



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1524

Name in full Philip Collier Age 30

Address Bodroy

~~Married~~ Single Height 5ft 8in Weight 141

Color Break & speckled Hair Brown Eyes Blue

Other distinguishing marks

Nearest relative Father (Isabella)

Address Bodroy

Dependents Father (Barth)

Occupation Fisherman Present Wage 1200 per year

Previous service A

Decorations

General Remarks

Date of Enlistment May 7th 1915

I, Philip Collier, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Declared before me this 11 day

of May 1915

Philip Collier

[Signature]
[Signature]

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1524

Name Philip Collier

Apparent age 30 years _____ months. Height 5 feet 8 inches.

Chest measurement { Girth when fully expanded _____ inches,
Range of expansion _____ inches.

Distinctive marks Colors Fresh and Freckled, Hairs Brown, Eyes Blue.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Isabella Collier, Godroy, Wld.

| Relationship Mother.

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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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>May 7/15</u>									
Joined at <u>St. John's</u> on <u>May 7/15</u> <u>Embarked for U.K.</u>									<u>17/6/15.</u>
<u>Embarked for B.C. 28/3/16</u>									
<u>Repatented to St. John's for discharge 12/12/18</u>									
<u>Reported at Depot, St. John's from 21/12/18</u>									
<u>Approved for Disqualification 19/4/19</u>									
<u>Disqualification confirmed 2/2/19</u>									
Total Service forfeited as above									
Total Service towards Engagement to <u>2-2-19</u> (date of discharge) <u>3</u> years <u>271</u> days									
" " " Pension " " " " " " " " " " " "									

Regimental Number 1524

Company E

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's Forces under the following conditions:

For the duration of the present war, or until my discharge.

Subject to the Army Act, the King's Regulations, and to such ordinances as may apply or may be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act, 5 George V., Chapter IV.

Signed Phillip Bollier ^(Signature) X

Witness A. B. Sumner

Dated at Newton on Ay

8/4/1916

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *1. Royal Nfld. Regt.* 7. Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *1524* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *C. COLLIER Philip* (a) Former Regts. or Corps; with Regtl. Nos. *Na*
 (Surname) (Christian Names)
 5. Age last birthday... *35*
 6. Posted for duty on *7th May 1915* at *St. Johns* in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

Indigestion

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

He states that he has always been healthy but during Jan. 1916 he began spitting blood

whilst in hospital no physical signs were found to account for this. He has been in hospital four times since for same complaint with same result. He states that he is now much better.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | no | yes |
| (ii.) Previous active service | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. } | no | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } no

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

15. What is his present condition?

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

He is well nourished heart sounds normal

Bronchial breathing over left apex in front
Sputum test negative last attack two months ago.

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

no

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

no

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

no

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

no

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Resubstitution
MK 24
CPT H. O. ROYAL NEWFOUNDLAND

Station **HAZELEY DOWN CAMP.**

Medical Officer in charge of case.

Date **30 NOV 1918**

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

Fractured of pat blood 3 months ago.

(b) The present condition thereof.

No physical signs of illness

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war	<i>Yes L.P.</i>	<i>Yes L.P.</i>
(ii) Previous active service
(iii) Climate in pre-war service
(iv) Ordinary military service before the war
(v) Serious negligence or misconduct on the part of the soldier	<i>No</i>

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

Military service

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

40% sub months
nil

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

yes

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signature

Station *St. James*

Date *Jan 10/19*

H. K. ...
President or Chairman.
... ..
Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *Director of Medical Services*

Date *JAN 10 1919*

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

Date

O.C. Discharge Centre.

1252

Medical Report on an Invalid.

Station HASLETT DOWN CAMP

Date NOVEMBER 30th., 1918

1. Unit **ROYAL NEWFOUNDLAND**

2. Regimental No. **1524**

3. Rank **PRIVATE**

4. Name **COLLIER PHILIP**

5. Age last birthday **35**

6. Enlisted { on **MAY 7th., 1916**
at **ST. JOHN'S**

7. Former Trade {
or Occupation }

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

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

INDIGESTION

Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

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

HE STATES; THAT HE HAS ALWAYS BEEN HEALTHY BUT DURING JANUARY 1916 HE BEGAN SPITTING BLOOD. WHILST IN HOSPITAL NO PHYSICAL SIGNS WERE FOUND TO ACCOUNT FOR THIS. HE HAS BEEN IN HOSPITAL FOUR TIMES SINCE FOR SAME COMPLAINT WITH SAME RESULT. HE STATES THAT HE IS NOW MUCH BETTER. BOARDED BY HASLETT DOWN CAMP

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

AGGRAVATED BY - YES

(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.

