



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6233

Name William Collier Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>William Collier</u> |
| 2. What is your full Address? | 2. <u>St Albans</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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, William Collier do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Collier SIGNATURE OF RECRUIT.
Thos Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Collier do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 3 day of October 1915

W. B. Dicks Lieut
Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the Rank of Major

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

Date Oct 4 1915 1915
Place St John's

Robertson MAJOR } Approving Officer.
for Commandant

† 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. R.C.

* 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 William Collier
 Apparent age 24 years months. Height 6 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Collier
St Albans | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

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



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| 2. What is your full Address? | 2. <u>St Albans</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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> |

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W. O. Dowden Signature of Witness.

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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 on this 3 day of October 1915.

Signature of Attesting Officer W. O. Dowden

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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 rank of

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

Date OCT 4 1915

Place ST. JOHN'S

Robertson, Capt. MAJOR } Approving Officer.

The Royal Newfoundland Regiment.

† 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. St. John's, Nfld.

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

Name William Collier
 Apparent age 24 years months. Height 6 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 { Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Collier
St Albans | Relationship Father

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									<div style="font-size: 2em; font-family: cursive;">Discharged Jan'y 21st 1919.</div>
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] " " " "									

C.R. 6233

Extract from Preliminary Report. At a Medical Board held on
MONDAY AFTERNOON December 2nd., the following were the
findings.

#6233 Pte. W. C. Coblentz.

RECOMMENDED DISCHARGE AS PERMANENTLY UNFIT. UNFIT FOR GEN. SERVICE.

C.R. 6233

Extract from Daily Orders part II, Depot St. John's dated Jan. 25rd. 1919

The discharge of the undersigned has been CONFIRMED by Officer i/c
Records on 21-1-19.

#6233 Pte. Wm. Collier.

C.R! 6233

Extract of Daily Orders Part II, dated Dec. 27th 1918.

DEMOBILIZATION.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot from noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records,

6233 Pte. Wm. Collier.

Discharged 24-12-18

C.R. 6233

Extract from Daily OMI to part 11. Depot. St. John, c dated Nov. 8. 1918

TRANSFERRED FROM GENERAL HOSPITAL TO ESCAMONI CONVASCENT HOEP.

5/11/18

6233 Pte. W. Collier.

EC.

C.R. 6233

Extract from Daily Orders, Part 11, UNIT: The Royal
Newfoundland Regiment dated Nov. 23rd. 1918.

Hospital.

6233 Pte. W. Collier.

Discharged from Messonsi 21/11/18.

C.R. 6233
Counter No. _____

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 **St. John's Dept. of M1**

Line Number	Red	By	Sent	by	Check

Dated **Oct. 28, 1918.**

To **Mr. Thomas Collier,
St. Albans, F.B.**

**Beg to inform you that your son #6233 Pte. W. Collier, is now
Convalescent at Military Hospital St. John's.**

**J.R. Bennett,
Minister of Militia.**

FOR TYPEWRITER

C.R. 6233

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's dated Oct. 10, 1918.

6233 Pte. W. Collier.

Admitted to M.I.D. Hospital, 8-10-18.

C.R. 6233
Counter No. 233

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

(NOT TRANSMITTED) St. John's Dept. of Militia
Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 4, 1918.

To Mr. Thomas Collier,
St. Alban's, F.B.

beg to inform you that your son #6233 Pte. W. Collier is now
at convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6233

Extract from ~~Memorandum~~ Daily Orders Part 11 Unit The Royal
Nfld.Regt., St. John's Oct. 5th, 1918,

6233 Pte. Wm. Collier.

Attested for General Service With The Royal Nfld.Regt., from
3-10-18.



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. John's*

Date *Nov 29th 1918*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *6233*
- 3. Rank *Pte*
- 4. Name *Collier William*
- 5. Age last birthday *24 years*
- 6. Enlisted on *3rd Oct 1915*
- 7. Former trade or occupation *Lumberman*

8. Disability

Influenza

9. History

*Admitted M.I.D. H. 8/10/18. Discharged to Escason 5/11/18.
Discharged from there 21/11/18.*

10. What is his present condition?

T. Name. P. 100.

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General Condition Fair.

Weak breath sounds all over chest
No accompaniments.

11. Was sanatorium advised and refused?
operation

No

12. Do you recommend discharge as permanently unfit?

Yes.

Signature

Archibald
for MO Dept

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x cannot be considered as aggravated by:—
due to _____
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
- Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? less than 20%
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
- (State in percentage.)

