



73

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5887 Name Ronald Cool Corps Meth

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Ronald Cool
- 2. What is your full Address? 2. Newman Cou 1812
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 19 Years Months
- 5. What is your Trade or Calling? 5. fisherman
- 6. Are you Married? 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? 8. yes
- 9. Are you willing to be enlisted for General Service? 9. yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Ronald Cool 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.

Ronald Cool SIGNATURE OF RECRUIT.
Corp. Raymond Signature of Witness.

30-7-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ronald Cool 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 31 day of July 1918.

Signature of Attesting Officer Pedricks Lieut.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the rank of Private if enlisted by special authority, such will be attached to the original attestation.

Date Aug 1 1918 Place Wentworth } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

5887

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

Name Ronald Cool
 Apparent age 19 years months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samsen Cool
Newman Cove B.M. | Relationship father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-7-18</u> Joined at <u>M.P. Co's</u> on <u>July 31-1918</u>									
<u>Discharged August 5-1919</u>									
<u>Transferred to Halifax N.S. 22-9-18.</u>									
<u>Accused to a court-martial 1-7-1919</u>									
<u> </u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>5-8-1919</u> (date of discharge) <u>1</u> years <u>6</u> days									

C.R. 5887

Extract from military orders sent to Royal Newfoundland Regiment,
Camp St. John's dated Aug. 14th 1919

The discharge of the undersigned on demobilization has been
confirmed by officer in/charge from noted date 8-8-19.

5887, Pte. R. Cool.

C.R. 5887

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 22-7-19.

5887 Pte. R.Cool.

C.R. 5887

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

5887 Pte. R.Cool.

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

C.R. 5887

Extract of Orders by MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5887 Pte. R. Cool.

"B" Company.

C.R. 5887

Extract from Orders by Lt. Col., B.J. BARTON, D.S.O., commanding
Snd., Battalion of the Newfoundland Regiment dated November 18th 1918.

The undermentioned will proceed to join the Newfoundland Forestry
Corps. on Monday the 18th., November 1918.

~~#3887~~ Pte. R. Coel.

5887 Pte D. Cool

BC.

C 5887

Extract from Memorial Roll Detained at St. John's Camp
Overland Sept. 22, 1918. "C"

5887 Pte. Cool Ronald.

C.R. 5887

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt
St. John's, dated August 19th, 1918.

5887 Pte. R. Cool.

Granted leave from 17th/8/18 to 26/8/18.

C.R.

5887

Extract from Daily Orders part 11, from Under the Royal
Wilt. Regt. St. John's, dated August 1, 1918.

#5887 Pte. Donald Cool

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

A Cool

C.R.

5887

1890

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 Newfound Land* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5897* 3. Rank *PL* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Paul* *Ronald* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on at in category (or grade)
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
- (a) When (b) Date of Discharge ;
- (b) Where (c) Cause of Discharge.
- (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."

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

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

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

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

Life Complaints of the disability

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

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

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

Repatriation

W. E. Macmillan ^{Captn}
 Rame
 Medical Officer in charge of case.

Station *Hazelton*

Date *9/14/19*

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

FORM K

No 6735



THE ROYAL NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, Ronald Cool, Regl. No. 5887,
hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
concerned, viz.:

Allotment begins September 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6735	Mother	Mrs Sanson Cool	number one B B	— 60
Total Allotment, £				— 60

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

(Sig.) H. G. James 2/Lieut.
Officer Commanding

7 Company

(Sig.) Ronald Cool

(Rank) Pte

H. G. James
August 15th 1918

No. 2838/403.

6
067455

N.F.F. 1919

FROM NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.

2nd Bn. Ryl Nfld Regt.
Winchester.

19th February 1919

Feb 22nd 1919

5887. Pte Coole. R.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (34)

J. Batten

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to 5887. Coole.

£6.0.0.

Received the sum of Six pounds

Cheque £6.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

£6-0-0 in respect of

telegraphic remittance from the Minister of Militia.

A.A. Minns Maj.

Chief Paymaster & O. I/c Records.

Ronald Coole

No. 5887 Rank Pte

Witness *Pte Merriman Lieut*

Cool, R

5887

Ray Sept.

August 5th 1919.

#5887, Pte. R3Cool,
Newman's Cove, B.B.

Dear Sir;

Enclosed please find Discharge Certificate
3402.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5587 Rank. Pte Name. Coole R.
 Intended place of residence. Newman Cove

2. Occupation Tradesman
 Classification of soldier. S Medical Category. A-1

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 8 1919

H. Mus. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 8 - 1919

Ronald Coole
 Signature of soldier

J. A. Snow
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

JUL 8 - 1919

Date

Ronald Coole
 Signature of soldier

W. J. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 31. 7. 18 No. of days on Military
 Discharged from service. JUL 22 1919 Plus 14 days Service. 371

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 1919

R. R. Cooper 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

Date August 5/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

AWB 5049 13402

The Royal Newfoundland Regiment

Class for Demobilization:

76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

7.7.19

Regimental No. *5887*

Name *Cook Ronald*

Address *Madman Cove*

Present Medical Category

A1

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

Members of Board

RH Last Major
O.C. Discharge Depot.

J. Paterson
Senior Medical Officer

Geo Borden
M. O. Depot.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2887 Rank ptr Name Cool R
 Date of Enlistment 31-7-18 Address Newman Lane District Bonaville
 Occupation Shelverman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. Disability Rating

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		" 6
B 179c	B 120	M 93		

Date 7-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

Ronald A Cool

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied None

Date 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192239 to his home at Herrmann Lane and Release Certificate No. 3280 issued.

