



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. **36 31** Name **Wallis Cooper** Corps **S. A.**

Questions to be put to the Recruit before Enlistment.

1. What is your name? **Wallis Cooper**
2. What is your full Address? **St. James' New Bay N.B.**
3. Are you a British Subject? **Yes**
4. What is your age? **38** Years **—** Months
5. What is your Trade or Calling? **Lumberman**
6. Are you Married? **No**
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? **No**
8. Are you willing to be vaccinated or re-vaccinated? **Yes**
9. Are you willing to be enlisted for General Service? **Yes**
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 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? **Yes**

I, **Wallis Cooper** do solemnly declare that the above answers made by me to the above questions are true, and that I will try to fulfil the engagements made.

Wallis Cooper SIGNATURE OF RECRUIT.

W. Cooper Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, **Wallis 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 on this **19th** day of **April** 191**5**.

W. Cooper Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191**5**

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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Willis Cooper.
 Apparent age 28 years - months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Cooper
P.O. Leamington | Relationship Father
New H. Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>19-4-17</u>									
Joined at <u>St John's</u> on <u>April 19th 17</u>									
<u>Embarked</u>	<u>St John's</u>	<u>St. Margel to Halifax N.S.</u>		<u>19th 17</u>				<u>Embarked</u>	
<u>for R.C.A.</u>	<u>8-2-18</u>	<u>Admitted 55 per Corp</u>	<u>Boulogne</u>	<u>15-3-18</u>					
<u>Discharged</u>	<u>to 5 rest camp.</u>	<u>St Martin</u>	<u>Bronchitis</u>	<u>15-4-18</u>				<u>Admitted 9th</u>	
<u>New Corp</u>	<u>Embarked</u>	<u>Lyons</u>	<u>9-9-18</u>	<u>Due to bad town</u>	<u>3-10-18</u>			<u>Boarded 12-10-18</u>	
<u>Admitted 32</u>	<u>by Corp</u>	<u>Namur</u>	<u>St. Liffer</u>	<u>Brem.</u>	<u>15-10-18</u>			<u>Admitted New Ent.</u>	
<u>Hospital</u>	<u>Stapledon</u>	<u>6-10-18</u>	<u>Admitted to Reg.</u>	<u>Warrister</u>	<u>2-12-18</u>			<u>To 11th for demobilization</u>	<u>21/19</u>
<u>Demobilization</u>									
								<u>St John's</u>	<u>15-7-19</u>
Total Service forfeited as above.....									
Total Service towards Engagement to <u>15-7-19</u> [date of discharge]					<u>2</u> years	<u>88</u> days			
Pensions " " " " " " " " " " " "									

C.R. 3631

extract from daily orders part II Royal Newfoundland Regiment
depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date
12-7-19.

3631, Pte. Willis Cooper.

C.R. 3631

Extract from Daily Orders Part 11 Depot. St. John's,
Date June 18th 1919.

3631, Pte. W. Cooper.

Reported at Headquarters 1/6/19.
which sailed Liverpool May 22/1919.

BY "Corsican"

C.R. 3631

Extract from Daily Orders Part 21 Unit The Royal WFLA.

Regt. 36. John's, June 20th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.G. Discharge Dept with effect from 1-7-19.

3631 Pte, Willis Cooper.

C.R. 3631

Extract from Daily Orders part IIm, by Lt. Col.,
B. J. BARTON, Officer Commanding 2nd., Battalion
of the Royal Newfoundland Regiment dated 2-12-18. 8

The u/m having reported back from the 1st., Batt.
is taken on the strength and posted to "H" Co.,

3
#3621 Pte. W. Cooper.

29-11-18.

C.R. 3631

Extract from Casualties received from Pay and Record Office,
London, dated Nov. 29th 1918.

3631 Pte. W. Cooper,

ex Summerdown Convalescent Hospital, Eastbourne, 20/11/18,
is granted furlough to 29/11/18. Fit for I, Duty.

Authority:-

Memo from Hospital, Eastbourne.

C.R. 3631

Extract from Casualties received from P.&.R. Office,
London, 28th, Oct.1918.

3631 Pte. W. Cooper,

Was transferred from the Military Hospital, Hampstead, to
the convalescent Hospital, Eastbourne, on 25/10-18.

MM.

NEWFOUNDLAND POSTAL TELEGRAPHS.



CR 3631

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 **Dept of Militia**

Line Number	Rcd	By	Sent	by	Check

Dated

Oct 19th, 1918

To

Sammel Cooper, Point Leamington,

Regret to inform you that Record Office, London, officially reports **no. 3631, Private Willis Cooper at Newend Military Hospital Hamstead suffering from G.S.W. right arm**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 3631

Extract from Casualties received Pay & Record
Office, London, Oct. 19th, 1918.