13. What is his present condition?

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

**HE IS WELL NOURISHED. HEART SOUNDS
NORMAL. BRONCHIAL BREATHING OVER
LEFT APEX IN FRONT. SPUTUM TEST
NEGATIVE. LAST ATTACK TWO MONTHS AGO**

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

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

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

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

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

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

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

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

20. Do you recommend—

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

REPATRIATION

(SG4) J. ST. P. KNIGHT, CAPT. ROYAL WFLD. REGT.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

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

SAYS THAT HE SPAT BLOOD THREE MONTHS AGO. NO PHYSICAL SIGNS OF ILLNESS

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.

AGGRAVATED BY - YES

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

NO

MILITARY SERVICE

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

23. Is the disability permanent?

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

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

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

40% for 6 MONTHS

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

27. Do the Board recommend—

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

YES

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

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

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

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

Signatures:—

(SGD) W. S. FRASER

President.

Station **ST. JOHN'S**

J. S. TAIT

Members.

Date **JAN. 10th., 1919**

L. PATERSON. MAJOR

Approved.

(SGD) CLUNY MACPHERSON. MAJOR

Administrative Medical Officer.

Station

Date



C.R. 1524

Dec. 3rd, 1920

Mrs. A. Neil,
55 Green Street Lane
Newton-on-Ayr,
Scotland.

Dear Madam:-

I have your letter of 15th Nov.
and in reply thereto, I beg to state for your in-
formation that the present address of No. 1524 Ex-Pte.
Philip Collier is Codroy, St. Georges, Newfoundland.

I am returning the stamped envelope
enclosed with your letter, the stamps cannot be used
in this country.

Yours faithfully,

Lieut.-Col.

Chief Staff Officer

Reg. No. 1524 Rank *Plt* Name *Collins, J.*

Attested Address *Codroy.*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas *21-12-18*

Embarked for Overseas Cause *Discharge.*

Leave from 21-12-18 to 6-1-19.

10-1-19 *quibus. Permanently unfit*

15-1-19. **PASSED TO DEMOBILIZATION OFFICE**

19-1-19. **DISCHARGE APPROVED ON DEMOBILIZATION**

P. Carrier

C.R.

1874

P. O.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps..... *Royal Field Regt.*
2. Regtl. No. *1524* 3. Rank..... *Pte.*
4. Name *COLLIER*..... *Philip*
- (Surname) (Christian Names)
5. Age last birthday... *35yrs.*
6. Posted for duty on... *7 May 1915* at... *St. John's*
- in category (or grade).....
7. Former Trade or Occupation } *Intermar*
- 7a. If the soldier claims previous service in Army, he should state—
- (a) Former Regts. or Corps ; with Regtl. Nos. *na.*
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ?
- (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When
- (b) Where
- (c) Opinion of Court
- (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

Indefinite

11. Date of origin of disability.

12. Place of origin of disability.

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

He states that he has always been healthy, but during Jan'y. 1916 he began spitting blood, whilst in hospital no physical signs were found to account for this. He has been in hospital four times since for same complaint, with some benefit. He states that he is now better.

Granted B7 Jan 1918.

HAZELEY DOWN CAMP.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | no | yes |
| (ii.) Previous active service.. .. . | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. } | no | |

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

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

15. What is his present condition?

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

Bimediol treatment was left open in front.
Shubin test negative.

ojo.

He is well recruited.
Heart sounds normal.
Lungs attached two months

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

no.

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

na.

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

na.

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

na.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Refutation
mk
C. H. M. O.

ROYAL NEWFOUNDLAND

Station HAZELEY DOWN CAMP.

Medical Officer in charge of case.

Date 30 NOV 1918

* 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

LAST PAY CERTIFICATE

OFFICE COPY

N.F.P./94

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

Regtl No. 1524, Rank Plt. Name Gollis, P. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18. Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS					£	£	s	d	PARTICULARS					£	£	s	d	
Balance Dr. from									Balance Cr. from									
Allotment 19 days @ 50 ^d					19	50	11	19	1	Pay 19 days @ \$1 ⁰⁰					119	00		
Cash Payments:									Field Allce 19 days @ \$ ¹⁰ / ₁₀₀					11	90			
1 st Pay.										Other Allces days @ \$					120	90	14	5
2 nd "										Other Credits:								
Other Debits:									Copy sent to of tn 21303/210									
B. Damages										Pd. 24.12.18.								
Mis. Stopp										Total Credits							14	5
Total Debits							14	5	11	Balance due to Paymaster								
Balance due by Paymaster										Total Credits							14	5
							14	5	11	Balance due to Paymaster								

PERIOD: From 23-11-18 to 11-12-18

CHECKED

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

J. G.
HAZELEY DOWN CAMP.

DEC 11 1918 191

(Place)

(Date)

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

Pay & Record Office, London;

191

Chief Paymaster & Officer i/c Records.

O.C. "7" Company.

to

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre, A.F. W. 3961B has been sent to The Officer i/c Records, A.F. W. 3961C has been sent to The Regimental Paymaster,

Hazleydown *58 Victoria Road*
London

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to *St Johns.*

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W. or W. (T), only" are to be inserted at (a).

