



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5556 Name John Corbett Corps R. C.

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

- |  |                                      |
|--|--------------------------------------|
| 1. What is your name? .....  | 1. <u>John Corbett</u> .....         |
| 2. What is your full Address? .....  | 2. <u>Little Bay, N. D. B.</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                  |
| 4. What is your age? .....   | 4. <u>26</u> Years .....             |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u> .....            |
| 6. Are you Married? .....  | 6. <u>No</u> .....                   |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u> .....                   |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                  |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                  |
| 10. Did you receive a Notice, and do you understand its meaning. and who gave it to you? .....                                     | 10. Name .....                       |
|  | Corps .....                          |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u> .....                 |

I, John Corbett 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.

John Corbett SIGNATURE OF RECRUIT.  
Pte R Power SIGNATURE OF WITNESS.

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

John Corbett 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 31 day of May 1918

Signature of Attesting Officer Ch. Dukes Cent.

### †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.....

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**

5556

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

Name John Corbett  
 Apparent age 26 years      months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks     

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin James Corbett  
Little Bay | Relationship Father  
N.D.B. Particulars as to Marriage

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

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

**Particulars as to Children**

Christian Names	Date and Place of Birth

**STATEMENT OF THE SERVICES**

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-5-18</u>									
Joined at <u>St. John's</u> on <u>Nov 31-1918</u>									
<u>Discharged</u> <u>Aug 1919</u>									
<u>Embarked St. John's N.S. Columbus to Halifax N.S.</u>									
<u>To fight for demobilization 24-6-19</u>									
<u>Arrived to Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's 4-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) <u>1</u> years <u>66</u> days									
" " Pensions " [ " " ] " " "									

Reg. No. 5556 Rank Pte Name Cosby: John. O'Keefe  
Attested 31-5-18 Address Little Bay, N. D. B.  
Allotment 60 Allottee James Cosby (Father)  
Date of Allotment 1-7-18 Returned from Overseas \_\_\_\_\_  
Embarked for Overseas JUL 22 1918 Cause \_\_\_\_\_

Page 16 417/18 1<sup>st</sup> Inoc  
Home leave 18-6-18 to 28-6-18 R.T. 26 1/2

C.R. 5556

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 8th 1919.

Extract from

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date 4-8-19.

5556, Pte. J. Corbin.

P

C.R. 5556

Extract from Daily Orders Part II Unit The Royal H&A.  
Regt. St. John's, July 10th, 1919.

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

5556 Pte. J. Corbin.

C.R. 5556

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

5556 Pte. J. Corbin.

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

C.R. 5556

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.

#5556 Pte. John Corbett.

C.F. 5556

Extract from Daily Orders Part 11, from Unit The Royal  
Nfld. Regt. St. John's dated June 1st, 1918

#5556 Pte. J. Corbett

Attested for General Service with the Royal Nfld. Regt.  
from 31.5.18



J. Carbin.

C.R.

5556

~~1870~~

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service 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 } *Fischerman*
2. Regtl. No. *5556* 3. Rank..... *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name ..... *Coubett* ..... *John* .....  
 (Surname) (Christian Names)
5. Age last birthday..... *26*
6. Posted for duty on..... at.....  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

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

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

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

15. What is his present condition?

(A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

*No Complaints of no Disabilities*

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.S. Procmier. Capt. Rame*

Station *Hazeley Down* .. .. .

Date *8/4/19* .. .. .

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Coakley, Regl. No. 5556 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 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins July 18

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4297, Father, James Coakley, Little Bay, 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.) [Signature] Officer Commanding D. Company St John's June 12/18

(S) James Coakley (Rank) Private Witness B. [Signature]

FORM K

N<sup>o</sup> 4118 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Corbin, Regl. No. 5556  
 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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4297	Father	James Corbin	Little Bay, Notre Dame Bay	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.) R. G. James  
 Officer Commanding  
D. Company  
St Johns  
June 17/1918

(Sig.) James Corbin  
 (Rank) Private  
 Witness—B. Martens

No. 3405/521

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.  
2nd/Bn. Ryl. Nfld. Regt.  
Winchester.

5th March 1919

5556. Pte. J. Corbett

With reference to the following telegram from the Minister of Militia / / ( 57 )

"Pay to- 5525. Pte. J. Corbett.

