	Other Allowances days @ <u>1/6</u>	<u>104</u>	<u>50</u>		<u>21</u>	<u>9</u>	<u>5</u>
	Other Debits:							Other Credits:						
								Ration Allowance <u>25/5/18-26/5/18</u> <u>2 days @ 1/6</u>						<u>5</u>
	Total Debits				<u>36</u>	<u>18</u>	<u>9</u>	Total Credits				<u>36</u>	<u>18</u>	<u>4</u>
	Balance due by Paymaster				<u>16</u>	<u>11</u>	<u>7</u>	Balance due to Paymaster				<u>36</u>	<u>18</u>	<u>4</u>
					<u>36</u>	<u>18</u>	<u>4</u>				<u>36</u>	<u>18</u>	<u>4</u>	

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

(Place) _____ (Date) 1918

Made up/Checked in accordance with information received in the Pay & Record Office London to 25/3/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

L.R.P.
25/3/18

DUPLICATE
MAIL COPY
Posted

25 MAR 1918

Casualty Form - Active Service

Regiment or Corps The Newfoundland RRank Private Surname Cole Christian Name LincolnReligion Anglican Age on Enlistment 26 years 9 monthsEnlisted (a) 1917 Terms of Service (a) Duration Service reckons from (a) 1917

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rateOccupation: Sussexman (Sgt) Robertson Capt Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 56, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 56, or other official documents.
Date	From whom received				
			Embarked ...	Hampton	11.6.17
			Disembarked ...	Rouen	12.6.17
		Joined Battalion			27.7.17 B 213
18. 8. 17	O.C. Hunt	Wounded in Action			16.8.17 B 213
18. 8. 17	47 CES	Ad. P.W. Ankle			16.8.17 ED 9445
30. 8. 17	26 Open Hosp	Ad. GSW. L. Arm	Etaples		17.8.17 H.A. 130248
	Pieter de Counck	Inn to England			27.8.17 W 30 83
		(Sgt) E. Aldridge major of 4th Reg. Inf Section 92493rd Ech			

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoaling-Smith, & Co.

W. 3527-12908 18022 7/17 (26028) C. P. & S., Ltd., Forms B/103 K/1658.

I.P.T.O.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

COPY.

No. 3551 Rank Private
Name (surname first) Coles. Simeon
Regiment Royal Newfoundland

1. State what special qualifications you have for employment in civil life.

Fishing and Lumbering



2. State the name and address of your last, or any other employer before enlistment, etc. the nature of employment and how long you were employed?

(1) *Own employer whilst fishing in the summer of each year since the age of 14.*
(2) *Engaged by SIND company's pulp & paper mills in winter since the age of 14.*
Anglo Newfoundland Development Company
Grand Falls Newfoundland

3. What is the nature and locality of the employment you desire?

(1) *Am not in a position to form an opinion, as to what I can do owing to uselessness of left arm.*
(2) *Island Harbour*

Stags Newfoundland.

4. What is the name of your Approved Society?

M.F. & Orange Society

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date 19th March 1918 Signature *(Sgd) S.S. (P. Caroll T.F.N.S.)*
mark

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

July 21, 1919

#3551 Pte. Simeon Coles,
Island Harbor,
Fogo.

Dear Sir:-

Please find enclosed Discharge Certificate #3117.

Yours truly

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

Re-attested

1. No. 3551 Rank. Pte. Name Cogle, Simon
 Intended place of residence. Island H, Logo

2. Occupation Traberman
 Classification of soldier B Medical Category F

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 JUN 27 1919

Miss H
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date 29-6-19

S. L. L.
 Signature of soldier

J. H. M. W. C. P.
 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 27-6-19

S. L. L.
 Signature of soldier

J. W. C. H. E. S. W.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 18-10-18 No. of days on Military
 Discharged from service. 28-6-19 Plus 14 days Service. 268

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 28 1919

R. H. L. M. J.
 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 July 12/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3551 Rank Plt Name J. Miles D.
 Date of Enlistment 18.10.18 Address Salem St. Fige District Fige
 Occupation Lieutenant Classification for Discharge B Medical Category E
 Recommendation S. M. B. Permanently unfit Disability Rating 70% L. 7000
 Passed to Demobilization Officer with following documents:—