Admitted to ^{the}ew End Hospital, Hampstead.

3631 Pte. W. Cooper.

G.S.W. R. Arm

C.R. 3631

Extract from War Office List No. H.A. 30366.

ADM. 32 - STY. H. WIMEREUX - 15 OCT. 18

3631 Pte. W. Cooper.

S.W. R. UPPER ARM.

C.R. 3631

Extract from War Office List.

#C. 1733 dated 11. 18.

#3631 pte. W. Cooper.

Wounded 14. 10. 18.

BC.

C.R. 3631

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

MACHINE GUN CORPS & TANK CORPS

No.H.A. 30010

Dis to Base Dep Etaples Class 'A' ex 11 Con Dep 2 Oct '18

16330 Pte Warnes W.....	5 M.G.C.....
51703 L/c Adkins F.	9 Sqd MGC 1 Cav Dv...
141683 Pte Ayling W.	12 M.G.C.
108332 " Brooker J.	12 "
17503 Cpl. Canham G.....	3 "
152509 Pte Childs J.....	47 "
20308 " Eade A.	12 "
65469 " Thornton F.	62 "
131745 " Guthrie W.	17 "
147833 " Gregory F.....	62 "
143310 Cpl. Hartley J.....	17 "
48288 Pte Hulse J.	42 "
70867 " Lloyd G.	6 "
143180 " Oliver T.	17 "
71347 " Pinchbeck J...	42 "
142021 " Robinson W....	6 "
145855 " Clark W.	63 "
149226 " White F.	6 "
154017 " Myatt F.	19 "

N E W F O U N D L A N D - EXPEDITIONARY FORCE

No.H.A. 30010

Dis to Base Dep Rouen Class 'A' ex 11 Con Dep 3 Oct '18

3631 Pte Cooper W..... 1 Wld Regt

1955

25 OCT 1918

SICK AND WOUNDED N.C.O.'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

ARTILLERY - ROYAL HORSE & ROYAL FIELD.

LIST No. H. A. 28915.

ADM. 2. CON. DEP. ROUEN 11th SEPTEMBER 1918.

775789 Dvr Fincham G. RFA D/310 Gassed.
 200916 Bdr Robshaw J. RFA att G.Bty AA. Cont: F'arm L.
 200746 Gnr Kew H. RFA 94/18 A.F.A. GSW. Arm R.
 7678 " Edgar W. RFA C/161 GSW. Face.
 130068 Dvr Tunstall W. RFA D/36 Cont: Leg R.
 95029 " Hare G. RFA B/78 "W" Gassed Shell
 38340 Sgt Williams H. RFA B/78 "W" do.
 196952 Dvr Jennings W. RFA att 3 Army. 2^{dv}. Tonsillitis.
 725193 " Rail W. RFA 74 D.A.C. Sprnd: Foot R.
 900666 Gnr Aylwin W. RFA A/315 "W" Gas Shell.
 85524 Dvr Collins J. RFA C/62 Enteritis.
 710046 Sgt Evans J. RFA A/211 Scabies
 710168 Dvr Boardman T. RFA A/211 do. Impetigo.
 836022 " Briggs L. RFA A/211 do.

DIS TO O.C. REINF: HARFLEUR CLASS "A" EX 2 CON DEP 11th SEPT'18.

122371 Gnr Teall W. RFA A/285
 114884 Dvr Lockwood L. RFA 17 D.A.C.
 115581 " Coomber H. RFA 25 D.A.C.
 234722 Gnr Springall A. RFA D/63

NEWFOUNDLAND CONTINGENT.

LIST No. H. A. 28915.

3631 Pte Cooper W. 115 N'foundland Influenza. . . . Adm 2 Con Dep Rouen 11th Sept'18.

SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3631

No. TWO RECORD OFFICE H O U N S L O W

No. H.A. 28893

Adm 9 (Lakeside USA) Gen H Rouen 9 Sept. 18.

