



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5343 Name Alfred Cooper Corps Medic.

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Alfred Cooper.</u>                  |
| 2. What is your full Address? .....  | 2. <u>Old Parish</u>                      |
| 3. Are you a British Subject? .....  | 3. <u>Yes.</u>                            |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>        </u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                       |
| 6. Are you Married? .....  | 6. <u>No</u>                              |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                              |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                             |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                             |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps <u>Medic.</u>     |
| 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, Alfred Cooper 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.

23/5/18

Alfred George Cooper SIGNATURE OF RECRUIT.  
W.D. Power Signature of Witness.

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

I, Alfred Cooper 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns

on this 23 day of May 1918

Signature of Attesting Officer W.D. Power

### †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         

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

Date May 23 1918 } Approving Officer.  
Place St. Johns }

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

5343

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

Name Alfred Cooper  
 Apparent age 20 years ..... months. Height 5 feet 9 1/2 inches  
 Chest Measurement { Girth when fully expanded 34 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks .....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Simon Cooper  
Old Pelican | 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <u>Engagement</u> reckons from <u>23-5-18</u>									
Joined at <u>St Albans</u> on <u>Monday 23-1-18</u>									
<u>Discharged August 3-1919</u>									
<u>Embarked St Albans St Botolphs to Halifax N.S. 22-7-18</u>									
<u>To R.R. for demobilization 24-6-1919</u>									
<u>Arrived to embarkment 1-7-1919</u>									
<u>Demobilization St Albans 3-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-8-1919</u> (date of discharge) <u>1</u> years <u>73</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5343

Extract from Daily Orders Part II Royal Newfoundland Regiment.  
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by officer i/c Records from noted date  
3-8-19.

5343, Pte. A. Cooper.

C.R. 5343

Extract from Daily Orders part II, Unit the Royal Newfoundland  
Regiment dated July 21st. 1919.

The discharge of the undernited on demobilization has been  
APPROVED by O. C. Discharge Depot on noted date.

#5343 Pte. A. Cooper

20-7-19.

C.R. 5343

Extract from Daily Orders Part II Unit The Royal Field Artillery  
St. John's, July 2nd, 1919.

5343 Pts. A. Cooper.

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

C.R. 5343

Extract from Gasualties received from P.&R?Office London,  
Aug.20th,1918.

The undermentioned man was admitted to Central Hospital,  
Chatam,(from Major Carty's draft from Nfld.) and discharged  
from Hospital on 19-8-18, reported at this office same date  
and was sent direct to Depot,Winchester.

5343 Pte.Cooper,A.

Authority:- Officer i/c. Records Nfld.Regt.

C.R. 5343

Extract from Daily Orders part 11, from Unit The Royal  
Mfld. Reg.t. St. John's, July 25, 1918.

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

#5343 Pte. Alfred Cooper.

C.R 5343

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

#5343 Pte. Alfred Cooper.

Attested for General Service with the Royal Nfld. Regt.  
from 25.5.18



A. H. Cooper

C.R.

5343

1870

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 for 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 Rifles*.....
2. Regtl. No. *5343* 3. Rank.....
4. Name *Cooper Alfred*.....  
(Surname) (Christian Names)
5. Age last birthday. *29*.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Dishman*
- 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 ? (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  
(b) Where (if any)  
(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."
11. Date of origin of disability.
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.

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, &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 complains of no 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 ?

*Repatriation*

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

*W.S. Proctor, Capt Rame*

Station *Hazely Down*

Medical Officer in charge of case.

Date *11/4/19*

\* 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.



No. 21497/2455/P&A

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. R. Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.



27th. December, 1918.

Subject: 5343. Pte. A. G. Cooper.

With reference to the following telegram (11119) from the Hon. Minister of Militia, received

Pay to 5343. Cooper - £6:0:0

Draft £6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. G. Munnell*  
Chief Paymaster & O. 1/c Records.

30-12-1918

Receipt hereunder.