N. F. 136	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		

Handwritten notes in table:
 - Next to B 178: 1
 - Next to D 400A: 1
 - Next to B 122: 1
 - Next to Board 1st: 1
 - Next to do 2nd: 3
 - Next to do 3rd: 3
 - Next to do 4th: 3
 - Next to ME 2: 1
 - Next to M 93: 1
 - Next to D. F. 1: 1
 - Next to " 2: 3
 - Next to " 3: 3
 - Next to " 4: 3
 - Next to " 5: 3
 - Next to " 6: 3
 - To the right of the table: Request for forms 1

Date 27.1.14H. Miles D.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Plt

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 AmbletonDate 27-4-14

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ⁸¹⁹⁸⁵ ~~7 805~~ to his home at 7080 and Release Certificate No. 3056 issued.

Date 27-6-19 *J.A. Snowball*
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 12-7-19

Date 27-6-19 *J.A. Snowball*
Depot Paymaster.

Discharged approved for 28-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. 1136	B 268	B 121	N.F. Med	D.F. 1	1 <i>Re-attestation Form</i> 2 <i>Form B</i>
B 178	W 3494	B 122	Board list	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 178	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 170b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 27-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

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

with following additional documents:

Date JUN 28 1919 *R. J. Sait* MAJOR
O. C. Discharge Depot.

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3551 Rank Squab Name Colles Simon
 Date of Enlistment 11-10-18 Address Harbour St District 750
 Occupation Submarine Classification for Discharge B Medical Category F
 Recommendation S.M.B. Simon M. Harper Disability Rating 40% 3 months
 Passed to Demobilization Officer with following documents:—

N.F. P/36	/	B 268		B 121		N.F. Med.		D.F. 1	/
B 178	/	W 3494		B 122		Board 1st	3	" 2	
B 178a		D 400A	/	B 1915		do 2nd		" 3	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		Enlistment	1	" 6	
B 179c		B 120		M 93	/				

Date 3-2-19

M. Hill Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Sgt Colles
not to Harbour Regt

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied Joseph H. Snow

Date 3-2-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 742 to his home
at 1036 and Release Certificate No. 1036 issued.

Date 3-2-19

W. Dickes Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to 18-2-19

Date 3-2-19

W. Dickes Capt
Depot Paymaster.

Discharge approved for 3rd, 4 1919

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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		

Handwritten notes in table:
- Under N.F. Med: 3
- Under Board Ist: 2 Form B
- Under do 2nd: 3
- Under do 3rd: 4
- Under do 4th: 5
- Under ME 2: 1
- Under M 93: 1

Date 3-2-19

W. Dickes Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer i/c Records,
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date

R. J. ... MAJOR
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3551 Rank Private Name Colles Simon W
 Date of Enlistment 18-10-18 Address Staw H District 400
 Occupation Stokers Classification for Discharge B Medical Category F
 Recommendation S.M.B. Permanently unfit Disability Rating 40% 3 months

Passed to Demobilization Officer with following documents:—

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

Date 3-2-19

W. H. Colles Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action. W. H. Colles

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied Joseph H. Snow

Date 3-2-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 7-1 to his home at 1036 and Release Certificate No. 1036 issued.

Date

3-2-19Redick Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 18-2-19

Date

3-2-19W. H. Capt
Depot Paymaster

Discharge approved for

~~July 17 1919~~ July 17 1919

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

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

Date

3-2-19Redick Capt
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for FULL DISCHARGE PAY

Date

R.H. Capt
MAJOR

O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3551 Rank Squab Name Colles Simon
 Date of Enlistment 18-10-18 Address Law St District Logo
 Occupation Sickerman Classification for Discharge D Medical Category F
 Recommendation S.M.B. terminally unfit Disability Rating 40% 3 hours
 Passed to Demobilization Officer with following documents:—

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

Date 3-2-19O. C. Discharge Depot W. S. Capt

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action. W. S. Capt

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$65.00

(b) Clothing Supplied Joseph A. Snow

Date 3-2-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 7-1 to his home at _____ and Release Certificate No. 1036 issued.

Date 3-2-19

Osborne Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 18-2-19

Date 3-2-19

W. H. W. Capt
Depot Paymaster.

Discharge approved for ~~_____~~ July 17 1919

Forwarded with following documents to O.C Discharge Depot.