632019 Pte Woodward W.H.....2/20 Londons.....Wd Gassed Shell Mild.
 271060 Sgt Ross R. 10/E Kents Diarrhoea Mild.
 270815 Pte Downey A.W. 10/ do. do.
 3418 Pte Benton S. 6/ do. GSW Leg L Sev.
 31743 " Storey J.....6/R W Kents.....GSW Leg L Sev.
 14784 " Higgs A.L.....6/E Kents.....GSW Arm R Sev.
 51881 " Breen P.J. 6/R W Kents GSW Shldr R Sev.
 250231 " Francis H. 6/E Kents GSW Am L. Mild.
 20795 " Bember F. 20/Londons GSW Leg L Mild.
 24934 " Jennes F.....6/E Kents.....GSW F'head Sev.
 30615 L/C Hines A.....7/R W Kents.....Myalgia Mild.
 7755 Sgt Nixon J.S. 6/ do. Wd Gassed Shell Sev.
 260232 Pte Whitworth T. 7/R Sussex do.
 260207 " Bollard G. 7/ do. do.
 20153 Cpl Millin A.....6/E Kents.....GSW Knee L Sev.
 20012 Pte Matthews S.....20/Londons.....GSW Mult Sev.
 270910 " Pegler H. 10/E Kents P.O.U.O. Mild.
 320240 Pte Coles C. 16 (Sussex) Yeo. GSW Leg L Sev.

Dis to Base through Camp Adjutant Cl. A ex 12 (St Louis USA) Gen H Rouen 11 Sept. 18.

29228 Pte Brewer A20/Lond. D. Coy.....Influenza

N-E W F O U N D L A N D E X P E D : F O R C E

No. H.A. 28893

Adm 9 (Lakeside USA) Gen H Rouen 9 Sept. 18.

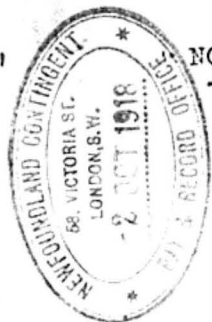
3631 Pte Cooper W.....1/R Newfoundlands.....Influenza Mild



1881
2

WOUNDED & SICK N.C.C's. & MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3631



NO 1 RECORD OFFICE - P R E S T O N .

LIST NO. H.A. 29461.

ADMITTED 11 CON. DEP. BUCHY 13TH SEPTEMBER 1918.

62973 Pte. Tilson C.	10/ Lanc.Fus.	GSW. FootR.
241948 Pte. Bamford E.	15 -do-	W. Gas Shell.
41098 Pte. James T.	15/ -do-	-do-
23214 Pte. Challoner H.	15/ -do-	-do-
45854 Pte. Humphreys W.	15/ -do-	-do-
50192 Pte. Gibney F.	16/ -do-	-do-
63405 Pte. Reynolds M.	16/ -do-	-do-
63579 Pte. Holt J.	16/ -do-	-do-
63276 Pte. Woan F.	16/ -do-	-do-

DIS. TO BASE DEP. ETAPLES CLASS "A" EX 11 CON DEP. 23RD SEPTEMBER 1918.

4/2951 Sjt. Grimshaw T.	10/ Lanc.Fus.
256030 Pte. Hutchinson S.	16/ -do-
27587 Pte. Langton H.	2/ Manch.R.
49182 Pte. Hunt L.	10/ Lanc.Fus.
52858 Pte. Griffiths G.	1/7 Lanc.Fus.

1838
M

NO TWO RECORD OFFICE - P R E S T O N .

LIST NO. H.A. 29461.

95137 Pte. Flint A.	13/K.L'pools.	... Dis.to Base Dep.Etaples Cl.A.ex 11 Con.Dep. 23 Sept.18.
9214 L/C. Warren W.	2/L.M.Lances	... Dis.to Base Dep.Etaples Cl.A.ex 11 Con.Dep. 23 Sept.18.

N E W Z E A L A N D E X P E D I T I O N A R Y F O R C E .

LIST NO. H.A. 29461.

2001 Pte. Robinson T.	1 Anzac Cyc. Corps.	Lac.Finger R.....Adm. 11 Con. Dep. Buchy 13 Sept.18.
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N E W F O U N D L A N D E X P E D I T I O N A R Y F O R C E .

LIST NO. H.A. 29461.

3651 Pte. Cooper W.	1/Newf,R.	InfluenzaAdm. 11 Con. Dep. Buchy 13 Sept.18.
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974

C.R. 3631

EXPEDITIONARY FORCE - FRANCE.

EXTRACT FROM NO. H.A. (Col) 845.



O.C.12 Conv. Dep. Aubengue reports:-

Dis. to 5 R. st Camp St Martin's, 13th April 1918.

3631 Pte. Cooper, W.

1/Newfoundland.

Bronchitis.

C. 3631

Extract from War Office List No. H.A. 21055.

NEWFOUNDLAND EXPEDITIONARY FORCE.

#3631 Pte. W. Cooper

Influenza slight.

Admitted 12th Con. Dep. Ambulance ex 55 Gen Hosp.

March 26th 1918.