*Chambers*

COMMANDING OFFICER, 2nd BATT'N, ROYAL NEWFOUNDLAND REGIMENT, LIEUT. COLONEL

Received the sum of Six

Pounds on account of cable remittance from Newfoundland.

of Cooper.

No. 5343 Rank Pte

Witness H Maunders

No. 2557/352.

FROM: NEWFOUNDLAND CONTINGENT

NEWFOUNDLAND CONTINGENT  
ST. VICTORIA ST.  
LONDON N.F.P./79.  
21 FEB 1919

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.

P.D. 067431  
15/2/19  
9/5

4th February 1919

February 19th 1919

5343. Pte Cooper. A.G.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / ( 21. )

*Chambers* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to 5343. Cooper.

Received the sum of Three pounds

£3.0.0.

in respect of

Cheque £ 3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

*A. G. Cooper*

*[Signature]*  
Chief Paymaster & O. i/c Records.

No. 51343 Rank Private

Witness M. Rockets

Cooper, N.Y.

5343

Ray & Sept.

August 4th 1919.

~~RS/.~~

#5543, Pte. A. Cooper,

Old Regular.

Dear Sir:

Enclosed please find Discharged Certificate

# 3472.

Yours truly,

Capt. <sup>or</sup> Paymaster.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5343 Rank Pte Name Cooper A  
 Intended place of residence Old Perlican

2. Occupation Fisherman  
 Classification of soldier B Medical Category A1

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 18 1919

J. M. 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 18 1919

A. Cooper  
 Signature of soldier

M. J. M. J.  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 18.7.19

A. Cooper  
 Signature of soldier

James Sheehan  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military  
 Discharged from service JUL 20 1919 Plus 14 days Service 438

### 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 14 days from date.

Place, ST. JOHN'S

Date JUL 20 1919

A. R. Cooper Capt.  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 3/1919

M. Bowley Capt.  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

DOB 2079/3472

9  
20  
31  
3  
73

# The Royal Newfoundland Regiment

Class for Demobilization: —

*F*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*18-7-19*

Regimental No. *5343*

Name

*Cooper A. G.*

Address

*Old Peruvian*

Present Medical Category

*A-1*

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

*A. G. Cooper Capt.*  
O. C. Discharge Depot.

*H. Robinson*  
Senior Medical Officer

*W. B. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5343 Rank Rt. Lt. Name Inspector  
 Date of Enlistment 23.5.18 Address 215 Princes District St. John's  
 Occupation Postman Classification for Discharge A.1 Medical Category A.1  
 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	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do-2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date July 1919

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

rd Cooper

Particulars passed to Vocational Officer for information and action.

T

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #6000  
 (b) Clothing Supplied Amblin

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2461 to his home at Old Parleian and Release Certificate No. 3099 issued.

Date 18-7-19

*[Signature]*  
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 3-8-19

Date 18-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	<i>[Signature]</i> 2 Form B
F 178	W 3494	B 122	Board 1st.	" 2	
F 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 18-7-19

*[Signature]*  
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 20 1919

**L. R. 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.

*Alfred Cooper*

Signature of Man.

*M. Blouster*

Signature of the Vocational Officer or his Representative.

Reg. No. 3343

ST. JOHN'S.

Place

Date

18-7-19

191

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

# MEDICAL HISTORY

OF

Surname Cooper

Christian Name Alfred G.

Table I.—GENERAL TABLE.

Birthplace:—Parish Old American P.B. County Mea.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	18	May		
Declared Age	20	years		
Trade or Occupation	Fisherman			
Height	5	feet 9 1/4		
Weight		127		
Chest Measurement	Girth when fully expanded	32 1/2		
	Range of Expansion	3 1/2		

	Right	Left	Right	Left
	Vaccination Marks	/	/	

When Vaccinated

Vision R.E.—V= 6/6 L.E.—V= 6/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lammie Peterson Medical Officer.