Date 8-7-19

J.A. Howlett
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 5-8-19

Date 8-7-19

J.A. Howlett
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	S.F. Med	D.F. 1	<u>6 Form B</u>
F 178	W 3494	B 122	Board 1st	" 2	
R 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 8-7-19

J.A. Howlett
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919

H.P. Cooper Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Ronald Cook

Signature of Man.

J. J. Howland

Signature of the Vocational Officer or his Representative.

Reg. No. 3887

Place

St Johns

Date

8-7-19.

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MEDICAL HISTORY

Surname Coal

Christian Name Ronald

Table I.—GENERAL TABLE

Birthplace:—Parish Newmans Road County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <u>31</u> day of <u>July</u> 191 <u>8</u>	at <u>St John's</u>	on	day of
Declared Age	<u>19</u> years	<u>19</u> days	years	days
Trade or Occupation	<u>Gubernator</u>			
Height	<u>5</u> feet	<u>7 1/2</u> inches	feet	inches
Weight		<u>127</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>35</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated	R.E.—V=	L.E.—V=	R.E.—V=	L.E.—V=
Vision	<u>6/6</u>	<u>6/6</u>		
(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>Samuel Paterson</u>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <u>St John's</u>	on <u>31</u> day of <u>July</u> 191 <u>8</u>	at	day of
Joined on Enlistment	Corps	Regt. No. <u>588</u>	Corps	Regt. No.
Transferred to	<u>Regt</u>			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

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 Newfoundland*
2. Regtl. No. *5887* 3. Rank..... *Pl*
4. Name *Boyle*..... *Ronald*
 (Surname) (Christian Names)
5. Age last birthday... *20*.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
12. Place of origin of disability,
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- nil*
nil
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the }
man's part. } | ✓ | |

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

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 complains of no disability

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.

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Reparation

W.S. Proctor, Esq. *Copy Name*

Medical Officer in charge of case.

Station *Hazley Down*

Date *9/4/19*

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



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 *Ronald Cost*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5887*

Intended address *Newman Cove, B. B.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*
Figure on discharge *Medium*

Christian name of Father *Samson*

Christian name of Mother *Agnes*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Newman Cove, 10 April 1899*

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) *Ronald Cost*

16
(Rank)

Station *St Johns*

Date *4-7-19*

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

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

Station

Date

August 11, 1919

Mr. Ronald Coal,
Newman's Cove, B.B

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

I

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Ronald* 2. Surname..... *Cox*
- 3. Rank..... *Pte* 4. Regt. No..... *2887*
- 5. Address in full to which future payments of gratuity are to be forwarded..... *Newman's Cove, B.B.*
-
- 6. Date of enlistment in the Regiment..... *July 31 1918*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
-
- 8. Relationship of such dependents..... *No*
- 9. Address in full of such dependents..... *No*
-
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
- 11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
-
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Twelve months*
- 1. $\frac{1}{2}$

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

..... *no*

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

.....

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

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

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

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

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

19. Are you now serving in the Regt.? *no* If not give:- (a) Date of discharge. *July 22/19* (b) Reason for discharge.

..... *Demobilization*

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

..... *England*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *Ronald Cool*
 Place of Residence: *Newmans Cove B.B.*
St. Johns
 Declared before me at:
 This *8* day of *July*, 191*9*....

John McCarthy
J.P.

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

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

ST. JOHN'S, July 12th /19

Royal Newfoundland Regiment.

Billeting Account,

To M^{rs}. Somero

Young - Street

Billeting Soldiers as undermentioned

from July 1st /19 to July 10th /19

<u>5887</u>	<u>1st Lt. Cool</u>	<u>10</u>	<u>50</u>
-------------	--------------------------------	-----------	-----------

ACCOUNT	<u>BVM</u>
CH NO	<u>2917</u>
TRF NO	
PAY LEADER	
GEN LEADER	<u>50</u>

Certified correct for \$ 10

R. J. D. Snow
 Billeting Officer.
Ronald Somero

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

W. D. Nichols Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5887</i>	Age on	<i>19</i> years <i>0</i> months	<i>Fisherman</i>	
<i>Ronald Cool.</i>		Place and Date of Enlistment	<i>St. John's</i> <i>21.7.18</i>	Religion <i>Method.</i>	
Joined	Date	Period of } with Colours } with Reserve }	<i>1 1/2</i> years. <i>1 3/4</i> years.	Place of Birth	
Joined	Date			<i>Bonaville/Ball</i>	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St. John's</i>	<i>5-19</i>				

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5887 Rank ptr Name Cool R
 Date of Enlistment 31-7-18 Address Newman St. Banarota District Banarota
 Occupation Fisherman Classification for Discharge F.1 Medical Category H.I.
 Recommendation S.M.B. Disability Rating

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.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date 7-7-19

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Ronald Cool

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

Date 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2239 to his home at Hewmans Cove and Release Certificate No. 3280 issued.

Date 8-7-19 J.A. Lawrence
Demobilization Officer

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 5-8-19

Date 8-7-19 J.A. Lawrence
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	<u>J. Form B</u>
F 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 8-7-19 J.A. Lawrence
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919 D.R. Coople Capt.
for O. C. Discharge Depot.

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

Date July 22/19 [Signature]