C.R. 3631

Extract received from War Office, List No.H.A.20621, dated 20, Mar. 1918

3631 Pte.W.Cooper

P.U.O. Sgt.

Adm.55 Gen.H.Boulogne 13th March 1918.

C.R. 3631

Extract from Nominal Roll of Draft No. 37 from 2nd. Batta, Royal Newfoundland
Regiment to 1st Batta, Royal Newfoundland Regiment B. I. F. Embarked
Southampton 8/2/18

3631 Pte. Cooper, W.

C.R. 3661

Extract from Casualties from Pay and Record Office, London, dated
2nd Oct. 1918.

The undermentioned has been granted extension of furlough to
10 a.m. 7/10/18. (Awaiting repatriation.)

3661 Pte. L. Maher.

Authority: Officer i/c Records, Newfoundland Contingent.

3631

Extract from Nominal Roll, embarked St. John's for Overseas 19⁵¹~~4~~-17.

#3631 PTE. W. COOPER

C.R.

3631

Extract from Daily Orders Part 21 Unit The Royal Nfld.
Regt., St. John's, April 19th, 1917.

3631 Pte. W. Cooper.

Attached to the Strength from April 19th, 1917.

W. Cooper

C.R. 3631

~~1880~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } Former Trade
or Occupation }
2. Regtl. No. *3651* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *COOPER* (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (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 (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. *Oct 14th 1918*
12. Place of origin of disability. *Ypres*
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.

*U.S.W. right arm
at Ypres wound
healed no disability.*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. | No | |

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

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

15. What is his present condition? *Small scars on upper arm one anterior one posterior no pain or pressure. See Disability.*
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Refutation
J. B. Miles M.D.

ROYAL NEWFOUNDLAND
 Medical Officer in charge of case.

Station *St. John's, Newfoundland*

Date *1919*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

22. 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 part of the soldier | ..... | ..... |
- Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps Royal Newbourn Road } Former Trade or Occupation }
2. Regtl. No. 9621 3. Rank Pte. 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name PERRY }
(Surname) (Christian Names)
5. Age last birthday
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (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 (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.

Contracted Diphtheria France. Treated in France and returned to Unit. Cured. Later contracted Pyrexia evacuated U.K. Treated Southwards Mil. Hosp. for Trench Fever. Progress satisfactory Discharged Unit Cured.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | |
| (ii.) Previous active service. | <i>No</i> | |
| (iii.) Climate in pre-war service | <i>No</i> | |
| (iv.) Ordinary military service before the war | <i>No</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | |

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

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

15. What is his present condition? *Robust healthy*
Complains of
no disability
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Station *Hazley Down Camp.* Medical Officer in charge of case.

Date *2nd 8/1919*

* 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



This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of **Willis Cooper.**
aged **28 yrs** conducted at **Holgers**
Date: **19/4/17.** Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes.
9	no - no
10	~
11	~
12	~
13	~
14	~
15	~
16	~
17	~
18	~
19	6/9 at 6/6 left
20	~
21	~
22	~
23	~
24	~
25	~
26	~
27	~
28	~
29	~
30	~
31	~
32	~
33	yes. no scars. 4 yrs ago.
34	5 ft 6 1/2
35	148 lbs
36	30-39
37	\$50 per month.
38	Father: Samuel Samuel. New Bay.
39	no

[Large handwritten signature/initials]

[Handwritten initials]

Signature of Medical Examiner: *John Burden*

To OFFICER I/C RECORDS at

58 Victoria Street
London S.W.



The undermentioned

was ^{is} } being discharged from }
are } this Hospital to
was } admitted to The }
were } Casbourn Convalescent }

on 20.10.18 leaving

Station a.m.
p.m.

No.	Rank	Name	Battalion and Regiment	Remarks
3631	Pte	Cooper W	1 st B ⁿ Newfoundland Regt.	O.C. Records D. Evan Marshall Capt. O.C. New



4 1ST. NEWFOUNDLAND REGIMENT 6

ALLOTMENTS

I, Willis Cooper, Regl. No. 3631

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins June 1st / 17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3549.	Wife and her sister	Bank of Montreal and for Percy Cooper	St Johns St. Jamesington	60
Total Allotment, \$				60

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

(Sig.) Frank R. Ouellet
Officer Commanding

(Sig.) Willis Cooper His
(Rank) Private S. McLaughlan

St. John's, N.F. 4 Company
May 4 1917

FORM K

No 3569



4 1ST. NEWFOUNDLAND REGIMENT 6

ALLOTMENTS

I, Willis Cooper, Regl. No. 3631

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins June 1st / 17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3349.	Self and/or sister	Banks of Montreal and Piney Cooper	St Johns Pt Leamington	60
Total Allotment, \$				60

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

(Sig.) Chas R. Ayle
 Officer Commanding
4. Company

(Sig.) Willis Cooper
 (Rank) Private

St. John's Wt.
May 4 1917


17467

From, CHIEF PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
53, VICTORIA STREET,
LONDON, S.W. 1.