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

Date 3-2-19

Osborne Capt
Demobilization Officer.

APPROVED.

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

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date _____

R. H. W. MAJOR
O. C. Discharge Depot.

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

Date _____

3rd Board

Form Z179 N. M. D.

Report of Medical Board.

Station	St. John's, Nfld.	Date	JUNE 24/19.		
No. and Rank	551 Pte.	Age	29	Height	5'8"
Name	Colles S.	Complexion	Fresh		
Unit	Royal Newfoundland	Eyes	Blue	Hair	Fair.
Address	Island Hr. Yogo.				
Former Trade	Fisherman.				
Enlisted at	St. John's	On	14/3/17.		
Disease or Disability	Original	G.S.W. L. ARM MUSCULO SPIRAL PALSY.			

(The Board will please note how the soldier's appearance corresponds with above description).

Subsequent

Present Condition (Compare with previous Board)

Pyokered scar behind elbow. Full movement at elbow. Cannot fully close fist. Loss of power most marked in Little & Ring Fingers.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

20%.

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

20% 6 Months.

Recommendation of Medical Board

Members of Board

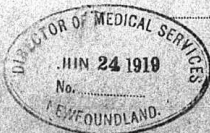
M. S. FRASER.

(3RD) CLUNY MACPHERSON, MAJOR.

J. S. TAIT.

L. PATERSON, MAJOR.

Approving Medical Officer



Report of Medical Board.

Station St. John's, Nfld Date **JAN. 28th 1919.**
 No. and Rank **PTE** Age **29** Height **5' 8".**
 Name **COLES, S.** Complexion **FRESH**
 Unit Royal Newfoundland Eyes **BLUE** Hair **FAIR.**
 Address **ISLAND HR. FOGO.**
 Former Trade **FISHERMAN.**
 Enlisted at **ST. JOHN'S.** On **17/3/17.** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **G.S.W. LEFT ARM. MUSCULO SPIRAL PARALYSIS.**

Subsequent

Present Condition (Compare with previous Board)

SCARS SOUNDLY HEALED SOMEWHAT PUCKERED IN THE SCAR BEHIND ELBOW. FULL MOVEMENT AT ELBOW JOINT. CAN FLEX WRIST & CLOSE ~~W/ST~~ HAND BUT NOT COMPLETELY LOSS OF POWER MOST MARKED IN TWO SMALL FINGERS.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

40%

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

40% 3 MONTHS.

Recommendation of Medical Board

DISCHARGE PERMANENTLY UNFIT.

Members of Board

REQUIRES TREATMENT.**H.S. FRASER.****(SGD) CLONY MACPHERSON.****J.S. TAIT.****MAJOR.****L. PATERSON. MAJOR.**

Approving Medical Officer.



Report of Medical Board.

Station	St. John's, Nfld	Date	APRIL 23rd., 1918	
No. and Rank	3551 - Private	Age	27	Height 5'8"
Name	COLES. S.	Complexion	FRESH	
Unit	Royal Newfoundland	Eyes	BLUE	Hair FAIR
Address	ISLAND HARBOR.. FOGO			
Former Trade	FISHERMAN			
Enlisted at	ST. JOHN'S	On	17.3/17	(The Board will please note how the soldier's appearance corresponds with above description.)
Disease or Disability	Original	G.S.W. LEFT ARM. MUSCULO SPIRAL NERVE PALSY		

Subsequent

Present Condition (Compare with previous Board)

TWO SCARS OUTER SIDE OF LEFT UPPER ARM. ONE ON INNER SIDE.
CAN MOVE ELBOW FREELY. CAN FLEX WRIST AND CAN MOVE FINGERS
BUT CANNOT CLOSE THE FIST

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

Recommendation of Medical Board **60% for 6 months**
DISCHARGE AS PERMANENTLY UNFIT
Members of Board

(SHD) N. S. FRASER

(SGD) CLUNY MACPHERSON. MAJOR

J.S.. Tait

L. PATERSON. MAJOR

Approving Medical Officer.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

A Name in full Coles Simeon
 Regiment from which discharged 1st R Afld
 Regimental Number 3551
 Where born (Parish, Town and County), and when Highland Perthshire Afld
 Intended address Highland St Afld 2 June 1890
 Height on discharge 5 Feet 8 Inches
 Colour of Hair on discharge fair Colour of Eyes Blue
 Descriptive marks Goose on Elbow Complexion Fresh
 Figure on discharge rather thin
 Christian name of Father decd.
 Christian name of Mother Selma
 Wife's Maiden name in full —
 Date and Place of Marriage —
 Christian names of Children —
 Nature and locality of civil employment desired —



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) Coles Simeon

(Rank) Private
Date 18-3-14

Station Wandsworth

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.