£5. 0. 0.

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

Chief Paymaster & O. i/c Records.

March 11th 1919

Receipt hereunder sent for LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 7th Batt'n.

Received the sum of Five pounds in respect of

telegraphic remittance from the Minister of Militia.

J. Corbett Rank Private

Witness W. Barnes

Corbett, J

5556

Sept

7  
August 4th 1919.

#5556, Pte. J. Corbin,  
Little Bay, N.D.B.

Dear Sir:

Enclosed please find Discharge Certificate # 3350.

Yours truly,

Capt. & <sup>+</sup>aymaster.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5556 Rank Pte Name Corbin Barrett J  
 Intended place of residence Little Bay  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A-1

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 7 1919

L. M. Swift  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 7 - 1919

J. M. Corbin  
 Signature of soldier

J. A. Howley  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUL 7 - 1919

John X. Corbin  
 Signature of soldier

James Cheomen  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service... 31-5-18 No. of days on Military  
 Discharged from service... 21-7-19 Plus 14 days Service... 431

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

L. R. Cooper Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 4/1919

J. M. Howley Capt  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

132079/5556

# The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 11.7.19

Regimental No. 5556

Name Corbett J.

Address Little Bay N.D.B.

Present Medical Category A-1

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

Members of Board

R.H. East Major  
O.C. Discharge Depot.

Watson  
Senior Medical Officer

D.W. Burden  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 5556 Rank Plt Name Corbett J  
 Date of Enlistment 31-5-18 Address Little Bay District 2 York  
 Occupation Fisherman Classification for Discharge E Medical Category A  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	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 4-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOLIBIZATION

#### 1. Civil Re-Establishment.

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

mt Fisherman John X Corbett  
man

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied.....

#6000  
am Johnston

Date 7-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 4.846 to his home at Little Bay and Release Certificate No. 3213 issued.

Date 7-7-19

*J.A. Snowcraft*  
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 21-7-19

Date 7-7-19

*J.A. Snowcraft*  
Depot Paymaster.

Discharged approved for 21-7-19

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

N.F. P <sup>36</sup>	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 7-7-19

*J.A. Snowcraft*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUL 27 1919

*L.R. Cooney Capt*  
for 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.

*Saribett J.*

Signature of Man.

*J. A. Snowlett*

Signature of the Vocational Officer or his Representative.

Reg. No. 3351

Place

*St. Johns*

Date

*7-7-19*

191

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

# MEDICAL HISTORY

OF

Surname

*Corbett*

Christian Name

*John*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Little Bay, N.B.*

County

*Her.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<i>31<sup>st</sup></i>	<i>May</i>		<i>191</i>
at	<i>St. John's</i>		<i>Fort</i>	
Declared Age...	<i>26</i>	years		days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i>	feet		inches
Weight	<i>125</i>	lbs.		lbs.
Chest Measurement	<i>36</i>	inches		inches
	<i>3</i>	inches		inches
Physical Development	Right		Left	
Vaccination Marks	/		/	
	Number		Number	
When Vaccinated				
Vision	R.E.—V= L.E.—V=	<i>6/6 6/6</i>	R.E.—V= 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>Samuel Patterson</i>			
(Rank)	<i>Major</i>		Medical Officer.	
Enlisted	at	<i>St. John's</i>	at	
	on	<i>31<sup>st</sup></i>	on	<i>191</i>
	day of	<i>May</i>	day of	
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<i>Royal New</i>	<i>556</i>		
	<i>Regiment.</i>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		<i>191</i>		<i>191</i>
(Rank)				





## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

*Cosbett, John*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*1156*

Intended address

*Little Bay N.S.*

Height on discharge

*5* Feet *8"*

Color of hair on discharge

*Dark*

Complexion

*Dark*

Color of eyes

*Blue*

Descriptive Marks

Figure on discharge

*Medium*

Christian name of Father

*James*

Christian name of Mother

*Kathleen*

Wife's maiden name in full

\_\_\_\_\_

Date and place of marriage

\_\_\_\_\_

Christian names of children

\_\_\_\_\_

Place and date of soldier's birth

*Little Bay N.S. 11.4. 1892*

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)

*Cosbett, John* *mark* *Business Sergeant* *Casey*

(Rank)

