



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6272 Name Joseph Cooper Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|----------------------------------|
| 1. What is your name? | 1. <u>Joseph Cooper</u> |
| 2. What is your full Address? | 2. <u>Scates Cove Rd</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>Fisherman</u> Months |
| 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> |

Joseph 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.

Joseph Cooper SIGNATURE OF RECRUIT.
A. Peters L/c Signature of Witness.

Joseph Cooper OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I 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 11/10/18 day of November 1918.

Signature of Attesting Officer A. Dicks L/c

†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 1st Battalion if enlisted by special authority, such will be attached to the original attestation.

Date 11/13/18 1918 } Approving Officer.
Robertson Capt
 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.

* 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 Joseph Cooper
 Apparent age 24 years months. Height 5 feet 5 1/4 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Cooper
Grateslowe | 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 " _____ [" "] _____ " _____ "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6272

Name Joseph booper

Corps Infantry

Name
Apprentice
Chest M
Rating

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------|
| 1. What is your name? | 1. <u>Joseph booper</u> |
| 2. What is your full Address? | 2. <u>Grates Cove R.D.V.</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>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Joseph booper 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.

Joseph booper SIGNATURE OF RECRUIT.

W. Peters 2/c Signature of Witness.

Joseph booper OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph booper 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 11th day of Oct 1918

Signature of Attesting Officer W. Dickson

† 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 10th

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

Date OCT 12 1918

Place St John's

W. Dickson } 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.

* 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).....

6272

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph Cooper

Apparent age 24 years months. Height 5 feet 5 1/4 inches

Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Cooper
Grateslowe | 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 _____									
<u>Discharged June 25/19</u>									
Total Service forfeited as above.....									

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

" " Pensions " _____ [" "] _____ " _____

C.R. 6272

Extract of Daily Orders Part II, Dated Jan. 3rd 1919.

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

6272 Pte. Jas. Cooper,

Discharged 28-12-18

C.R. 6272

Extarct from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Jan.28th,1919.

The Discharge of the Undernoted or demobilization has been
Confirmed by Officer ^Ui/c Records On noted date.

6272 Pte. Jos. Cooper.

Jan.25,1919.

C.R. 6272

Extract from Medical Board held on Thursday December
26th, 1918.

6272 Pte. J. Cooper.

Recommended Discharge as Permanently Unfit.

C.R.

6272

Extract from Daily Orders part 11, Depot St. John's dated Dec. 18th.
1918.

ADMITTED TO BARRACKS HOSPITAL 16-12-18.

#6272 Pte. J. Cooper.

C.R. 6272
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 Militia**

Line Number	Rcd	By	Sent	by	Check

Dated **Nov. 7th, 1918.**

To **Josiah Cooper,**
Grates Cove, B. D. V.

Beg to inform you that your son #6272 Pte. Cooper, is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6272
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 Militia

Line Number	Rcd	By	Sent	by	Check

Dated Oct.
~~Nov.~~ 29, 1918.

To
Mr. Josiah Cooper,
Grates Cove. B.D.V.

Regret to inform you that your son #6272 Pte. Cooper, is now seriously ill at General Hospital St. John's.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6272
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
Militia

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 17th, 1918.**

To **Mr. Joseph Cooper,**
 Grates Cove.

Regret to inform you that your son # 6272 Pte. Jos. Cooper, was admitted to General Hospital 16/10/18 suffering from Influenza and Bronchial Pneumonia., Seriously ill.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

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 Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 21, 1918.
To Mr. Josiah Cooper.
Grate's Cove.

Regret to inform you that your son #6272 Wte. Cooper, is seriously ill.

J.R. Bennett,
Minister of Militia.

C.R. 6272
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 Militia**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 25, 1918.**

To **Mr. Josiah Cooper,**

Grate's Cove.

Beg to inform you that #6272 Pte. Cooper, is now improving.

J.R. Bennett,

Minister of Militia.

C.R. 6272
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 _____

Line Number	Recd	By	Sent	by	Check

Dated **OCTOBER 26th., 1918.**

DEPT. OF MILITIA.

To **JOSIAH COOPER,
GRATES COVE**

BEG TO INFORM YOU THAT # 6272 COOPER IS IMPROVING.

J. R. BENNETT.

MINISTER OF MILITIA.

FOR TYPEWRITER

C.R. 6272

Extract from Daily Orders part 11 Depot

St. John's dated October 18th., 1918.

6272 Pte. J. Cooper.

Discharged from Barracks Hospital to ^{General} Barracks Hospital

16/10/18.