To, Officer Commanding,
Military Conv. Hospital,
Eastbourne.

Reference Reverse:- A. B. 64 has not been
received in this Office, please.

London, S. W.
29/10/18.



Major,
Chief Paymaster & O. i/c Records,

Regimental Paymaster,
58, Victoria St. S. W.

Kindly forward A. B. 64 (Pay Book) for the under-
mentioned in accordance with Para. 2. A.C.I.924 of 1918.

3631, Pte. W. Cooper, 1st Newfoundland.

(sd) D. MacPherson, Capt.
Military Conv. Hospital,

Eastbourne.
26/10/18.

No. 3631 Rank Pt Name Choate Jr

Pay	F.A.	Wkg	Total	N.W. DATE
100	10		110	
Less Allotment			20	
Net Rate			90	

NB.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
		From	To	Rate		¢	¢					
Balance				Balance		<u>nt 9/18</u>					17 11 ✓	
Acquittance Rolls				Pay @ Net Rate	<u>8-9/18</u>	<u>18-10/18</u>	<u>nt</u>	50	12 00		9 3 ✓	
Hospital Advances												
A.B. 64.												
Com. Report												
P. & R. C. Payments												
Payment at C. Report							8	2/1			16 8 ✓	

NB.
L-5-0-6

P.A.

3-7-4

16-8

4-3-10 ✓

16/8.

H Co.

No. 6239/911

M.F.P. / 79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

23rd April 1919

April 20th 1919

3631 Pte. Cooper W.

Receipt hereunder

With reference to the following telegram from the Minister of Militia / / (148)

Cham
Officer Commdg. ^{Batt'n} **LIEUT. COLONEL.**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Pay to - 3631 Cooper
£15. 0. 0.

Received the sum of Fifteen

Pounds (£15-0-0) in respect of

Cheque £15. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

J.H.J. [Signature]
Chief Paymaster & O.I/c Records.

Cooper was his name
No. 3631 Rank Pte.

Witness *[Signature]*

ENCLOSURE

5823/847/P&A.

Forms
O. 348
388

MEMORANDUM.

From

From

Officer Commanding,
2/Royal Nfld Regt.,
Winchester,

To

The Chief Paymaster,
Royal Nfld Regt.,
London,

O/C. 2nd. R.Nfld. Regt.,
Hazeley Down Camp,
WINCHESTER. FM/FK.

ANSWER.

Pay & Record Office.

Hazeley Down Camp,

12th April 1919.

April 16th 1919.

3631 PTE. W. COOPER.
R. NEWFOUNDLAND REGT.

3631 Pte. W. Cooper.
R. Newfoundland Regt.

NEWFOUNDLAND REGT.
PAY & RECORD OFFICE
2933

The enclosed telegram from the Soldiers & Sailors Help Society, Glasgow, is forwarded to you for consideration, as this man is understood to be on your strength.

Cannot authorize advance to this man. He was paid Five pounds in advance 9/4/19 and advised that it was the last payment to be made as he is in debt.

J. H. [Signature] Capt.
Asst. Chief Paymaster.
For Chief Paymaster & O.i/c.Recds.

[Signature] B. [Signature] LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

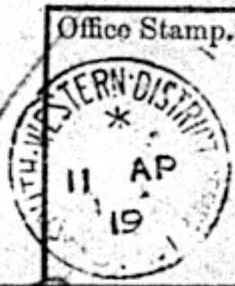
POST OFFICE  TELEGRAPHS.

This Form must accompany any inquiry respecting this Telegram.

Office of Origin and Service Instructions.

Glasgow

Charges to pay) s. d.
8/5



Handed in at

Received here at

TO

*Paymaster Newfoundland
Victoria St London*

*Sanction advance 3631 Cooper Newfoundland
Repayment wire reply urgent*

*Soldier Help
Pte W.*

WRV

APR 1919

Cooper, N.

3631

Sept.

July 15, 1919

#3631 Pte. Willis Cooper,

Point Leamington, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3048.