Station 3rd London General Hospital
Wandsworth SW

Ed J Bell Medical Officer i/c Hospital
Date 18-3-18

B Period of Service and in what Corps ...

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
			India		
			S. Africa		

Disallowed

Service towards Pension

Date inclusive to which pay has been issued

Sums due on account of public debts ...

Sum due on account of advance of Pension }

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station
Date

Officer in Charge
Records.

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.

S. Stokes

Signature of Man.

J. A. Snow

Signature of the Vocational Officer or his Representative.

Reg. No.

3551

Place

ST. JOHN'S.

Date

JUN 27 1919

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Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.

Class

No. of
C.R.C. FileNo. of
H. Q. FileName Colby Swinson No. 3551 Rank 3551 R. N. R. or Regiment.Home Address Island #1 7090 City AddressAge 29 Height 5 ft 8 ins Complexion Brown Eyes Blue Hair Dark CharacterDate of enlistment 15-10-18 Where enlisted St John's Where seen service FranceShip returned by Melita Date of return 8-4-18 How Long 11 monthsBirthplace St John's Date of discharge 5-2-19 Religion AnglName and address next of kin Mother, Patricia Coles 7090

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Newfoundland Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Newfoundland Board

Members of Board

INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Disherman

Regular trade or profession

Average earnings previous to enlistment \$4.00 @ 70% Any other income

Name and address of last employer

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

At what age left school? No. Educate What grade, standard, &c., was he in?

Has he had any further education since leaving school, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

If unable to follow previous occupation, name preference

References

Witness W. J. Eaton R. Q. W. I declare that the above statement is correct.Date 3-2-19 Signature Swinson & Coles
Mark

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

PENSION—Class Amount per month, \$ Period granted for Dating from

First Payment 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 go to Hospital for Treatment

Simon Coles ^{HS}
Signature of Man.
Went to Hospital
Reg. No. 3551

Andrews Call
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

3-2

191*9*

Medical Report on an Invalid.

Station

*3rd London General Hospital
Wandsworth SW*

Date

21-3-18

COPY.

1. Unit

*1st R Afld
3551*

2. Regimental No.

3. Rank

Ate

4. Name

Coles, P.

5. Age last birthday

27

6. Enlisted

{ on
at

*17-3-17
St John's Afld*

7. Former Trade }
or Occupation }

Fisherman

7A. If with previous service in Army, state—

- (a) Former Unit ;
- (b) Regimental No. ;
- (c) Date of Discharge ;
- (d) Cause of Discharge.

Nil

8. Disability in respect of which invaliding is Proposed.

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

*GSW Left Arm
Musculo spiral nerve palsy.*



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 evidences recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

Aug 16th 1917

10. Place of origin of disability.

France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Received GSW left arm Aug 16-17. Shrapnel removed Aug 20-17 wound healed rapidly wound broke down again, operation performed foreign body removed. Upon recovery from operation patient had wrist drop, palsy of extensors, sup. Longus & slight anaesthesia of radial only.

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.

Active Service

✓
✓

13. What is his present condition? *General condition fair. Slight wrist drop of left wrist, slight palsy of all extensors.*
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? *Yes*
- (b) On field service? *Yes*
- (c) On duty? *Yes*
- (d) Off duty? *No*

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? *Foreign bodies removed*

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— *Yes*
(a) Discharge as permanently unfit, or
(b) ~~Change to England?~~

(Sgd) F. Bell es.

Officer in medical charge of case.

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

~~except~~ *3rd Lon Gen Hpl*
Station *Wandsworth*
Date *22-3-18*

(Sgd) H. Bruce Bates

Officer in charge of Hospital.

*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.

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

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

Yes
—
—
No
No

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

Gen

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

—

23. Is the disability permanent?

Yes

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.