Station

*S. John's*

Date

*11.7.19*

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

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

Station

Date



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

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

- |  |  |
|--|--|
| 1. Unit and Corps. <i>Regul Newfound Land</i>          | 7. Former Trade or Occupation } <i>fisherman</i>                     |
| 2. Regtl. No. <i>5556</i>                              | 7a. If the soldier claims previous service in Army, he should state— |
| 3. Rank. <i>plc</i>                                    | (a) Former Regts. or Corps; with Regtl. Nos.                         |
| 4. Name <i>Co. Betts</i> <i>John</i>                   |  |
| (Surname) (Christian Names)                            |  |
| 5. Age last birthday... <i>26</i>                      |  |
| 6. Posted for duty on..... at.....                     |  |
| in category (or grade).....                            |  |
| 8. If the disability is an injury was it caused        |  |
| (a) in action (b) on field service                     | (b) Date of Discharge;   |
| (c) on duty (d) off duty?                              | (c) Cause of Discharge.  |
| 9. If a Court of Inquiry was held on an injury state:— |  |
| (a) When   | (d) Particulars of Pension or Gratuity (if any)                      |
| (b) Where  |  |
| (c) Opinion of Court                                   |  |

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

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

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

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

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

*No Complaints of no disability*

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

20. Do you recommend—

- (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

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

*Repatriation*

*W.E. Proctor, Capt R.D.M.C.*

Medical Officer in charge of case.

Station ... *Hazlebury*

Date ... *8/14/19*

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

Corbett.

Committee on  
efficiency studies.

Rec. Bureau of H. B.

W. K. S.

From : Ophthalmic Surgeon. Central Military Hospital.

To : Medical Officer in Charge R. W. P. Regt.

Hazely, Down

Oct 4<sup>th</sup> 1918.

" REPORT OF VISION "

No. 5556 Pte. Corbin J.

Has	V.A.	R.E.	$\frac{6}{9}$	With correct- ing lenses.	R.E.	$\frac{6}{9}$
"	"	L.E.	$\frac{6}{6}$		L.E.	$\frac{6}{6}$

Emmetropic. Complaints of  
tearing. Suggest a weak  
boric lotion.

R. Lockhart  
.....  
Capt. M.C.S.  
R.N.M.C.  
Ophthalmic Surgeon.

Note ... This Report should be attached to this man's  
Medical History Sheet for future reference please.

7  
August 22, 1919

Mr. John Corbin,  
Little Bay, 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 War Service Gratuit.

Yours truly,

Captain & Paymaster.

5833

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 29th, 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.

- 1. Christian name..... *John*..... 2. Surname..... *Corbett*
- 3. Rank..... *Ate*..... 4. Regtl. No..... *5556*
- 5. Address in full to which future payments of gratuity are to be forwarded..... *Rattle Bay*  
*N.S.*
- 6. Date of enlistment in the Regiment..... *June 2/18*
- 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..... *No*
- 9. Address in full of such dependents..... *No*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
- 11. Were you on active service only in field, if so, give dates and particulars of such service..... *England only*
- 12. Give total length of time which you served on active service, whether in field, or Overseas..... *1 year*

*Berbin*

15

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.

..... *no* .....

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 Overseas 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 serving in the Res?..... *no* If not give: (a) Date of discharge. *July 7/19* (b) Reason for discharge. *Demob*

..... *Demob* .....

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....

..... *Imp and only* .....

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..... *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.

*Lis*

Signature of Applicant:

*John X Corbett*

Place of Residence:

*Little Bay and Bay*

Declared before me at:

*St Johns*

This

*7<sup>th</sup>* day of *July* 19*.19...*

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

*John McCarty*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	



N<sup>o</sup> 4118



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, John Corbin , Regl. No. 5556  
 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 <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 1/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4297	Father	James Corbin	Little Bay. Notre Dame Bay	60
Total Allotment, \$				60

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

Sig.) [Signature]  
 Officer Commanding  
D. Company  
St Johns  
June 12/1918

(Sig.) James Corbin  
 Rank Private  
 Witness: [Signature]

The Department of Militia:

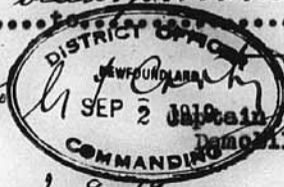
The sum of *Five Dollars* \$ 5.00 Dollars is due