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 Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Nov. 5th, 1918.**
To **Mr. Josiah Cooper**
Grates Cove, B.D.V.

Req to inform you that your son # 6272 Cooper, is now improving.

J.R. Bennett,
Minister of Militia.

C.R. 6272

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment,
Dated October 17th 1918.

Hospital.

6272 Pte. J. Cooper.

Admitted Barracks Hospital 15/10/18.

C.R. 6272

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,
St. John's, Oct. 14, 1918.

6272 Pte. Joseph Cooper.

Attested from general service with the Royal Wfld. Regt., from 11
10-18.

1098



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, Nfld.**
 Date **December 23rd., 1918**

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. **6272**
- 3. Rank **Private**
- 4. Name **COOPER JOSEPH**
- 5. Age last birthday **24**
- 6. Enlisted on **October 11th., 1918**
at **St. John's**
- 7. Former trade or occupation **Fisherman**
- 8. Disability **INFLUENZA AND BRONCHITIS**

9. History **In Barracks 2 days. Reported on sick parade and admitted Barracks Hospital 15/10/18. Sent to General Hospital 16/10/18 Transferred to Hunsdon 16/11/18 Discharged 16/12/18**

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.)

General condition good. Shortness of breath on exertion. Heart irregular. P. H. 100. No accompaniments in lungs

11. Was sanatorium advised and refused? **No**
operation

12. Do you recommend discharge as permanently unfit? **Yes**

Signature **(Sgd) ARCH C. TAIT**

Rank or Qualification **FOR W.O.DEPOT**

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank

RECEIVED BY OFFICE OF THE SURGEON GENERAL

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 **may** 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.

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?
Less than 20%
- (State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence (b) Misconduct **No**

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,	No
	Naval and Military Convalescent Hospital,	
	Jensen Tuberculosis Camp.	

20. We recommend discharge from retention in the Army

Remarks if any:—

(Sgd) M. R. FRASER.....
President

Signatures.....
ARCH C. TAIT

.....
L. PATTERSON, Major

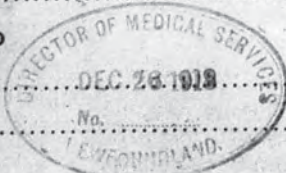
Place St. John's, Nfld......

Date Dec. 26th., 1918.....

APPROVED

Station.....

Date.....



(Sgd) CLUNY MACPHERSON, Major
.....
Administrative Medical Officer



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 Johns*

Date *Dec 23rd 1818*

1. Unit *Royal Newfoundland*
2. Regimental No. *6272*
3. Rank *Private*
4. Name *Cooper Joseph*
5. Age last birthday *24 yr*
6. Enlisted on *11th Dec 1818*
7. Former trade or occupation *Fisherman*
8. Disability *Influenza & Bronchitis*

9. History *In Barracks 2 days. Reported on sick. parade
+ admitted Barracks Hp. 15/10/18. Sent to Gen. Hp. 16/10/18
transferred to Escarson 19/11/18. Discharged 16/12/18.*

10. What is his present condition?

General Condition Good.

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

Shortness of Breath on exertion

Heart irregular. P.R. 100.

No accompaniments in lungs.

11. Was sanatorium advised and refused?
operation

No

12. Do you recommend discharge as permanently unfit?

yes

Signature

Archibald
for M.O. report

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 may 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.

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? less than 20%
(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence no (b) Misconduct no

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.	<u>no</u>
--	-----------

20. We recommend discharge from retention in the Army

Remarks if any:—

Signatures.....

.....
President

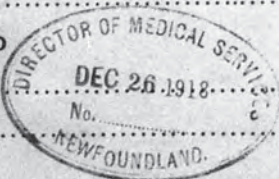
Place S. Johns.....

Date Dec 26/18.....

APPROVED

Station.....

Date.....



Chas. Macpherson
Administrative Medical Officer Major

Cooper, Joseph

6272

Ray sept.

January 25th., 1919

#6272 Pte. Joseph Cooper,
Grates Cove,
Bay de Verde.

Dear Sir:-

Please find enclosed "Dis charge
Certificate No. 756."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6272 Rank 16 Name Joseph Cooper
 Intended place of residence Grates Cove St. J.