70

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

vide 16

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.

as an outpatient for Massage & Electricity.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

No
No

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

3rd Lieut. Gen. Aple

(Sgd) W. W. W. ynter Major R. M. C. T. President.

Station Wandsworth SW

(Sgd) [Signature] (Sgd) [Signature] Members.

Date 22-3-18

Approved 3rd Lieut. Gen. Aple

(Sgd) W. W. W. ynter Major R. M. C. T. Administrative Medical Officer.

Station Wandsworth SW

Date 22-3-18

reallotted

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3551 Rank Private Name Coles Simeon
 Intended place of residence Island Hill, Iqaluit

2. Occupation Insiderman
 Classification of soldier B Medical Category B

3. The above named man is discharged in consequence of **DEMOBILIZATION.**

ELIGIBLE for POST-DISCHARGE PAY

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

Place FEB 3 1919
 Date

W. H. Capl
 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 and date St. John's 3-2-19
 Signature of soldier *[Signature]*
 Signature of witness *[Signature]*

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 and Date St. John's 3-2-19
 Signature of soldier Coles Simeon
 Signature of witness W. H. Capl

STATEMENT OF SERVICE

7. Enlisted for service 18-10-18 No of days on Military
 Discharged from service 3-2-19 Plus 14 days Service 124 days

APPROVAL OF DISCHARGE

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

Place

Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place

Officer i/c Records
 The Royal Newfoundland Regiment

Report of Medical Board.

Station St. John's, Nfld
 No. and Rank *Plc*
 Name *Coles S*
 Unit Royal Newfoundland
 Address *Solander St: 2020*
 Former Trade *Fisherman*

Date *Jan 28/19*
 Age *29* Height *5'7 1/2"*
 Complexion *Swath*
 Eyes *Blue* Hair *Fair*

Enlisted at *St. Johns* On *17-3-17*
 Disease or Disability Original

(The Board will please note how the soldier's appearance corresponds with above description.)

G.S.W. left arm Musculo-spiral paralysis

Subsequent

Present Condition (Compare with previous Board)

Scars soundly healed somewhat puckered in the scar behind elbow. Full movement at elbow joint. Can flex wrist & close hand but not completely. Loss of power most marked in two small fingers

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *40%*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *40% 3 months*

Recommendation of Medical Board

Discharge permanently Members of Board

Requires ~~that~~ ~~retention~~
Cumy Macpherson
major

H. H. [Signature]
W. Paterson [Signature]

Approving Medical Officer.



O.P.

LAST PAY CERTIFICATE

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.

Regtl No. 3551 Rank Pte Name T. Coles Unit Royal Nfld. Regt M who was Repatriated
to Newfoundland on 26 / 3 / 18 Authority A. F. B. 179 Cause Class A

STATEMENT OF ACCOUNT

DR.		STATEMENT OF ACCOUNT										CR.									
PARTICULARS		£			s			d			PARTICULARS		£			s			d		
PERIOD: From 22/12/17 To 26/3/18 Checked 25/3/18	Balance Dr. from										Balance Cr. from 21/12/17				15	2	5				
	Allotment 95 days @ 60¢	57	00		11	14	3				Pay 95 days @ \$1.00	95	00								
	Cash Payments: P. & R. O.				22	00	0				Field Allowance 95 days @ \$.10		9	50							
	Hospital Advances				2	4	6				Other Allowances days @ \$	104	50		21	9	5				
	Other Debits:										Other Credits:										
											Ration Allowance 25/3/18-26/3/18										
										2 days @ 1/9						3	6				
	Total Debits				35	18	9				Total Credits				36	15	4				
	Balance due by Paymaster				36	15	4				Balance due to Paymaster										
					36	15	4								36	15	4				

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

191

(Place) _____ (Date) _____ O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 25/3/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

25 MAR 1918 191

Chief Paymaster & Officer i/c Records.

I, Simon Cole a discharged soldier of the Royal Newfoundland Regiment, hereby agree to serve in the Royal Newfoundland Regiment for Home Service in the Dominion of Newfoundland as long as my services shall be required, under the same terms and conditions under which I was serving before discharge.

Simon Cole ^{his} X Cole Witness
M.S.R. C.M.A.

I, Simon Cole do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, 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.

Simon Cole ^{his} X Cole Witness
M.S.R. C.M.A.