Mr. *5556x Pte J. Coubar Little Bay, Twillingate* for *Board*

*Bm. Ew*  
8870  
INITIALS  
INITIALS  
INITIALS

Reg. No. Rank. Name  
from *while waiting transportation to his home*

*Receipt attached 5.00  
owed you*



*John Snow*  
Demobilization Officer


*2-9-19*

Lewisporte

July 13/19

This is to certify that J Carbon  
No 55 56 payed me the sum of  
\$3.00 for board

21-7-19

  
Mrs A Crawley

Little Bay  
Swillingate

7

Sept. 11, 1919

Pte. J. Corban,  
Little Bay,  
Twillingate.

J. C. R.

I enclose cheque for \$5.00,  
amount of refund due you on account of  
board paid by you while awaiting trans-  
portation to your home.

Capt.  
Paymaster.

LW/  
Enc. 2

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
is/are forwarded herewith to

John Corbett

in respect of his service as No. 5556 Rank Pte.

Name J. Corbett Royal Nfld. Regt.  
~~Nfld. Frontal Corps.~~

Receipt of the same should be acknowledged hereon.

Received the ribbon and war medal

Signature \_\_\_\_\_

Date 19<sup>th</sup> November

Address Grand Falls Nfld

[P.T.O.]

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Number of Sheet

*One*

Signature of O. C. Company

Regimental Number and Name

Enlistment

Trade

Good Conduct Badges, Service pay or proficiency pay

No. *5556* *John Corbett*

John *Corbett*

Joined \_\_\_\_\_ Date \_\_\_\_\_

Joined \_\_\_\_\_ Date \_\_\_\_\_

Joined \_\_\_\_\_ Date \_\_\_\_\_

Joined \_\_\_\_\_ Date \_\_\_\_\_

Age on *26* years *6* monthsTrade *Fisherman*Place and Date of Enlistment *St. John's*Religion *R.C.*Period of } with Colours *1 1/2* years.  
with Reserve *3 1/2* years.Place of Birth *Little Bay, N.B.*

Place

Date of  
Offence

Rank

Cases of  
Drunken-  
ness

OFFENCE

Name of  
Witnesses

Punishment awarded

Date of  
award or  
of order  
dispensing  
with trial

By whom awarded

REMARKS

*Wazley Down Camp**Pte**Overstaying pass from  
2:00 o'clock 12-5-19  
until 11:00 o'clock  
17-5-19.**C. Manning  
" Reddy**4 Days C.B.**19-5-19**Lt. Col. Barton**10 days pay**Wazley D. Camp**"**Absent from Roll call  
21.30 o'clock 14-6-19 until  
2200 o'clock 15-6-19.**Cpl. Paddy  
" Pike**2 Days C.B.**16-6-19**Cpl. G. Emerson**10 days pay**Demobilized 4-19*

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5556 Rank Pl. Name Corbett, J.  
 Date of Enlistment 31-5-18 Address Battle Beach, Nfld. District Nfld.  
 Occupation Teacher Classification for Discharge F Medical Category A1  
 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
B 178	W 3404	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 83		

Date 11-7-19 O. C. Discharge Depot. Alms H

## PARTICULARS FOR DEMobilIZATION

### 1. Civil Re-Establishment.

I am Mr. Atkinson in a position to resume civilian occupation John X Corbett

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00  
 (b) Clothing Supplied Am. Johnston

Date 7-7-19 O i.c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 4846 to his home at State Street and Release Certificate No. 3215 issued.

Date 7-7-19

J.A. Snowcraft  
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 11/11/18

Date 1-7-19

J.A. Snowcraft  
Depot Paymaster.

Discharge approved for 21 7 19

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	2 Form B
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 7-7-19

J.A. Snowcraft  
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 21 1919

J.R. Cooke Capt  
for O. C. Discharge Depot.

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

Date July 31 19

Reg. No. *5856* Rank. *PL* Name. *Corbin, John*

Attested ..... Address. *Little Bay*

Allotment..... Allottee ..

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

Returned on S.S. *Cassandra* Cause *Discharge*

*4.7.19* PASSED TO DEMOBILIZATION OFFICER

*21. 8. 19* DISCHARGE APPROVED ON DEMOBILIZATION.