- (i) Where enlisted *St Johns.* (Country) *N. F. I. S.* (Place)
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars _____

No. *1524* Rank *Plt*

Name _____ (Surname) _____ (Christian names in full)

Unit and Corps *Royal N. F. I. S.*

Authority *83. 879 a. 10 C.*

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *Hazleydown*

Date *15/11/1919* O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE 1.—†If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961C has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W.3961C is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961C has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to O.C. Discharge Centre, The Officer i/c Records, A.F. W. 3961C has been sent to The Regimental Paymaster,

Handwritten signatures and initials in the boxes above.

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (a).

- (i) Where enlisted St Johns (Country) St Johns (Place)
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars _____

No. 524 Rank Plt

Name _____ (Surname) _____ (Christian names in full)

Unit and Corps Royal A.F.S.

Authority B. 179 A.B.C

Station Hazlebury

Date: 15-11-1918 O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE.—†If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre, A.F. W. 3961B has been sent to The Officer i/c Records, The Regimental Paymaster,

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

(Country) _____ (Place) _____

(i) Where enlisted _____

(ii) Date of arrival in United Kingdom _____

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

_____ (a)
 _____ (b)

No. 14 Rank P/O

Name _____ (Surname) _____ (Christian names in full)

Unit and Corps _____

Authority _____

Army Form O. 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records.

Station _____

Date _____ 191__ O.C. _____

Insert cause other than under (a) or (b) above

NOTE.—In cases where a soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

PART II.

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge or Transfer to the Reserve whether in Substitution or otherwise.

The soldier named in Part I. of this Army Form is:—

(a) { Married or a Widower } *Single*

The following are the particulars, in order of date of birth, of children in respect of whom separation allowance is being paid at the date of this notification.

NOTE.—If the surname of any of the children is not the same as that of the soldier the surname is to be inserted after the Christian names.

Christian Names (in full)	Sex	Dates of Birth

(b) Unmarried or a widower } with the following dependants for whom an allowance is being paid:—

This information and that of the children is to be extracted to A.F. W3500 in cases where the soldier has been enrolled as an A.R.M.W.

(c) Unmarried and without dependants

(d) The address of his family or dependants is

Leeds N. 7 10

Station

Regimental Paymaster or

Date 191

Secretary T.F. Association.

* Strike out whichever inapplicable.

PART III.

(For use when applicable)

The Secretary, T.F. Association.

You are requested to complete the particulars in Part II. above and forward the Army Form immediately to the Officer i/c Records.

Station

Regimental Paymaster

Date 191

Collier, A

1524

Ray Sept

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1524 Rank P2 Name P Collins

Intended place of residence. Cadney St George's Street

2. Occupation fisherman

Classification of soldier B Medical Category E

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

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

Date

W. M. C. Capt.
Comanding 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 Nfld 16-1-19

Signature of soldier *Philip X Collins*

Signature of witness *W. M. C. Capt.*

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 Jan 17th 1919

ST. JOHN'S

Signature of soldier *P Collins*

Signature of witness *J. Raymond*

STATEMENT OF SERVICE

7. Enlisted for service 10.5.15 No of days on Military

Discharged from service 19-1-19 plus 14 days Service 1365 days

APPROVAL OF DISCHARGE

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

Place **ST. JOHN'S**

JAN 19 1919

Date

R. H. Sait Capt.
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St John's Nfld

Date Feb 2nd 19

W. M. C. Capt.
Officer in Charge Records
The Royal Newfoundland Regiment

22 B 2079/3851

27
30
31
31
30
31
31
31
29

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1524 Rank Pte Name Collier P

Date of Enlistment 10.3.15 Address Bedford District St. John's

Occupation Gasman Classification for Discharge KB Medical Category SE

Recommendation S.M.B. permanently unfit Disability Rating 40% 6 mths

Passed to Demobilization Officer with following documents:—

N.F. P/36	✓	B 268	✓	B 121	✓	N.F. Med.	D.F. 1
B 178	✓	W 3494	✓	B 122	✓	Board 1st	" 2
B 178a	✓	D 400A	✓	B 1915	✓	do 2nd	" 3
B 179	✓	D 400B	✓	Form L	✓	do 3rd	" 4
B 179a	✓	D 400C	✓	Form K	✓	do 4th	" 5
B 179b	✓	B 103	✓	ME 2	✓	<u>3463 B</u>	" 6
B 179c	✓	B 120	✓	M 93	✓		

Date 15.1.19

Joseph H. Brown
per O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

P. H. Collier
Head Quartermaster
Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$20.00

(b) Clothing Supplied Joseph H. Brown

Date 16-1-19

O/C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R505* to his home
 at *London* and Release Certificate No. *809* issued.

