



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5341

Name Stewart Cooper Corps SA

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

- |  |                          |
|--|--------------------------|
| 1. What is your name? .....  | 1. <u>Stewart Cooper</u> |
| 2. What is your full Address? .....  | 2. <u>10 Main St</u>     |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>            |
| 4. What is your age? .....   | 4. <u>19</u> Years ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Blacksmith</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, Stewart 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.

Signature of Recruit: Stewart Cooper  
 Signature of Witness: J. Raymond

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

I, Stewart 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 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 23/10/15 day of May 1915.  
 Signature of Attesting Officer: C. Dicks 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 SA.  
 If enlisted by special authority, such will be attached to the original attestation.  
 Date: ..... 1915  
 Place: ..... } 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).....



C.R. 5341

extract from Daily orders part II royal newfoundland regt.  
Depot St. John's dated July 8th 1919.

the discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from noted date  
4-7-19.

5341, Pte. Stewart Cooper.

C.R. 5341

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. Depot, St. John's, June 10th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot, with effect from 20-6-19.

5341 Pte. S. Cooper.

C.R. 5341

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

Date 9-619.

5341 Pte. S. Cooper

Reported at Headquarters 1-6-19.

BY "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5341

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19. embarked at Havre 22/4/19;  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5341 Pte. S. Cooper.

C.R. 534

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

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

#5341 Pte. Stewart Cooper.

C.R. 5341

Extract from Daily Orders part 11, from Unit The Royal  
Bfld. Regt. St. John's, dated May 25th, 1918.

#5341 Pte. Stewart Cooper.

Attested for General Service with the Royal Bfld.  
Regt. from 23.5.18



S Cooper

C.R. 5341

Page

## Medical Report on an Invalid.

Station Hazley Down  
Date 1/5/19

1. Unit Royal Newfoundland  
2. Regimental No. 5341  
3. Rank Pvt  
4. Name Cooper Stewart  
5. Age last birthday 20  
6. Enlisted  $\left\{ \begin{array}{l} \text{on } \underline{\text{May 22/18}} \\ \text{at } \underline{\text{St John's}} \end{array} \right.$

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

### 8. Disability in respect of which invaliding is Proposed.

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

#### Statement of Case.

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

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

nil  
nil  
nil  
nil

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

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

na.







No 6708/1058

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.  
2nd Batt. Ryl. Nfld. Regiment  
Winchester

3rd May 1919

5341 Pte S. Cooper

With reference to the following telegram from the Minister of Militia / / ( 162)

"Pay to- 5341 S. Cooper

£5-0-0

Cheque £ 5-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

May 5<sup>th</sup> 1919

Receipt hereunder.

Officer Commdg. \_\_\_ Batt'n.

Received the sum of Five

pounds in respect of telegraphic remittance from the Minister of Militia.

No 5341 Rank Pte

Witness Stewart Cooper

Cooper, S.

5341

Ray Sept.

July 4, 1919

#5341 Pte. Stewart Cooper,  
Bonavista.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2598.

Yours truly

Paymaster & O.i/c Records. Captain.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5341 Rank Plt Name Cooper S  
 Intended place of residence Bonaville

2. Occupation Fidelerman  
 Classification of soldier E Medical Category A 2

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 JUN 6 1919  
 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  
JUN 6 1919  
 Signature of soldier S Cooper  
 Signature of witness Ambleton St

### 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  
JUN 6 1919  
 Signature of soldier S Cooper  
 Signature of witness James Newman

### STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 1 P No of days on Military  
 Discharged from service 20-6-19 plus 14 days Service 408

### 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  
 Date JUN 20 1919  
 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 July 4/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

at B w 791 2398.

# The Royal Newfoundland Regiment

Class for Demobilization:—  
4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

 Date ..... *26.6.19* .....

 Regimental No. .... *5341* ...

 Name ..... *Couper* ..... *Stewart* ..... *Plt* .....

 Address ..... *Bonanza* .....

 Present Medical Category ..... *A1* .....

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

Members of Board {

*RH Last*  
O.C. Discharge Depot.

*L. Watson*  
Senior Medical Officer

*W. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5341 Rank Private Name Cooper S  
 Date of Enlistment 23.5.18 Address Bonaville District Brigade  
 Occupation Sergeant Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P36	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 5.6.19O. C. Discharge Depot. H. M. 11

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation. S. 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 £50

(b) Clothing Supplied Hand Cash

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. PR 1528 to his home  
 at Bonavista and Release Certificate No. 2389 issued

Date 6-6-19  
*J.A. Brown 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 4-7-19

Date 6-6-19  
*J. H. [Signature]*  
 Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

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		

*2 Form B.*

Date 6-6-19  
*J.A. Brown Capt.*  
 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

*R.H. [Signature]*

Date JUN. 20. 1919  
 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*

*Stewart Cooper*

Signature of Man.

Reg. No. *5341*

*J. A. Snow*  
Signature of the Vocational Officer or his Representative.

Place *At Johns*

Date *6-6-19*

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

# MEDICAL HISTORY

OF

Surname Cooper

Christian Name Steward

Table I.—GENERAL TABLE.

Birthplace:—Parish Bonaville County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <u>23</u>	day of <u>May</u>	on	day of
	at <u>St Johns</u>		at	
Declared Age	<u>9</u>	years		days
Traile or Occupation	<u>Fisherman</u>			
Height	<u>5</u>	feet	<u>8</u>	inches
Weight			<u>144</u>	lbs.
Chest Measurement	Girth when fully expanded		<u>36</u>	inches
	Range of Expansion		<u>S</u>	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/6</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>Samuel Peterson</u>			
(Rank)				
				Medical Officer.
Enlisted	at <u>St Johns</u>		at	
	on <u>23</u>	day of <u>May</u>	on	day of
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				



Medical Report on an Invalid.