WITNESSES: C. S. Dickson Lieut.
PLACE Chap. Ammunition Sefoko
DATE Oct. 18/1915.

Regl No 3551

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's on Oct 18 1918

1. Name Eric H. James Colas Age (a) Declared 29
(b) Apparent

2. Do you know of anything wrong with you ?

What severe illnesses have you had ? b. & w. Left Arm
Amputated.

3. Height _____ Weight _____

4. Eyesight (a) Left _____ (b) Right _____

5. Physical Defects (Examine after strenuous exercise)
wounded through arm (left) injury to nerve - very little use of left hand.

6. Examination of Lungs
Measurement (a) Expiration _____ (b) Inspiration _____

7. Examination of Heart

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

1918
29
89

10. Have you been successfully vaccinated, and when ?

11. Name and address of next of kin Joseph Richard Jago
Island of

12. Category

REMARKS—

H. P. Brown
W. W. Birden

Medical Examiners.

Am

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

MEDICAL HISTORY of

Surname Coles Christian Name Simon

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined { on 19th day of March 1917
 at St Johns

Declared Age 26 years — days.

Trade or Occupation ... Fisherman

Height 5 feet, 10 inches.

Weight 130 lbs.

Chest Measurement { Girth when fully Expanded. 36½ inches.
 Range of Expansion 3½ inches.

Physical Development ... _____

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

When Vaccinated ... _____

Vision R.E.—V= 4/8
 L.E.—V= 4/8

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

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

Approved by (Signature) Edw. W. Buxton
 (Rank) Lieut Medical Officer.

Enlisted { at St Johns
 on 19th day of March 1917

Joined on Enlistment ...	Corps	Regtl. No.
	<u>4th Field Regt</u>	<u>3551</u>
Transferred to		

Became non-effective by _____
 on _____ day of _____ 1917
 (Signature) _____
 (Rank) _____



Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
3rd Gen. Hosp. Wandsworth Sw	29	8	17				Gen L. Arm Rheumatoid N Graly.		

List in the case of Warrant Officers treated in quarters.

cases 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

Board held - see overleaf
 Disability - GSW L Arm musculospinal N
 palsy. Slight wrist drop & palsy
 Cause - GSW on Active Service
 Capacity - for earning a livelihood lessened
 by 75%

W. H. Kingly, M.D.
 Profr. 3rd London Regt
 Wandsworth SW

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
22-3-17	Vacc JWB
28-3-17	JWB
3-4-17	JWB
22-3-18	<p>Board held Found - Permanently unfit Board - Approved 22/3/18 (Sgd) J. H. Singley Capt R.A.M.C. Genl Sec 3rd Div. Genl Appl Wandsworth SW</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

Class for Demobilization:—

B

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

Reattached.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28th January 1919

Regimental No. 3051

Name Colin Simon

Address Salem St. St. John's

Present Medical Category: F

Recommended for:—

- (a) ~~Immediate discharge~~
(b) Standing Medical Board

*It is hereby certified that this soldier
has been before the Standing Medical
Board and has been classified as*

*B for discharge on Demobilisation.
Medical category F Members of Board*

28.1.19
Date of S.M.B.

[Signature]
Captain
Assistant Adjutant
Discharge Depot—Newfoundland

[Signature]
O.C. Discharge Depot.

[Signature]
Senior Medical Officer

[Signature]
M. O. Depot

July 28, 1919

#3551 Pte. Simeon Cole,
Island Harbor,
Sago.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being balance of war service Gratuity due you, Your other cheques have been mailed to Happy Adventure B.B.

Yours truly,

Captain & Paymaster.

10538

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. *Simon* 2. Surname. *Cole*

3. Rank. *Private* 4. Regt. No. *3551*

6. Address in full to which future payments of gratuity are to be forwarded. *Island Harbor, St. John's*

6. Date of enlistment in the Regiment. *17th March 1917*

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

8. Relationship of such dependents. *-*

9. Address in full of such dependents. *-*

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

11. Were you on active service only in Mfld. If so, give dates and particulars of such service. *France Belgium 16 August 1917. Wounded*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *Five years and three months*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *NO*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *NO*

15. Have you been issued with a War Service Badge? *Yes*

16. Have you, during the present war, served in the Imperial Forces. *Yes*

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? *Yes*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the Regt.? *No* ... If not give - (a) date of discharge *27th June 1919* (b) Reason for discharge. *Demob.*

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...