Date *16-1-19*

OB Drakes 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 *2-2-19*

Date *16-1-19*

OB Drakes Capt.
 Depot Paymaster.

Discharge approved for *19. 1. 19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *16. 1. 19.*

OB Drakes Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for FOOT DISCHARGE PAY

JAN 19 1919

Date

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

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

Date

Medical Report on an Invalid.

Station HASELEY DOWN CAMP

Date NOVEMBER 30th., 1918

- 1. Unit **ROYAL NEWFOUNDLAND**
- 2. Regimental No. **1524**
- 3. Rank **PRIVATE**
- 4. Name **COLLIER PHILIP**
- 5. Age last birthday **35**
- 6. Enlisted { on **MAY 7th., 1915**
at **ST. JOHN'S**

- 7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

INDIGESTION

Statement of Case.

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

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

HE STATES: THAT HE HAS ALWAYS BEEN HEALTHY BUT DURING JANUARY 1916 HE BEGAN SPITTING BLOOD. WHILST IN HOSPITAL NO PHYSICAL SIGNS WERE FOUND TO ACCOUNT FOR THIS. HE HAS BEEN IN HOSPITAL FOUR TIMES SINCE FOR SAME COMPLAINT WITH SAME RESULT. HE STATES THAT HE IS NOW MUCH BETTER. BOARDED AT HASELEY DOWN CAMP

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

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

AGGRAVATED BY - YES

13. What is his present condition?

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

HE IS WELL NOURISHED. HEART SOUNDS NORMAL. BRONCHIAL BREATHING OVER LEFT APPEX IN FRONT. SPUTUM TEST NEGATIVE. LAST ATTACK TWO MONTHS AGO

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

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

20. Do you recommend—

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

REPATRIATION

(Sg4) J. ST. P. KNIGHT, CAPT. ROYAL WFLD. REGT.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

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

SAYS THAT HE SPAT BLOOD THREE MONTHS AGO. NO PHYSICAL SIGNS OF ILLNESS

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.

AGGRAVATED BY - YES

NO

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

MILITARY SERVICE

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

23. Is the disability permanent?

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

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

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

40% for 6 MONTHS

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

27. Do the Board recommend—

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

YES

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

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

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

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

Signatures:—

(SGD) N. S. FRASER

President.

Station **ST. JOHN'S**

J. S. TAIT

Date **JAN. 10th., 1919**

L. PATERSON. MAJOR

Members.

Approved.

(SGD) CLUNY MACPHERSON. MAJOR

Administrative Medical Officer.

Station

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:

Has not decided

Collins ^{*his name*} ^{*is*} ^{*not*} ^{*written*}
Signature of Man.

Reg. No. *1524*

Collins Capt

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date *Jan 16th* 191*9*

The Royal Newfoundland Regiment

COPY

PROCEEDINGS ON DISCHARGE

1. No. 1524 Rank Pte Name P. Collier
 Intended place of residence Codroy St. Georges Dist

2. Occupation Fisherman
 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 St. John's, Nfld. (SGD) C. W. DULEY CAPT
 for Comanding Discharge Depot
 Date 16-1-19 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, Nfld. (SGD) PHILIP X. COLLIER
 Signature of soldier
16-1-19 mark
 (SGD) C. C. DULEY CAPT
 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 and Date Jan 17th 1919 (SGD) PHILIP X. COLLIER
 Signature of soldier
St. John's (SGD) J. DAYMOND, SGT.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-5-15 No of days on Military
 Discharged from service 19-1-19 174 days Service 1365

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 St. John's (SGD) R. H. TAIT CAPT
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date Jan 19 1919

CONFIRMATION OF DISCHARGE

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

Place
 Date
 Officer i/c Records
 The Royal Newfoundland Regiment

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

MEDICAL HISTORY

OF

Surname Sullivan Christian Name Philip

Table 1.—GENERAL TABLE.

Birthplace:—Parish Sodroy County G. F. L. D.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	10 th	May		191
	at <u>Sr John</u>			
Declared Age	30	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet	8	inches
Weight			141	lbs.
Chest Measurement	Girth when fully expanded		37	inches
	Range of expansion		3 1/2	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated	1912 no Scar			
Vision	R. E.—V= 6/6		R. E.—V=	
	L. E.—V= 6/6		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)	<u>Geo W. Burden</u>			
(Rank)	<u>Lieut</u>			
		Medical Officer.		Medical Officer.
Enlisted	at <u>Sr John</u>		at	
	on <u>17</u>	day of <u>May</u>	on	day of
		191		191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st G. F. L. D.</u>	<u>1524</u>		
Transferred to				
Became non-effective by				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

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

Date	Brief Details, and Signature
May 20 th 15	1 st Inoculation 500 Millions
June 7 th 15	2 nd " 1000
" 25 th 15	Vaccinated at Sea
8-8-16	Dental treatment completed H.F.W.
27 JUN 1918	Boarded at Hazley Down Camp (Marked B) Category W.P. Porges Major Rance
30 NOV 1918	HAZELEY DOWN CAMP. Recommended Retaliative M.R. 1 Capt Rance. Cap. ROYAL NEWFOUNDLAND REG.