Station Hazely Brown

Date 1/5/19

- |                      |                           |  |
|----------------------|---------------------------|--|
| 1. Unit              | <u>Royal Newfoundland</u> | 7. Former Trade } <u>Gasfitter</u>           |
| 2. Regimental No.    | <u>5341</u>               | or Occupation }                              |
| 3. Rank              | <u>Pte</u>                | 7A. If with previous service in Army, state— |
| 4. Name              | <u>Cooper Stewart</u>     | (a) Former Unit;                             |
| 5. Age last birthday | <u>20</u>                 | (b) Regimental No.;                          |
| 6. Enlisted          | { on <u>May 23/18</u>     | (c) Date of Discharge;                       |
|                      | { at <u>Albion</u>        | (d) Cause of Discharge.                      |

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - constitutional or hereditary, and not aggravated by service during the present war.
  - attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*nil*  
*nil*  
*nil*  
*nil*

*na*



13. What is his present condition?

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

*See Complaint of no disability*

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

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

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

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

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

*na*

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

*na*

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

*na*

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

*na*

*Repatriation*

20. Do you recommend—

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

*W. C. Rosmer*

*Sgt. R. S. R. Capt. Rame*

Officer in medical charge of case.

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

Station *Mazeley Down*

Date *1/5/19*

\_\_\_\_\_  
Officer in charge of Hospital.

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

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

**Casualty Form - Active Service.**

Regiment or Corps R. Newfoundland  
 Rank Pte Surname Cooper Christian Name S  
 Religion S. Army Age on Enlistment 19 years — months  
 Enlisted (a) 23/5/18 Terms of Service (a) Duration Service reckons from (a) 23/5/18  
 Date of promotion to present rank — Date of appointment to lance rank —  
 Extended ( ) Re-engaged ( ) Qualification (b) —  
 or Corps Trade and Rate —  
 Occupation Fisherman Signature of Officer M. Lloyd Cap

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
	From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.			
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrived in UK		13/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &amp;c

(17591.) Wt. W 1887-P 1184. 1,000,000. ©/R. D &amp; S. Form B.103. (E. 1256.)

I.P.T.O.

Next of Kin: Father: Cooper John Bonaville: N. F. d. d



## 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 Office 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 *Stewart Gaspar*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5341*

Intended address *Bonavista*

Height on discharge *5* feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Normal*

Christian name of Father *John*

Christian name of Mother *Fannie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bonavista, Aug 23, 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)

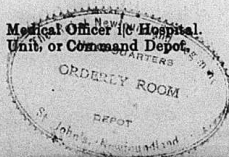
(Rank) *Pte*

Station *St. John's Hq* Date *4-6-19*

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.

Station

Date





July 5, 1919

#5341 Wte. Stewart Cooper,

Bonavista, 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 & U. S. Records.

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 *Stewart* 2. Surname *Cooper*  
3. Rank *Pte* 4. Regt. No. *5341*  
5. Address in full to which future payments of gratuity are to be forwarded *Bonavista, R.B.*  
6. Date of enlistment in the Regiment *May 23/18*  
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 Nfld. If so, give dates and particulars of such service *Overseas*  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas *From May 23/18 to June 6/19*

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

*No*

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

*Clothing allowance Stock pay \$5.69*

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

*June 6/19*  
*Temporary*

*Demobilization*

*France, Belgium & Germany, from Oct. 1918 to April 1919.*

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.

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

*No*

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

Signature of Applicant: *J. Cooper*  
 Place of Residence: *Bonavista, B.B.*  
 Declared before me at: *N. Jhuin, Nfld*  
 This *6th* day of *June* 19...  
*Johanna Victoria My*  
*J.P.*

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

POST DISCHARGE PAY.				Not amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....	.....	.....	<i>Compt</i>	<i>280</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland Number of Sheet 1  
Signature of O. C. Company P. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	19 years months	<u>Johnson</u>		
<u>5341</u>	<u>Cooper Stewart</u>	Place and Date of Enlistment	<u>St John's</u>	Religion		
Joined	Date		<u>23 5 18</u>	<u>SC</u>		
Joined	Date	Period of	with Colours <u>143</u> years.	Place of Birth		
Joined	Date	with Reserve	<u>365</u> years.	<u>Brunswick</u>		
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
				<u>Demobilized</u>	<u>St John's</u>	<u>H 7/19</u>			

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5341 Rank Plt Name Cooper S  
 Date of Enlistment 23.5.18 Address Bonaivista District Bonaivista  
 Occupation Fisherman Classification for Discharge 6 Medical Category AI  
 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 5.6.19

*[Signature]*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am \_\_\_\_\_ in a position to resume civilian occupation. *S. 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 *[Signature]*

(b) Clothing Supplied *[Signature]*

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 1528 to his home at Bonarriva and Release Certificate No. 2399 issued.

Date 6-6-19

J.A. Snow 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 4-7-19

Date 1-1-19

J.A. Snow Capt  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

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.	2 Form B.
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 6-6-19

J.A. Snow Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity  
R.H. Sait Capt.

Date JUN 20 1919

O. C. Discharge Depot.

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

Date June 11/1919

W. Arnold  
Depot Records

Reg. No. *1341* Rank *Al* Name *Cooper, A.*

Attested ..... Address *Bonau, La.*

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

Date of Allotment ..... Returned from Overseas *29.11.1*

Returned on S.S. *Corsican* Cause *Discharge*

*5-6-79*

**PASSED TO DEMOBILIZATION OFFICER**

*20-6-79*

**DISCHARGE APPROVED ON DEMOBILIZATION**