Yours truly

Captain,
Paymaster & U.i/c. Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3631 Rank Pvt. Name Cooper, Willis
 Intended place of residence Point Leamington

2. Occupation Lumberman
 Classification of soldier E Medical Category AI

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 17 1919
 Comanding 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 16 1919
 Signature of soldier Willis Cooper
 Signature of witness W. Beaton

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 16 1919
 Signature of soldier Willis Cooper
 Signature of witness W. Beaton

STATEMENT OF SERVICE

7. Enlisted for service 19-4-17 No of days on Military
 Discharged from service 1-7-19 PLUS 14 DAYS Service 818

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 JUL 1 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, Nfld
 Date July 15 1919
 Officer i/c Records
 The Royal Newfoundland Regiment

AFB 2079/3048

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 *16.6.19*

Regimental No *3631*

Name *Cooper, D.* Rank *Pte*

Address *Point Leamington, N.S.B.*

Present Medical Category *A 1*

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

Members of Board

B. H. Lait Major
O.C. Discharge Depot.

H. A. ...
Senior Medical Officer

D. W. ...
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3651 Rank Pte Name Cooper, Wilbur
 Date of Enlistment 19-4-17 Address 1 Leaming District St John's
 Occupation Lumberman Classification for Discharge E1 Medical Category A.1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1)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	Farm 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 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Wilbur Cooper
W. 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 Also

(b) Clothing Supplied [Signature]

Date 17-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 791839 to his home at Badger Brook and Release Certificate No. 283-6 issued. 791839

Date 17-6-19

J.A. Knowlton
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 15-7-19

Date 17-6-19

H. Mink
Depot Paymaster.

Discharge approved for 1-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.P. P136	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
B179c	B 120	M 93		

2 Form B

Date 17-6-19

J.A. Knowlton
O. C. Discharge Depot.

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 1 1919

R.H. Salt
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.

Cooper W.
Signature of Man.

Reg. No. 36 31

J. A. Snowcraft.
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

17-6-19.

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

Willis

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. Leamington


County

N. D. B.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>19th</i> day of <i>April</i> 1917 at <i>Headquarters</i>		on _____ day of _____ 191____ at _____	
Declared Age	<i>28</i> years — days		_____ years _____ days	
Trade or Occupation	<i>Lumberman</i>		_____	
Height	<i>5</i> feet <i>6 1/2</i> inches		_____ feet _____ inches	
Weight	<i>148</i> lbs.		<i>1</i> lbs.	
Chest Measurement	Grith when fully expanded ... <i>39</i> inches		_____ inches	
	Range of Expansion ... <i>4</i> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V=	<i>4/9</i>	R.E.—V=	_____
	L.E.—V=	<i>6/6</i>	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)	<i>W. P. Proemer</i>		_____	
(Rank)	<i>Lieut.</i>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St. John's</i> on <i>19th</i> day of <i>April</i> 1917		at _____ day of _____ 191____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>41st Regt</i>	<i>5631.</i>	_____	_____
Transferred to	<i>1st ROYAL NEWFOUNDLAND REGIMENT.</i>		_____	
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)	_____		_____	
(Rank)	_____		_____	

25710

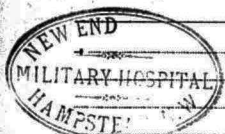
Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	16	10	18	25	10	18	g.s. on R (syphilis)	10	no complications	Arthur Wood
Capt. Con. Ross: Eastbourne.	25	10	18	20	11	18	do	26	CONVALESCENT TREATMENT PHYSICAL DRILL & ROUTE MARCHES.	DISCHARGED FIT TO FURLOUGH
Hazley Down	29	1	19	2	2	19	Syphilis Influenza	10	Discharged to Repatriation Camp	

Submit from
 Temporary
 Health Sheet
 15.10.1918
 Arthur Wood

M.O. No. "O" DIVN.
 Capt. R.A.M.C.
 M.O. No "O" DIVN.
 G.S. Ross
 CAPT., R.A.M.C.

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	16	10	18	25	10	18	S-S. Am R (S. S. S. S.)	10	no complications	allan... 11/18
	25	10	18	20	11	18	do	26	CONVALESCENT TREATMENT PHYSICAL DRILL & ACUTE EXERCISES. DISCHARGED FIT TO FURLOUGH	
	29	1	19	7	2	19	do Influenza	10	Discharged to repatriation camp	

*Extract from
Temporary
M. O. Sheet
18.10.1918
C. M. S. CAPT. R. A. M. G.*

C. M. S.
Capt. R. A. M. G.
M. O. No "O" DIVN.
C. M. S. M. G.
CAPT., R. A. M. G.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 3831 Rank _____