2. Occupation Fisherman
 Classification of soldier 6 Medical Category 6

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 28 1918
 Date DEC 28 1918 W. H. Tait
 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 28-12-18
Joseph Cooper
 Signature of soldier
W. H. Tait 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 27-12-18
Joseph Cooper
 Signature of soldier
W. H. Tait Capt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-10-18 No of days on Military
 Discharged from service 28-12-18 plus 28 days Service 108

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S.
DEC 28 1918
 Date DEC 28 1918 R. H. Tait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld.
 Date January 25/1919 W. H. Tait Capt.
 Officer in Charge of Records
 The Royal Newfoundland Regiment

22 B 2079/156

21
20
31
25
7

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6274 Rank Plt Name Cooper Joseph
 Date of Enlistment 11.10.18 Address St. John's District B. & Verde
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 70%
 Passed to Demobilization Officer with following documents:—

N.F. P36	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		do 4th.	" 5.	
B 179b	B 103	ME 2			" 6.	
B 179c	B 120	M 93	1			

Date 27.1.18

St. John's
O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 27.1.18

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied Joseph H. Cooper

Date 27.1.18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 485 to his home
 at Grates Corn and Release Certificate No. 640 issued

Date 27-12-18 CRDicks Cpt
 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 25-1-19

Date 28-12-18 Stobley Capt.
 Depot Paymaster.

Discharge approved for 28.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	Form B
E 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 28 12 18 CRDicks Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Date DEC 28 1918 R.H. Sait Capt.
 O. C. Discharge Depot.

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

Date Jan. 6/1919

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

MEDICAL HISTORY

Surname Cooper OF Joseph
 Christian Name Joseph

Table I.—GENERAL TABLE

Birthplace:—Parish <u>Gratesone</u> County <u>Newfoundland</u>					
		SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>11th</u> day of <u>Oct</u> 191 <u>8</u>	on	day of	191	
	at <u>St Johns</u>	at			
Declared Age	<u>24</u> years	days	years	days	
Trade or Occupation	<u>Fisherman</u>				
Height	<u>5</u> feet <u>5¹/₄</u> inches	feet	inches		
Weight	<u>128</u> lbs.	lbs.	lls.		
Chest Measurement {	Girth when fully expanded	<u>38</u> inches	inches		
	Range of Expansion	<u>3</u> inches	inches		
Physical Development					
Vaccination Marks {	Arms	Right	Left	Right	Left
	Number				
When Vaccinated					
Vision	R.E.—V= <u>6/9</u>	R.E.—V=			
	L.E.—V= <u>6/6</u>	L.E.—V=			
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)			
(b) Slight defects but not sufficient to cause rejection	(b)	(b)			
Approved by (Signature)	<u>H. Paterson</u>				
(Rank)	<u>Major</u> Medical Officer				Medical Officer
Enlisted	at <u>St Johns</u>	at			
	on <u>1st</u> day of <u>Oct</u> 191 <u>8</u>	on	day of	191	
Joined on Enlistment	Corps <u>Royal Nfld Regt</u>	Regtl. No. <u>6292</u>	Corps	Regtl. No.	
Transferred to					
Became non-effective by	on	day of	191	on	day of 191
(Signature)					
(Rank)					

Table III—Boards: Courts of Inquiry, Vaccination, Inoculations, Examinations for Health of
Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Sur-

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

Temp. & Pulse normal for three weeks.

L. Kuyper

R. W. Mason



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND,

To Capt. Dicko.
 Remobilization Officer

Will you please carry out the discharge of 6272
 Pte. Joseph Cooper, ^{B.S.V} Gates Cove, as soon as possible?

R. H. Lait

 Captain
 Officer Commanding
 Discharge Depot-Newfoundland

27/12/18

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 at Fishing.

Joseph Cooper

Signature of Man.

C. B. Duke Capt.

Reg. No. *6272*

Signature of the Vocational Officer or his Representative.

Place

St John's n. S. C.

Date

27/12/18.

191

Report for Service 3393

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Hogwarts on Oct 11 1918

1. Name Joseph Cooper Age (a) Declared 24
2. Do you know of anything wrong with you? None in chest
(b) Apparent

What severe illnesses have you had? none.

Eyes brown.
Complexion fair
Markings

6272

3. Height 5-5 1/4 Weight 128
4. Eyesight (a) Left 6/9 (b) Right 6/6
5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs n
Measurement (a) Expiration 35 (b) Inspiration 38

7. Examination of Heart n

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)
Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness) n

10. Have you been successfully vaccinated, and when? yes 4 years ago
11. Name and address of next of kin Father Joseph Cooper Cove
12. Category B D V Dist

REMARKS—

A 11

Archibald
W. Beedee
Medical Examiners.

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

27.11.18

Regimental No.

6272

Name

Cooper Joseph

Address

Grates Cove Trinity Bay

Present Medical Category.....