Remarks if any:—

nil

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperence (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable
(b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
- | | |
|---|--|
| } | General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. |
|---|--|

20. We recommend discharge from retention in the Army

Remarks if any:—

unfit for General Service

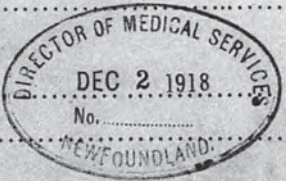
..... President

Signatures..... *W. J. ...*
..... *H. ...*

Place *S. Johns*

Date *Dec 2/18*

APPROVED



Station

Date

Clayton Macpherson
.....
Administrative Medical Officer

COPY

Original in file 6229

C.R. 6233

November 4th 1918.

From: Officer Commanding
Depot.

To: D.O.C. Newfoundland,
Militia Department.

6229 Pte. L. Cellier.
6232 " P. Cellier.
6233 " W. Cellier.
6220 " G. Cellier.
6250 " S. Cox.

Reference attached correspondence concerning above noted men. Four of them are at present in the M.I.D. Hospital suffering from colds. They were admitted to M.I.D. from Barracks Hospital 8th October except G. Cellier who was admitted on the 24th October after 15 days in Barracks Hospital.

The only apparent thing wrong with them was a slight increase in Temperature at night time but they are all marked as "Improving" at the M.I.D. Hospital. There is nothing in the Medical Report to show that they are suffering from Tubercular trouble.

6229 Pte. Lawrence Cellier has been on duty since he enlisted and has not reported on any sick parade. There is another man of the same name, from the same place who was in Barracks Hospital 3 days with a slight temperature but he has been discharged to Duty.

(Sgd.) H. H. Tait,
Captain,
O.C. Depot.

C.R. 6233

Extract from Daily Orders part 11, Depot St. Johns
dated November 28th., 1918.

6233 Pte. G. Collins.

TRANSFERRED FROM MED. HOSPITAL TO AMBULANCE ST-11-18.

BC.

C O P Y.

November 2nd 1918.

O.C. Depot:

Letter from Rev. St Croix re Colliers, may I
have a reply please.

(Sgd.) A. Montgomerie,
Major.

To S.M.O. Will you please let me have report as requested
and return correspondence.

R.H. Tait, Capt.

O.C. Depot.

4/11/18.

C O P Y.

126 New Gower Street,
St. John's.

Mr. J.R. Bennett,
St. John's.

Dear Sir:

I beg to make at least a mild protest against the passing for Military Service of some young men from St. Albans Bay D'Espoir. The following have sprung from families infected with tuberculosis:

Lawrence Collier	Chas. Collier.
Patrick Collier.	Samuel Cox.
Wm. Collier.	

I predict that these chaps will very soon be subjects for a Sanatorium. They are all very ill now and it seems to me akin to manslaughter to hold such men in the Military Service. We who know the history of these families are filled with astonishment that such subjects should pass the Medical Board.

Yours Sincerely,

(Rev.) S. St. Croix

C O P Y.

October 17, 1918.

From:- District Officer Commanding,
Newfoundland.

To:- Assistant Director Recruiting,
City.

I enclose copy of letter from Rev. S. St. Croix, St. Albans Bay D'Espoir in connection with certain men attested for the Regiment.

Will you please obtain full report on the matter from the Medical Examiners?

Major.

District Officer Commanding.
Newfoundland.

COPY.

October 18, 1918.

From: District Officer Commanding,
Newfoundland.

To: Officer Commanding Depot,
City.

I enclose letter from Rev. S. St. Creix with reference to several young men from St. Albans, Bay D'Espeir, who, apparently have been attested and are now in the Regiment.

Please take this matter up with the Senior Medical Officer with a view to obtaining a full report on the position.

I am forwarding a copy of the letter to the Assistant Director Recruiting for the purpose of obtaining a report on these men from the Medical examiners.

(Sgd.) A. Montgomerie.

Major.
District Officer Commanding.
Newfoundland.

Report for Service 1762

ROYAL NEWFOUNDLAND REGIMENT.

copy

Medical Examination Held at *Hdqrts* on *Oct 3^d* 191*8*

1. Name *William Collier* Age (a) Declared *24*
(b) Apparent

2. Do you know of anything wrong with you? *No*

What severe illnesses have you had? *None*

*Eyes Grey
Comp. fair
marks*

6733

3. Height *5ft-8 1/2* Weight *153*

4. Eyesight (a) Left *6/18* (b) Right *6/18*

5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs *n*

Measurement (a) Expiration *33* (b) Inspiration *37*

7. Examination of Heart *n*

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

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

10. Have you been successfully vaccinated, and when? *No*

11. Name and address of next of kin *Father Thomas St Albans Fortuon*

12. Category

REMARKS—

*(Sgd) Jas. Burdett
Arch. C. Tait*

A 11

October 24th. 1918.

The District Officer Commanding,
Newfoundland.

As instructed in your letter of October 17th., I have asked the Medical Examiners for a report on the men whom the Rev. S. St. Croix wrote about.