It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilization.

Medical category B
Date of S.M.B. 10.1.19
Joseph H. Snow Captain
Assistant Adjutant
Discharge Depot—Newfoundland

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>S. J. P. L. D.</i>					

TEMPORARY

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
 Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Collier Christian Name Philip

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 ,
 at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet _____ inches.

Weight ... lbs. _____

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

Physical Development ... _____

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

When Vaccinated ... _____

Vision ... { R.E.—V= _____
 L.E.—V= _____

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

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

Approved by (Signature) _____
 (Rank) _____

Medical Officer.

Enlisted ... at _____
 on _____ day of _____ 191 .

	Corps.	Regtl. No.
Joined on Enlistment ...	1 Newfoundland Regt	1524
Transferred to ...		

Became non-effective by ... _____

on _____ day of _____ 191 .

(Signature) _____
 (Rank) _____

11/11/86

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4TH SCOTTISH GENL. HOSPITAL, GLASGOW	26	1	16	31	3	16	Indigestion 499.	65	<p>Pain in stomach & vomiting, at times a blood-stained matter. The blood brought up came without cough, but was at times mixed with a purulent sputum, which rendered it probable that the blood came from the respiratory tract, though no abnormal signs were ever made out in the lungs. He had admittedly had a bad digestion. Is T.B.</p> <p>Once had a pyrexial attack without physical signs.</p> <p>In May 1915 was knocked over by a motor car, but was not conscious of much injury; now inclines to blame that for his illness.</p>	<p>Sp. S. D. D. D. D. D. M. L. A. M. L.</p>
Carrick House Auxiliary Hospital Ayr.	10	5	16	10	7	16		60	<p>Spitting blood, no physical signs of chest complaint; some cough. Was probably thought to be aneurysm as the blood was rather bright & frothy looking. Nothing else developed.</p>	<p>A. H. D. D. D. D. D. M. L. A. M. L.</p>

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name..... *Collier Philip* Reg'l. No. *1524* Rank: *Plt.* Unit and Corps. *R.I.A.F.C.*
 (Surname) (Christian Names)

<p>1. State the nature of the disability or disabilities from which this man is suffering.</p>	<p><i>Indigestion</i></p>
<p>2. What is the present condition of such disability or disabilities?</p>	
<p>3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a :— (a) Sanatorium or other institution for tuberculosis (b) Hospital, and if so, what class? (c) Convalescent Home (d) Asylum, or (e) Other institution (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?</p>	<p>NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.</p>
<p>4. With reference to Army Council Instructions, is any surgical appliance recommended?</p>	
<p>5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable</p>	

Signature President.

Station } Members.

Date }

Approved.

Station

.....
 Officer in charge, Central Hospital

Date

[P.T.O.]

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. *1574*Rank *Pvt*Name *Collier Philip*Unit and Corps } *B. N. F. B.*

(Surname)

(Christian Names)

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Eng.

(b) In what capacity?

Promoted

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

I am suffering from indigestion since I arrived in England in 1915 which makes me unfit for military service abroad but all right otherwise

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

County Hosp Scotland 90 days
Carrick House 30 =

4. Did you suffer from the disease or injury mentioned in above answer to Question 2. or anything like it, before joining the Army? If so, give details and dates.

no

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

no

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Fisherman

(b) What was your trade before joining the Army?

(To be checked by A.F.B. 64 or A.F.B. 103.)

Do

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Hazleydown.....

Signed (Soldier)

Philip Bellis

Date 15-11-18.....

Signed

R. G. Woods

Witness.

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

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

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

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

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

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

PART A. Soldier's Name Collins Philip
(Surname) (Christian names in full)

Unit from which discharged Royal N.F.S.B.

Regimental Number 1524 Rank on discharge Plt Age on discharge 35

Married, widower with children, or single single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } Bedwy N.F.S.B.

Name of Approved Society (if any) _____

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
<u>Royal N.F.S.B.</u>	<u>3</u>	<u>210</u>	<u>India</u> <u>South Africa</u> <u>eng.</u>	<u>3</u>	<u>180</u>
Disallowed					
Service towards pension					

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

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date Bedwy N.F.S.B. 16 April 1883

Colour of hair on discharge Brown Colour of eyes Blue Complexion Pale

Christian name of father Ezra

Christian name of mother Habella

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

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names
of children and
dates of birth

Date and place of 1st enlistment

St Johns N FSB 10th May 1915

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) *Collier Philip x*

Rank *Pte*

Station *Hazleydown*

Date *15-11-18*

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out
whichever
inapplicable.