Name Grope W _____

Warned for demobilization on

JUN 17 19

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation }
2. Regtl. No. *3630* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *COOPER* (a) Former Regts. or Corps; with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday... *30*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (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 (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. *14th Oct. 18 G.S. W right arm.*
12. Place of origin of disability. *Ypres.*
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. *G.S. W right arm at Ypres not healed. no disability*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i) Service during the present war | <i>Yes</i> | ..... |
| (ii) Previous active service.. .. . | <i>No</i> | ..... |
| (iii) Climate in pre-war service | <i>No</i> | ..... |
| (iv) Ordinary military service before the war | <i>No</i> | ..... |
| (v) Serious negligence or misconduct on the man's part. } | <i>No</i> | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N. A.*

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

15. What is his present condition? *Small scars on upper arm one anterior one posterior no pain in pressure no disability*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

20. Do you recommend— *Repatriation*
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

J. H. [Signature]
ROYAL NEWFOUNDLAND REG

Station .. *Am. Army Depot Camp*

Date .. *June 8 1919*

Medical Officer in charge of case.

* 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.

July 21, 1919

#3631 Pte Willis Cooper,

Point Leamington, N.D.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.

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..... *W Cooper* 2. Surname.....
3. Rank..... *Pte* 4. Regtl. No..... *3631*

5. Address in full to which future payments of gratuity are to be forwarded..... *Point Beaumpton, N. B.*

6. Date of enlistment in the Regiment..... *april 16/17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
not applicable

8. Relationship of such dependents..... *Do*

9. Address in full of such dependents..... *Do*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier..... *No*

11. Were you on active service only in Hfld, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Two years, Two months and two weeks*

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

..... *Not applicable*

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.....

..... *\$ 79.73 Clothing Etc*

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.....

..... *July 4/19*..... (b) 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.....

..... *France and Belgium*

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: *W & Cooper* (Witness) *Deafman*
 Place of Residence: *Paint Leamington N. H.S.*
 Declared before me at: *Dr Johnson Rd*
 This *17th* day of *June 1919* by *John W. McCarthy*

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

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

Casualty Form—Active Service.

Regiment or Corps **Newfoundland**

Rank **pte** Surname **Cooper** Christian Name **Willis**

Religion **Salvation Army** Age on Enlistment **28** years months

Enlisted (a) **19/4/17** Terms of Service (a) **Duration** Service reckons from (a) **19/4/17**

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

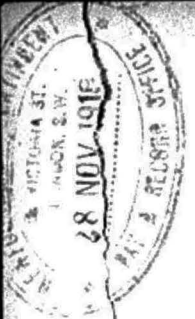
Occupation **Lumberman** **Harold Shugart Spt** Signature of Officer.

Date	Report 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.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
------	------------------------------	--	-------------------	------------------	---

Embarked ... **9 FEB 1918**
Disembarked.. **11 FEB 1918**

897A ad P.U.O	4/3/18	Trans	267A	7/3/18	Ed 8576
17ces	do			9/3/18	Ed 8791
12 Can ref	27/4/18	D° Infirmary	Antigua	26/3/18	AA 21055
		Jamaica	Radeu	17/4/18	Race
		the same report.	25		
9 Kaleso Spunk		D° Influenza	24	9-9-18	Ed 28803
2 Can ref				11-9-18	AA 21055
"D" 982		Arrived ex	Badly	3/10/18	Race
		Reported next		14/10/18	

(a) In the case of a man who has re-engaged for or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.



3631 Pte W. Cooper

Date	Report 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.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
	3 Buswell	Wounded in Action		14/10/18	
	32 Platoon Coy	to Druggapara		14/10/18	628298
	W. David		Winnipeg	15/10/18	NA 30366
		Engaged on 32 Platoon Coy.		16/10/18	W 30823
					For Officer in No 1 Infantry Section 3rd Echelon, General Headquarters

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39.