F1

Recommended for:—

(a) ~~Immediate discharge~~

(b) Standing Medical Board.....

Members of Board

R. H. East Capt

O.C. Discharge Depot.

J. A. Brown

Senior Medical Officer

Geo. Burdett

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, Nfld.**
 Date **December 23rd., 1918**

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 24 |
| 2. Regimental No. 6272 | 6. Enlisted on October 11th., 1918 |
| 3. Rank Private | at St. John's |
| 4. Name COOPER JOSEPH | 7. Former trade or occupation Fisherman |

8. Disability

INFLUENZA AND BRONCHITIS

9. History

In Barracks 3 days. Reported on sick parade and admitted Barracks Hospital 15/10/18. Sent to General Hospital 16/10/18 Transferred to Esplanade 19/11/18 Discharged 16/12/18

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.)

General condition good. Shortness of breath on exertion. Heart irregular. P. R. 100. No accompaniments in lungs

11. Was sanatorium advised and refused? **No**
operation

12. Do you recommend discharge as **Yes**
permanently unfit?

Signature **(Sgd) ARCH. C. TAIR**
Rank or Qualification **FOR M.O. DEPOT**

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 **may** 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.

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.) **Less than 20%**

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperence (b) Misconduct **No**
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,	No
	Naval and Military Con-	
	valescent Hospital, Jensen Tuberculosis Camp.	

20. We recommend discharge from retention in the Army

Remarks if any:—

:(Sgd) N. S. FRASER.....
President

Signatures..... **ARCH C. TAIT**.....

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

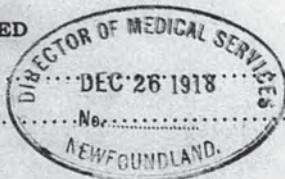
Place **St. John's, Nfld.**.....

Date **Dec. 26th, 1918**.....

APPROVED

Station.....

Date.....



:(Sgd) **CLUNT 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 *Cooper Joseph*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6272*

Intended address *Grates Cove 2B.*

Height on discharge *5* Feet *7*"

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *-*

Figure on discharge *Medium*

Christian name of Father *Josiah*

Christian name of Mother *-*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth *Grates Cove 4th Dec 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) *Joseph Cooper*

(Rank) *1st*

Station *St John's*

Date *23 Dec 1918*

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.

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

Station *St John's Ufld*

Date *23 Dec 1918*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one
Signature of O. C. Company Chadwick

Regiment of Royal Newfoundland Regiment

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>6272 Joseph Cooper</u>	Age on	<u>24</u> years <u>0</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	Religion	
Joined	Date			<u>Meth</u>	
Joined	Date	Period of	with Colours <u>107</u> years.	Place of Birth	
Joined	Date			with Reserve <u>365</u> years.	<u>Greater C. or B. N.</u>

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
				<u>Demobilized</u>	<u>St Johns</u>	<u>25 '19</u>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6274 Rank Plt Name Cooper Joseph
 Date of Enlistment 11.10.18 Address Hyates Cove District B. B. Verde
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permitly profits Disability Rating Less than 20%
 Passed to Demobilization Officer with following documents:—

N.F. P36	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 27.12.18

Atkinson Capt.
 O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Joseph Cooper

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. Brown

Date 27-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 405 to his home at Grated Cove and Release Certificate No. 640 issued.

Date 27-12-18

C.B. 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 25-1-19

Date 26-12-18

Howley Capt.
Depot Paymaster.

Discharge approved for 28. 12. 18

Forwarded with following documents to O.C Discharge Depot.

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

Date 28. 12. 18

C.B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

DEC 28 1918

Date

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

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

Date Jan. 6/1919

Howley Capt.
O.C.R.

Demobilisation Form 2.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6272 Rank Pte Name Joseph Cooper

Intended place of residence Grates Cove, B. de V.

2. Occupation Fisherman

Classification of soldier B Medical Category E

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

DEMOBILIATION

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. RILEY, Capt.

Date Dec. 28, 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) Joseph Cooper
Signature of soldier

28-12-18 " 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) Joseph Cooper
Signature of soldier

27-12-18 " E. F. Peters, I/C.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-10-18 No of days on Military

Discharged from service 28-12-18 plus 28 days Service 107

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. 28, 1918

CONFIRMATION OF DISCHARGE

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

Place

Date Officer i/c Records
The Royal Newfoundland Regiment

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 at Fishing

(sgnd) Joseph Cooper

Signature of Man.

Reg. No. 6272

(sgnd) C. B. Dicks, Capt.

Signature of the Vocational Officer or his Representative.

Place St John's

Date 191

27-12-18