Herewith I send report from Drs. Barden and A.C. Tait and copies of the Medical Examinations of the men concerned.

(Sgt.) C.B. Dicka, LIEUT.
Assistant Director of
Recruiting.

Collier, W^d

6233

Ray & Sept.

January 21st., 1919

#6233 Pte. William Collier,

St. Alban's,

Fortune Dist

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 620."

Yours faithfully,

Captain,
Paymaster & O.i/c Records

Enc '1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6233 Rank Plt Name W. Collier
 Intended place of residence St Albans John's Desert
 2. Occupation Seaman
 Classification of soldier B Medical Category F
 3. The above named man is discharged in consequence of DEMOBILIZATION

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place DEC 20 1918
 Date DEC 20 1918
W. M. Carr
 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 Johns William Collier
Dec 21st 1918
 Signature of soldier
C. B. Dicks 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 St Johns William Collier
Dec 20th 1918
 Signature of soldier
J. Raymond Sgt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3. 10. 18 No of days on Military
 Discharged from service 24. 12. 18 plus 25 days Service 111 days

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.
ST. JOHN'S
 Place ST. JOHN'S R. H. Sait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date DEC 24 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St Johns Nfld M. Bowley Capt
 Date January 21 1919
 Officer in Charge
 The Royal Newfoundland Regiment

as to 19/620

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6233 Rank Pte. Name Collier Wm
 Date of Enlistment 3.10.18 Address St. John's District Fortune
 Occupation Lumberman Classification for Discharge B Medical Category E
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 19.12.18

W. J. Collier Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 Joseph H. Snowling

Date 20.12.18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K 361* to his home at *Byons* and Release Certificate No. *513* issued.

Date *20-12-18* *CP Dicks 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 *21-1-19*

Date *20-12-18* *Stoney Capt.*
Depot Paymaster.

Discharge approved for *24.12.18*

Forwarded with following documents to O.C Discharge Depot.

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

Date *24.12.18* *CP Dicks Capt.*
Demobilization Officer.

APPROVED.

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

with following additional documents.

DEC 24 1918

Date *RH East Capt*
O. C. Discharge Depot.

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

Date *Dec 28/1918*

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

MEDICAL HISTORY

9

OF

Surname

Allard

Christian Name

William

Table I.—GENERAL TABLE

Birthplace :—Parish

St Albans. 4 Dist. County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>5</i> day of <i>Oct</i> 191 <i>8</i>	on	day of	191
	at <i>St Johns</i>	at		
Declared Age	<i>24</i> years	days	years	days
Trade or Occupation	<i>Lumberman.</i>			
Height	<i>5</i> feet	<i>5 1/2</i> inches	feet	inches
Weight	<i>153</i> lbs.			
Chest Measurement	Girth when fully expanded	<i>57</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches

Physical Development

Vaccination Marks	Arm	Right	Left	Right	Left
	Number				

When Vaccinated

Vision

R.E.—V=*6/8*
L.E.—V=*6/8*

R.E.—V=
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)

Lammell Peterson

(Rank)

Major Medical Officer

Medical Officer

Enlisted

at *St Johns*

at

on *5* day of *Oct* 191*8*

on day of 191

Corps

Regtl. No.

Corps

Regtl. No.

Joined on Enlistment

Royal Nfld Regt 6233.

Transferred to

Became non-effective by

on day of 191 on day of 191

(Signature)

(Rank)

list in case of Warrant Officers treated in quarters

the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars sent out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

W. P. ...

P. ...

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 work as Lumberman.

William Collier

Signature of Man.

Reg. No. *6233*

C. B. Dickes Capt.
Signature of the Vocational Officer or his Representative.

Place

St John's N Y L D

Date

25/12/18

191

Fortune

Demobilization Form 1

4
1

400 A

The Royal Newfoundland Regiment

Class for Demobilization
B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 25/11/48

Regimental No. 6233

Name Sollier William (Pte)

Address St Albans

Present Medical Category E

Proceeding of
SMRB. in file

Recommended for:—
(a) ~~Immediate discharge~~
(b) Standing Medical Board

Members of Board

RH Jast CPM

O.C. Discharge Depot.

Harrison

Senior Medical Officer

W. Burden

M. O. Depot



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station ... **St. John's**

Date ... **Nov. 29th ., 1918.**

- | | | | |
|-------------------|---------------------------|-------------------------------|-----------------------|
| 1. Unit | Royal Newfoundland | 5. Age last birthday | 24 years |
| 2. Regimental No. | 6233 | 6. Enlisted on | Oct. 3rd 1918. |
| 3. Rank | Pte. | at | St. John's |
| 4. Name | COLLIER, WILLIAM | 7. Former trade or occupation | Lumberman |
| | | 8. Disability | |

INFLUENZA

9. History **Admitted M.I.D. 8/10/18.
Discharged to Escasoni 5/11/18.
Discharged from there 21/11/18.**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

T. Normal. P. 100.
General condition fair.
Weak breath sounds all over chest.
No accompaniments.

Department of Medicine

Medical Department

Medical Report on an Inmate

11. Was sanatorium advised and refused?
operation

NO

12. Do you recommend discharge as permanently unfit?

YES

STATEMENT OF CASE

ARCH TAIT

Signature

for M.O. Dept.