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

Joined on Enlistment... Royal Mea. Regiment. 1343

Became non-effective by on day of 191

(Signature) (Rank)









## 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 *Cooper, Alfred George*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5343*

Intended address *Old Puluan Trinity*

Height on discharge *5 feet 9 1/2*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall*

Christian name of Father *Simon*

Christian name of Mother *Lucretia*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Old Puluan 21-10-1898*

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) *Alfred Cooper*

*Alf*  
(Rank)

Station *ST. JOHN'S.*

Date *17-7-19*

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 in Hospital.  
Unit, or Command Depot.



Date

**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..... <i>Royal Artillery</i>           | 7. Former Trade or Occupation } <i>Fisherman</i>                     |
| 2. Regtl. No. <i>53443</i> 3. Rank..... <i>Pte</i>      | 7a. If the soldier claims previous service in Army, he should state— |
| 4. Name <i>George</i> ..... <i>Alfred</i>               | (a) Former Regts. or Corps ; with Regtl. Nos.                        |
| (Surname) (Christian Names)                             |  |
| 5. Age last birthday. <i>21</i> .....                   |  |
| 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                      | (b) Date of Discharge ;  |
| (c) on duty (d) off duty ?                              | (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."**

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 .. .. .                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. .                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service .. .. .                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war .. .. .          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the }<br>man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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, &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.)

*No complaint of no feasibility*

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 ?

*Refutation*

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.

*H.E. Provenier. Staff Rank*  
Medical Officer in charge of case.

Station *Weymouth*

Date *24-19*

\* 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

August 9th 1919.

Mr. A. Cooper,  
Old Merican.

Dear Sir:

Referring to your application, I enclose  
cheque for seventy dollars (\$70.00) being amount  
of first payment due you on account of war ser-  
vice gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

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 28th.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..... *Alfred* ..... 2. Surname..... *Cooper* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *2243* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Old Veridian* .....
6. Date of enlistment in the Regiment..... *May 22/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
..... *no* .....
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 Mfld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *fourteen months* .....
- ..... 1. *3* .....

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.? If not give? - (a) date of discharge

*no*  
*July 21/19*

*Reason for discharge*

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.

*Exc. Coast*

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: *Alfred G. Cooper*

Place of Residence: *Old Peruvian,*

Declared before me at: *St John's*

This *18* day of *July* 19.*19*...

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John M. L. Coates*

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





ST. JOHN'S, JUL 18 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pvt A Cooper

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

2343 Pvt A Cooper 16.60

B 8 m

ACCOUNT	<u>3338</u>
OR NO.	<u>EW</u>
NO. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 16.60

W. Johnston

Billeting Officer.

Let's

Alfred Cooper

# 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. D. Dickshier

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	years months	<u>Justice man</u>		
<u>5343</u>	<u>Cooper Alfred</u>	Place and Date of Enlistment	<u>St John's 28 5 18</u>	Religion		
Joined	Date	Period of	with Colours / 173 years. with Reserve 363 years.	<u>Method</u>		
Joined	Date			Place of Birth		
Joined	Date			<u>Old Perlicent NB</u>		

Place	Date of Offence	Rank	Causes of Discontin- uence	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>John's</u>	<u>3 1/2</u>			

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5343 Rank PM Name Cooper  
 Date of Enlistment 23.5.18 Address Old Redoubt District Trinity  
 Occupation Librarian Classification for Discharge ..... Medical Category 1E  
 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 July 17/19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

**i. Civil Re-Establishment.**

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

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~~ [Signature]

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2461 to his home at Old Perleau and Release Certificate No. 3699 issued.

Date 18-7-19

Chelouster  
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 3-8-19

Date 18-7-19

H. M. S. J.  
Depot Paymaster.

Discharge approved for 20-7-19

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

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

Date 18-7-19

Chelouster  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919

R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date Aug 11 19

Reg. No. *1343* Rank *He* Name *Cooper, A.*

Attested ..... Address *Old Surian*

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

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

*15 19*  
*20 19*

DISCHARGE APPROVED ON DEMOBILISATION