..... *Belgium Canal Bank. Three 7 1/2 days*

..... *was wounded*

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.

..... *was there all winter and receiving full pay*

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: *Simeon Lopez*
 Place of Residence: *Isla de Habano*
 Declared before me at: *St. Johns*
 This *27th* day of *June* 19*19*....

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

Wm. James

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

Signature of Applicant:
 Place of Residence:
 Declared before me at:
 This day of 19.....

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

May 28th. 1918.

Private Simon Coles,
Island Harbour,
Fogo, N. B. I.

Dear Sir,-

I enclose herewith cheque for £84.00, being
the balance of pay due you to the date of discharge,
also a Certificate of Pay.

I also enclose Certificate of Discharge,
and Character Certificate, dated May 22nd. 1918, together
with special form, which kindly sign and return to this
Office.

Yours faithfully,

Capt. & Paymaster &
Officer i/c Records.

Encl. 5.
J/L.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 196³⁰ /

Sept 26th - 1919

Received from the First Newfoundland Regiment
the sum of ~~one~~ hundred & ninety six³⁰ Dollars.
on account of Pay. W.S.G.
balance

J. G. Gales

Ch. No. 11775	Initials. E. G. Gales
Pay Ledger 50	Initials W. G.
Gen. Ledger.....	Initials.....

Regtl. No. 3551

Rank Pte.

A. C. G.

No. 3551

Rank. *Plt*

Name *J. Cole*

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.⁰⁰/₁₀₀

Apr. 20th 1914

Received from the First Newfoundland Regiment
the sum of Fifteen ⁰⁰/₁₀₀ Dollars.
on account of Pay.
balance

his
Sixty six
marks.

Ch. No. 5877	Initials. aut
Pay Ledger 130	Initials. [Signature]
Gen. Ledger 20	Initials. [Signature]

Regtl. No. Rank Pte

[Handwritten initials]

No. 3251

Rank Pte.

Name J. Coles

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10.00

May 14th 1918

Received from the First Newfoundland Regiment
the sum of Ten Dollars.
on account of Pay.
balance

his
Sixples
mark

Ch. No. <u>6718</u>	Initials <u>EW</u>
Pay Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>
Gen. Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>

Regtl. No. _____ Rank Pte

[Signature]

No. 3271

Rank Pte

Name J. Coles

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 54 ⁰³/₁₀₀

May 23rd 1918

Received from the First Newfoundland Regiment
the sum of Fifty four ⁰³ Dollars.
on account of Pay.
balance

Ch. No.	Initials
Pay Ledger	Initials
Gen. Ledger	Initials

Regtl. No. Rank

[Handwritten signature]

Casualty Form - Active Service.

Regiment or Corps *2nd Newfoundland Regt*

Rank *Private* Surname *Colls* Christian Name *Simson*

Religion *Catholic* Age on Enlistment *26* years *9* months

Enlisted (a) *1917* Terms of Service (a) *Duration* Service reckons from (a) *19/3/17*

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { } Re-engaged { } Qualification (b) _____

or Corps Trade and Rate _____

Occupation *Fisherman* *Robertson Capt* Signature of Officer.



COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 Report
 From whom received
 N.F.P.38. No. *116004*
 DATED *25 MAR 1918*

Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.

Place of Casualty

Date of Casualty

Remarks
 Taken from Army Form B. 213, Army Form A. 38, or other official documents

Place of Casualty	Date of Casualty	Remarks
<i>Shampton</i>	<i>11.6.17</i>	
<i>Rouen</i>	<i>12.6.17</i>	
<i>2 JUL 1917</i>		<i>B 213</i>
<i>16 AUG 1917</i>		<i>B 213</i>
<i>18.8.17 O.C. Unit</i>	<i>Wounded in Action</i>	
<i>18.8.17 47th B.S.</i>	<i>Ad. Sw. Ankle</i>	<i>16.8.17 E.O. 9445</i>
<i>30.8.17 26th Hoop</i>	<i>Ad. Elbow & Arm</i>	<i>Staples 17.8.17 HA 13048</i>
<i>"Pute de bonnick"</i>	<i>Invalided to England</i>	<i>27.8.17 W 3053</i>