Regiment of 1st Newfoundland

Number of Sheet First
Signature of O. C. Company Frank Dye Capt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>3631. Cooper, Willis</u>	Age on	<u>28</u> years <u>0</u> months	<u>Lumberman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>19.4.17</u>	Religion <u>S. A.</u>	
Joined	Date	Period of	with Colours <u>88</u> years. with Reserve <u>2</u> <u>365</u> years.	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Halifax, Nova Scotia</u> <u>Barry</u>	<u>23/5/17</u>	<u>Private</u>		<u>False Statement to an N.C.O.</u>	<u>Corp. Lidston</u>	<u>3 days C.B.</u>	<u>23/5/17</u>	<u>Major G. J. Carty</u>	
	<u>16.9.17</u>	"		<u>Absent from tattoo till 11 P.M.</u>	<u>Cop. Jessier</u>	<u>2 days C.B.</u>	<u>18.9.17</u>	<u>2nd Lt. C. Garland</u>	<u>C.B.</u>
<u>Wye.</u>	<u>3/10/17</u>	"		<u>Absent from tattoo 3rd roll 11 P.M. same date</u>	<u>Cop. Walsh</u>	<u>2 days C.B.</u>	<u>5/1/17</u>	<u>C. Frost</u>	<u>C.B.</u>
<u>Newton Park School</u>	<u>7/12/17</u>	"		<u>Absent from tattoo roll call until reporting at Guard room at 10.45 P.M.</u>	<u>C.P.</u> <u>Wardlaw</u>	<u>3 days C.B.</u>	<u>8/12/17</u>	<u>Lt. Emerson</u>	<u>fm</u>
<u>Newton Park School.</u>	<u>8/12/17</u>	<u>Private</u>		<u>1) Failing to answer defaulters call from 4.30 pm to 9.30 pm.</u> <u>2) Breaking out of Barracks whilst a defaulters and remaining absent until reporting at Guard room at 11.15 pm</u>	<u>Pte Hollett RP.</u> <u>Wardlaw</u>	<u>48 hrs F.P. No 2.</u>	<u>10/12/17</u>	<u>Lt Col. Whitaker</u>	<u>fm</u>

Demobilized St John's, 15/7/19

Army Form B. 121.

Brought Forward

Wagley Down Camp 7-2-18 Pts

Absent from midnight 6th
till 9 am 7th. Resp.
Rendell.

8/2/18 Lieut. G. Emerson

1 day pay
by [Signature]



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, Willis*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3631*

Intended address *Pt Leamytor Cove*

Height on discharge *5 Feet*

Color of hair on discharge *Light brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *Medium*

Christian name of Father *Samuel*

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 *Pt Leamytor 22-7-1889*

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

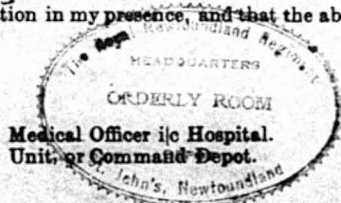
(Soldier's signature in full)

Willis X Cooper
Rank *Private*

Station

Wm J Edward
Date *16-6-19*

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



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, Willis*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3631*

Intended address *Pt Leamington Hoby*

Height on discharge *5* Feet

Color of hair on discharge *Light brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *Slender*

Christian name of Father *Samuel*

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 *Pt Leamington 22-7-1889*

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

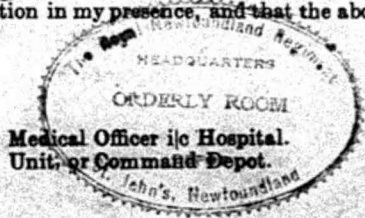
(Soldier's signature in full)

Willis X Cooper
Rank

Station

W. J. Edwards
Date *26-6-19*

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

Squadron, Troop, Battery and Company Conduct Sheet.

Temporary

Army Form B. 121.

Number of Sheet

Signature of O. C. Company

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4
 (1062) W1938/M499 500m 2/16x6 53 56

Forms
 B. 121.

Regiment Newfoundland Regiment of Infantry

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>3631</u> <u>Keaper</u> <u>N.</u>	Age on _____ years _____ months		Religion _____			
Joined _____	Date _____	Place and Date of Enlistment) <u>Siphria</u>		Place of Birth _____			
Joined _____	Date _____	Period of { with Colours _____ years. with Reserve _____ years.					
Joined _____	Date _____						

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hazley Down Camp</u>	<u>29/11/18</u>	<u>Pte</u>		<u>Absent without leave from Tatos 29/11/18. till 1-15 o'clock 30/11/18.</u>	<u>Cpl White</u>	<u>Deprived 1 day pay</u>	<u>3/2/18</u>	<u>By Col Barton DSO.</u>	<u>Forfeit 2 day pay.</u>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3631 Rank Plt. Name Walter Cooper
 Date of Enlistment 19-11-17 Address St. Lawrence District St. John's
 Occupation Lumberman Classification for Discharge 17 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
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 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 17-6-19 O. C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1839 to his home at Badger Brook and Release Certificate No. 2836 issued: R1839

Date

17-6-19

J.A. Snowball
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

Date

17-6-19

15-7-19
Depot Paymaster.

Discharge approved for

1-7-19

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
B179c	B 120	M 93		

Date

17-6-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 1 1919

Date

R.H. Sait
O. C. Discharge Depot.

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

Date

July 11/19

J.A. Snowball
for O.C. Records