Military character

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

Officer i/c Records.

Station

Date _____ 191_____

Insert P. on P.(T)

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

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

A. Unit from which discharged Royal N.F.L.S.
 Regimental Number 1324 Rank on discharge Pte Age on discharge 35
 Married, widower with children, or single Single
 Occupation before enlistment Furnitureman
 Special qualifications (if any) for }
 employment in civil life }
 Nature and locality of employment desired _____

Full postal address to which }
 proceeding on discharge } Bochum, N.F.L.S.
 Name of Approved Society (if any) _____

PART Nature of medical unfitness Indigestion

B. Service with Colours 3 years 210 days, of which 3 years
180 days were served abroad during the present war.
 Military character Good
 Anything against the soldier to render his recommendation undesirable Nil
 Date of discharge 15-11-18 1918
 Station Hazley Down
 Date 15-11-18 Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

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. 1574 Rank Pte. Name Bollis P. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated
to Newfoundland on 11/12/18. Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

PERIOD:	PARTICULARS	£ s d					PARTICULARS	£ s d							
		£	s	d	£	s		d	£	s	d				
From 23-11-18 To 20-12-18.	Balance Dr. from						Balance Cr. from								
	Allotment 19 days @ 50¢	9	50		1	19	1	Pay 19 days @ \$1.00	19	00					
	Cash Payments:						Field Allow 19 days @ \$1.10/100	1	90						
	1st Pay					15	0	Other Allowances days @ \$				4	5	11	
	2nd "					1	9	11	Other Credits:						
	Other Debits:														
	B. Damages						6								
	Mis. Stopp.					1	5								
	Total Debits					4	5	11	Total Credits				4	5	11
	Balance due by Paymaster							Balance due to Paymaster							

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

F. Co. HAZELEY DOWN CAMP. DEC 11 1918 191
(Place) (Date)

Made up/Checked in accordance with information received in the Pay & Record Office _____ O.C. "F" Company. _____ to _____
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, _____ 191 Chief Paymaster & Officer i/c Records.



Outfit Number. *X*

Result of the examination of the specimen of *Sputum* taken from

Reg. No. *-* Rank *Pte* Name *Callan*

Corps *2nd Newfoundland Regt*

Result *Tubercle bacilli not found*

June 20th 1918

R. A. Hyatt

Specialist Sanitary Officer.

TO BE LEFT BLANK.

LAST PAY CERTIFICATE ORIGINAL.

N.F.P./94

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

Regtl No. 1574, Rank Plt. Name Gollis. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated
to Newfoundland on 11/12/18. Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT

PARTICULARS	£			s			d			PARTICULARS	£			s			d		
	£	s	d	£	s	d	£	s	d		£	s	d	£	s	d			
Balance Dr. from										Balance Cr. from									
Allotment 19 days @ 50¢	19	50		1	19	1				Pay 19 days @ \$1.00	19	00							
Cash Payments:										Field Allice 19 days @ \$1.10	19	90							
12 th Pay.								15	0										
2 nd "								1	9	11				120	90		14	5	11
Other Debits:										Other Allices days @ \$									
B. Damages.									6	Other Credits:									
Miss Staff								1	5										
Total Debits										Total Credits									
Balance due by Paymaster										Balance due to Paymaster									
							14	5	11								14	5	11

CHECKED
[Signature]
18/10/18

PERIOD: From 23-11-18 To 20-12-18

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

F.Co. HAZELEY DOWN CAMP. DEC 11 1918 191
(Place) (Date)

Made up/Checked *[Signature]* accordance with information received in the Pay & Record Office London to 1918/18.
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
Dec. 19th. 1918.

OK
WR

[Signature]
O.C. "F." Company.

Chief Paymaster & Officer i/c Records.



1ST NEWFOUNDLAND REGIMENT

Philip Collier ALLOTMENTS

1524

I, _____, Regl. No. _____, hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and _____ 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	Father	Local Collier	Godroy	50
7			Bay St George	
5				
		Commencing June 12		
				50
				Total Allotment, 5

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.) _____

A. Johns
 Officer Commanding
 Company
 June 12 5
 191

(Sig.) *Philip Collier*

(Rank) *Plt*



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 28th. 1918.

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..... *Philip*..... *Collier*
- 3. Rank..... *Pte*..... 4. Regtl. No..... *1524*
- 5. Address in full to which future payments of gratuity are to be forwarded..... *Codroy, St georges*
- 6. Date of enlistment in the Regiment..... *May 1/18*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- 8. Relationship of such dependents.....
- 9. Address in full of such dependents.....
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
- 11. Were you on active service only in Nfld, if so, give dates and particulars of such service..... *Overseas*
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From May 1/18 to Oct 4/19*

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.....

.....
.....