[Handwritten signature]

[Handwritten signature]

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet Just
Signature of O. C. Company Frank. D. [Signature]

Forms
B. 121.
224

Regiment of 1st Newfoundland

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <div style="border: 1px solid black; padding: 5px; text-align: center;"> COPY SENT TO O. C. H. Q. ST. JOHNS, N. F. L. D. 14/1/38 16/1/38 15 MAR 1918 </div>
No.	<u>3551</u>	Age on	<u>26</u> years <u>9</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's, N.F.</u> <u>19.3.17.</u>	Religion <u>Cof. E.</u>	
Joined	Date	Period of	with Colours <u>2 1/2</u> years. with Reserve <u>1 3/4</u> years.	Place of Birth	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	By whom awarded	REMARKS
				<p style="font-size: 1.5em;"><i>Discharged Medically Unfit</i></p> <p style="font-size: 1.5em;"><i>St. John's, 22⁵/₁₈</i></p>				
				<i>Reattested</i>	<i>18¹⁰/₁₈</i>			
				<i>Demobilized</i>	<i>12¹/₁₉</i>			

To be carried over

Army Form B. 121.

A3551

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3551 Rank Plt Name J. Lobs P.
 Date of Re-estation 18.10.18 Address Islands Pt District Fogo
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S. M. B. Permanently unfit Disability Rating 20% 6 m
 Passed to Demobilization Officer with following documents:—

N.F. 136	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 178a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 27.6.19 H.O. C. Discharge Depot. H. News H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J. Lobs

Particulars passed to Vocational Officer for information and action.

Date..... 27.6.19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £ 60.00
- (b) Clothing Supplied Amloc...

Date 27.6.19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ⁵¹⁹⁸³ ~~V. 205~~ to his home at Page and Release Certificate No. 3056 issued.

Date 27-6-19

J. H. 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.

Date 27-6-19

J. H. Knowlton
Depot Paymaster.

Discharge approved for 28-6-19

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist	" 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		

Date 27-6-19

J. H. Knowlton
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

JUN 28 1919

Date

R. J. Smith MAJOR
O. C. Discharge Depot.

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

Date July 15 1919

J. H. Knowlton
George ...

Reg. No. 3551 Rank Pfc Name Coles, A.

Attested Address

Allotment..... Allottee

Date of Allotment..... Returned from Overseas.....

Embarked for Overseas Cause.....

Reassigned for special duty at depot 18-10-18

Leave from 23-12-18 to 30-12-18

26-1-19. Rec. Dis. Permanently unfit requests
treatment (2nd Brd)

Disobeying an order awarded 48 hours detention
from 3-1-19

FEB 3 1919

ASSIGNED TO DEMOBILIZATION OFFICE

26-6-19 Recd. Discharge from Army

Admitted to Barracks Hosp.
7.4.19: Discharged from Barracks Hosp.

27.6.19 PASSED TO DEMOBILIZATION OFFICER

28 6 19 ~~DISCHARGED~~ ACCOUNTED AS DEMOBILIZATION.
7.6.19

1.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Feb. 3rd, 1919 191

From Officer Comanding,
 Discharge Depot
 Office of D.M.S.
~~To Board of Pension Commissioners,~~
 Militia Bldg

3551 Pte. S. Coles

on strength XI

Above noted man was before the Standing Medical Board on 28-1-19 and was recommended for discharge as permanently unfit and requires treatment.

His discharge on demobilization has been approved by the Officer Commanding, effective from 4-2-19 and I am sending him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due course.

*RECEIVED
 1919
 Capt. [Signature]*

Captain
 Asst. Adjt. Discharge Depot

Copy to Bd. of Pension Commrs.

APRIL 24 1918

APRIL 24 1918

April 24th. 1918.

From Assistant Adjutant,
Depot.

To Paymaster and Officer i/o Records.
Department of Militia.

8438 Pte. Fitzpatrick, J.
2648 Pte. LaFresne, N.
2829 Pte. Gaines, J.
3551 Pte. Coles, S.

Marginally noted men were recommended for
discharge as permanently unfit by Medical Board held on
April 23rd. 1918.

I am sending them herewith for your attention
and necessary action, please.