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **cannot** be considered as aggravated by:—
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

YES

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **Less than 20%**

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

Remarks if any:—

NIL

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to } General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:— **UNFIT FOR GENERAL SERVICE**

..... **H. S. FRASER**
President

Signatures..... **J. S. TAIT**.....

..... **L. PATTERSON, Major**.....

Place **St. John's, Nfld.**

Date **Dec. 2nd 1918.**

APPROVED

Station

Date



(SGD) **CLUNY MACPHERSON, Major**
Administrative 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 Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full *Collier William*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6233*
 Intended address *St. Albans*
 Height on discharge *5 Feet 8"*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks *Scar on Toe (left foot)*
 Figure on discharge *Medium*
 Christian name of Father *Thomas*
 Christian name of Mother *Annie*
 Wife's maiden name in full */*
 Date and place of marriage */*
 Christian names of children */*
 Place and date of soldier's birth. *St. Albans 6th August 1894*
 Nature and locality of civil employment required

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

(Soldier's signature in full)

William Collier *Private*
 (Rank)
 Station *St. Johns* Date *29th Nov 1915*

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.

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

Station *St. Johns* Date *29th Nov 1915*

Report for Service 1762

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's on OCT 3 - 1918 1918

1. Name William Collins

Age (a) Declared 24
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None.

Eyes Grey
Scap Fair
Monks

6933

3. Height 5 ft 8 1/2

Weight 153

4. Eyesight (a) Left 6/8

(b) Right 6/8

5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n

Measurement

(a) Expiration 33

(b) Inspiration 37

7. Examination of Heart n

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? No.

11. Name and address of next of kin

Arthur Thomas St Albans, Fort St. John

12. Category

REMARKS—

ATI

W. S. ...
Archie ...
Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

A. B. Dickson Lieut.

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	William Collier	Age on <u>24</u> years <u> </u> months	Fisherman	
Joined _____ Date _____		Place and Date of Enlistment } <u>St John's</u>	Religion	
Joined _____ Date _____			R.C.	
Joined _____ Date _____		Period of } with Colours <u>111</u> years.	Place of Birth	
Joined _____ Date _____			with Reserve <u>365</u> years.	St Alban's

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized St John's					21 / 19

To be carried over.

The Royal Newfoundland Regiment

6233

DEMobilIZATION OF

Reg. No. 6233 Rank Pte Name Collier Wm
 Date of Enlistment 3-10-18 Address St Albans District Fortune
 Occupation Lumberman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 19-12-18

Wm Collier
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

William Collier

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~~ Joseph H. Snowling

Date 20-12-18

O i/c. Re-clothing.

Reg. No. 6233 Rank Pte Name Collier William
Attested 3-10-18 Address St Albans
Allotment 60 Allottee No. 1st Collier Walter
Date of Allotment 1¹¹/₁₈ Returned from Overseas
Embarked for Overseas Cause

Vacc 4-10-18
8-10-18 Admitted to M. S. S. Transferred to General Hosp.
9-11-18 Transferred from General Hosp. to Escasoni
21-11-18 Discharged from Escasoni
4-12-18 Rec. discharge as unfit for General Service

19-12-18
DEC 24 1918
PASSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILIZATION

COPY The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6233 Rank Pte Name Wm. Collier

Intended place of residence St Albans, Fortune

2. Occupation Lumberman

Classification of soldier B Medical Category E

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

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

Place (sgnd) C. C. DULEY, Capt.

Date Dec. 20, 1918 for 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 (sgnd) Wm. COLLIER

Signature of soldier

Dec. 21, 1918 " C. B. DICKS, 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 St. John's (sgnd) Wm. Collier

Signature of soldier

20-12-18 " J. Daymond, Sgt

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-10-18 No of days on Military

Discharged from service 24-12-18 plus 28 days Service 111

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 (sgnd) R. H. TAIT, Capt.

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date Dec. 24, 1918

CONFIRMATION OF DISCHARGE

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

Place Officer i/c Records

The Royal Newfoundland Regiment

Date The Royal Newfoundland Regiment

COPY

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 work as Lumberman

(sgnd) WM. COLLIER

Signature of Man.

Reg. No.

C. B. Dicks, Capt.

Signature of the Vocational Officer or his Representative.

Place St John's, Nfld.

Date 20-12-18

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