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

..... *No*

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

..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

..... *No*

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

..... *No*

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

..... *No*

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

..... *Temporarily* *De-mobilization*

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.....

..... *No,*

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.....

..... *No*

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

his
Philip X Collier
mark

Signature of Applicant:

Godroy St Georges

Place of Residence:

St. John's, Nfld.

Declared before me at:

This *4th* day of *Oct* 19*29*...

John McCarthy
J.P.

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Registrar	

Cotroy September
the 17/9/19

Minister of

Millicentia
St Johns N.Y.L.D

I wish to inform you
that Pt Philip Callion
No 1824 have not received
any money since July Please
advise Particulars

WV

Yours Truly
Pt Philip Callion
No 1824

Oct. 4th 1919.

Officer Commanding,
Discharge Depot.

Dear Sir:

The undermentioned man has been discharged on account of Demobilization on the following date.

#1524, Pte. P. Collier. Feby. 2nd 1919. ✓

Yours truly,

Major &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰

Oct 4 19 19

Received from the First Newfoundland Regiment
the sum of Thirty five Dollars.
on account of Pay. WDG
balance

his
P. X. Collier
mark

Ch. No. 14256	Initials EWT
Pay Ledger 448	Initials W
Gen. Ledger	Initials

Regtl. No. 1524 Rank Pte

A. W. E. Walsh

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 16 1921 1921.

The accompanying ~~Victory Medal~~ and/or British War Medal

is/are forwarded herewith to

Philip Collier

in respect of his service as No. 1524 Rank Pte.

Name P. Collier

Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

Medal

Signature

Philip Collier

Date

Dec. 12th

1921

Address

[P.T.O.]

11/11/56

Scotland

C.R. 1524

Dear Sir, Is it possible for you to
 let me have the address of a Fte.
 Philip Collier 4th Coy Bate 1st Bata.
 No. 7th L. D. Regt., as I hear he draws his
 pension @ home. I have certain
 communications to make to him &
 have been advised to write you. Trusting
 to hear from you @ your earliest
 convenience

Yours in Anticipation

M^{rs} A. Neill

Records
 Address please
 R

1524. St Philip Collier.
 Lodway
 St Georges

C.R. 1524

Extract from Daily Orders Part 11 Unit The Royal Newfoundland Regt. Oct. 13th, 1919.

The discharge of the Undernoted have been CONFIRMED ~~AN~~
on demobilization by Officer i/c Records

1524 Pte. P. Collier.

2-2-19.

C.R. 1524

Extract from Daily Orders Depot St. John's (Part 11)

Jan. 20th, 1919.

The Discharges of the undernoted on Demobilization
have been APPROVED by O.C. Discharge Depot. From Noted dates.

1524 P^{te.} S. Collier.

19-1-19.

C.R. 15-24

Extract from Medical Board held on Friday Jan. 10th, 1919.

1524 Pte. P. Collier.

Recommended discharge as Permanently Unfit.

C.R. 15-24

Extract from Daily Orders part 11, Depot St. John's dated Dec. 23rd. 1918.

The u/m returned from Overseas and reported at Depot 21-12-18.

#1524 Pte. P. Collier.

BC.

C.R. 1524

Extract from Nominal Roll of repatriation draft No. 79 per S.S. CORSIAN
which embarked at Tilbury Docks 12/18/18
from the 2nd., Battalion of the Newfoundland Regiment.

#1524 Pte. P. Collier.

C.R. 1524

Extract from Nominal Roll Embarked St. John's for Overseas, per
S.S. "Calgarian" June, 19.1915. "F"

1524 Pte. Collier P.

C.R. 1524

Phillip Collier was attested for General Service
with the NEWFOUNDLAND REGIMENT on **May 3rd, 1915**
Regimental No. **1524** was allotted to Pte **Phillip Collier.**

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Colville & Sons Ltd., Printers, Old Bailey, E.C.
[222] W32871/004 400m 2/15a-1 23 56

Forms
B. 121.
39.

Number of Sheet 1

Regiment of 1st Newfoundland Regt.

Signature of O. C. Company J. G. Berrister

Regimental Number and Name <u>1524 Collin P</u>		Enlistment Age on <u>30</u> years <u>1</u> months	Trade <u>Fisherman</u>	Good Conduct Badges, Service Pay or Proficiency Pay <u>2nd Lieut</u>
No.		Place and Date of Enlistment <u>St. John's May 7th 1915</u>	Religion <u>Church of England</u>	
Joined <u>2nd</u> Date <u>May 7th 1915</u>		Period of <u>3²⁷/₃₆₅</u> years. (with Reserve)	Place of Birth <u>Oratory Nfld</u>	
Joined <u>1st</u> Date <u>N.F.H.D.</u>				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Stobs</u>	<u>16/7/15</u>	<u>Pte</u>	<u>1</u>	<u>Drunk & disorderly in camp</u>	<u>Sergt Green Pte Wicker</u>	<u>3 days C.C.</u>	<u>17/7/15</u>	<u>Capt E. S. Ayre</u>	<u>P.T.T.</u>
<u>Newton</u>	<u>5-10-15</u>	<u>"</u>	<u>2</u>	<u>Drunk in Barracks</u>	<u>Spl Mahoney</u>	<u>Admonished</u>	<u>5/10-15</u>	<u>Major Whitaker</u>	<u>P.T.T.</u>
<u>"</u>	<u>25-10-15</u>	<u>"</u>	<u>3</u>	<u>Drunk & disorderly in Barracks</u>	<u>Spl. Burnham P.O. Boulton</u>	<u>fined 5/- + 7 days B.K.</u>	<u>26-10-15</u>	<u>Major W. Pitman</u>	<u>fined 5/- P.T.T.</u>
<u>Westerly Bay</u>	<u>Apr. 26th 1916</u>	<u>"</u>	<u>"</u>	<u>Refusing to obey an order from a h/o</u>	<u>Sgt. Parnes</u>	<u>3 days C.B.</u>	<u>26.4.16</u>	<u>Lieut. Bairn</u>	<u>45</u>
<u>Westerly Bay</u>	<u>May 1st</u>	<u>"</u>	<u>"</u>	<u>Refused to duty whilst creating a scene from camp room</u>	<u>Sgt. Whelan L. S. Bairn</u>	<u>Admonished</u>	<u>2-5-16</u>	<u>Major Rendell</u>	<u>45</u>
<u>Caruastie</u>	<u>28.7.17.</u>	<u>"</u>	<u>4</u>	<u>Drunk in town about 11.30 PM</u>	<u>Spl. Donissey Mc. Crane.</u>	<u>96 hrs Soli. Fines 5/-</u>	<u>30.7.17</u>	<u>Major Rendell</u>	<u>M7</u>
<u>Dundas</u>	<u>15/9/17</u>	<u>"</u>	<u>"</u>	<u>Absent from 10.30 PM on 15/9/17 until 11 PM on 16/9/17</u>	<u>Spl. Daws</u>	<u>1 days C.C.</u>	<u>16/9/17</u>	<u>Spl. Lucie</u>	<u>Forfeit 2 days pay. 45</u>
<u>Glenburn</u>	<u>21/10/17</u>	<u>"</u>	<u>"</u>	<u>Absent from Letter 21/10/17 until 22/10/17</u>	<u>Capt Curran</u>	<u>2 days C.C.</u>	<u>21/10/17</u>	<u>Spl. Lucie</u>	<u>45</u>
				<u>To be carried over</u>					
				<u>Demobilized</u>	<u>2²/₁₉</u>				

Army Form B. 121.

The Royal Newfoundland Regiment

1524

1524

DEMOBILIZATION OF

Reg. No. 1524 Rank Pte. Name Collins P.

Date of Enlistment 10.5.15 Address Bedford District St. George's

Occupation Chalerman Classification for Discharge B Medical Category B.E.

Recommendation S.M.B. permanently unfit Disability Rating 40% 6 Mths

Passed to Demobilization Officer with following documents:—

N.F. P13694	/	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	Ru
B 179	/	D 400B		Form L		do 3rd	" 4	
B 179a	/	D 400C		Form K		do 4th	" 5	
B 179b	/	B 103		ME 2		3463B. 1	" 6	
B 179c	/	B 120		M 93				

Date 15.1.19

Joseph H. Snowling
for O.C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

P. Collins
Chalerman

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$20.00

(b) ~~Clothing Supplied~~ *Joseph H. Snowling*

Date 16-1-19

O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R505 to his home at Cosroy and Release Certificate No. 809 issued.

Date 16-1-19 OBDricks 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 2-2-19

Date 16-1-19 Monley Capt.
Depot Paymaster.

Discharge approved for 19-1-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P 36. <u>94</u>	<u>11</u>	B 268	B 121 ✓	N.F. Med.	D.F. 1	<u>11</u>	<u>Form B</u>
F 178	<u>11</u>	W 3494	B 122	Board 1st	" 2	<u>2</u>	
B 178a	<u>11</u>	D 400A ✓	B 1915	do 2nd	" 3		
B 179	<u>X</u>	D 400B	Form L	do 3rd	" 4		
B 179a	<u>11</u>	D 400C	Form K	do 4th	" 5		
B 179b	<u>11</u>	B 103	ME 2	<u>3 ✓ ✓ B B T</u>	" 6		
B 179c	<u>11</u>	B 120	M 93				

Date 16-1-19 OBDricks Capt.
Demobilization Officer.

APPROVED.

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

with following additional documents.

ELIGIBLE FOR FULL DISCHARGE PAY

Date JAN 19 1919 R.H. Sait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date Jan 21/1919 [Signature]
[Signature]