



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4361 Name James Borowin Corps R

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Borowin
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years 0 Months
5. What is your Trade or Calling? 5. None
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
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? II. Yes

I, James Borowin 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.

James Borowin SIGNATURE OF RECRUIT.

James Borowin Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Borowin 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..... on this..... day of..... 1915

Signature of Attesting Officer W. H. [Signature]

†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..... 1915 } Approving Officer.
Place..... }

† 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:
I, (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 James E. [unclear]
Apparent age 23 years 11 months Height 5 feet 8 inches
Chest Measurement { Girth when fully expanded 36 inches
Range of expansion 12 inches
Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John [unclear]
54 Mary [unclear] | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

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



H FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4361 Name Gas. Corcoran Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Gas. Corcoran
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 years & 8 Months
5. What is your Trade or Calling? 5. Sabotier
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
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. Yes

I, James Corcoran 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.

James Corcoran SIGNATURE OF RECRUIT.

Frank Turner Signature of Witness.

11/3/18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Gas. Corcoran do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 11 day of March 1918

Signature of Attesting Officer W. H. [Signature]

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 11/3/18 1918
Place St. John's } 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 James Corcoran
 Apparent age 23 years 8 months. Height 5 feet 8 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 Thos Corcoran
St. Mary, Walcott Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>11-3-18</u>									
Joined at <u>St. John's</u> on <u>March 11-1918</u>									
Discharged July 31 1919									
Embarked <u>St. John's</u> train to <u>Halifax N.S.</u> <u>11-6-1918</u>									
Embarked for <u>St. John's</u> <u>16-10-18</u>									
Joined <u>Battle France</u> <u>3-11-18</u>									
Arrived in <u>UK</u> from <u>St. John's</u> <u>23-4-1919</u>									
To <u>Newfoundland</u> for demobilization <u>22-5-1919</u>									
Arrived <u>Newfoundland</u> <u>1-6-1919</u>									
Total Service forfeited as above... <u>Demobilization St. John's</u> <u>3-7-1919</u>									

Total Service towards Engagement to 3-7-1919 (date of discharge) 1 years 115 days

Pensions " " " " " " " " " " " "

C.R. 4361

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
By Lt. Col^d, T.G. Mathias, D.S.O. Commanding 1st Battn.
3-11-18.

The following joined the Bn. 3-11-18.

4361 Pte. J.Cochrane.

B Coy.

C.R. 4361

Extract from Daily Order part II, Init the M.M.I.D.R.
dated July 5th. 1919.

The discharge of the undersigned on demobilization on
has been ~~XXXXXXXX~~ CONFIRMED by officer i/c Records on noted date.

#4361 Pte. Jas Corcoran.

3-7-19.

C.R. 4361

Extract from Daily Orders Part II Unit The Royal
Mfld. Regt. Depot, St. John's, June 9th, 1919.

The discharge of the Undernoted on demobilisation
has been APPROVED by G.O. Discharge depot with effect
from 19-6-19.

4361 Pte. Jas. Corcoran.

C.R. 4361

Extract from Daily Orders Part A1 Depot, St. John's,

Date June 7th, 1919

4361 Pte. James Corcoran.

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4361

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 25/4/19 and reached
Hazeley Down Camp 23/4/19.

#4361 Bte. J. Cochrane.

4361

C.R. 4361

Extract from Memorial Roll re-inforcement draft No. 55: Embarked Folkestone
25/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleyp Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.S.F.

4361 Pte. Corcoran, J.

NR.

C.R. 4361

Extract from Daily Orders Part 21. from Unit The Royal 221st.
Regiment, St. John's, dated June 14th 1918.

4361 Pte. J. Cochrane.

Embarked for Overseas with Draft 11-6-18.

C.R.

Extract of Daily Orders part 11, from Unit The
Royal ^Nfld. Regt. ~~####~~ St. John's, dated March 13/18.

#4361 Pje. J. Corcoran.

Attested for General Service with the Royal Nfld.
Regiment with effect from 11/3/18.

Concord, J.

C.R. 4361

P.R.O.

FORM K

No 3911



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Corcoran, Regl. No. 4361

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 April 1st 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3791	Mother	Margaret (Rose) Corcoran	River View St Marys	£0
Total Allotment, £				

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.) W. H. H. H.
Officer Commanding

(S) James Corcoran
(Rank) Private

E. J. Jones
March 2nd 1918

FORM K



No 3911



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Corcoran, Regl. No. 4261
 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 April 1st/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3791	Mother	Mrs Hood (Rose) Corcoran	Riverhead St Marys	60
			Total Allotment, £	

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.) Wiley B-
 Officer Commanding
 Company
Johns
March 21st 1918

(Sig.) James Corcoran
 (Rank) Private

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 } *Fisherman*
2. Regtl. No. *4361* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cochrane J.* (Surname) (Christian Name) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *24*
6. Posted for duty on *11.3.18* at *St John* 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 a (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? } *Na.*

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Repatiation

Major DADMS

Na.

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

Station *Hazley D. Camp*

Date

sgt. J. S. Knight, Sub 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

7243/1161/PAY
C. 848

CHIEF PAYMASTER & OFFICER **MEMORANDUM.**
NEWFOUNDLAND CONTINGENT.
 From **58, VICTORIA STREET,**
LONDON, S.W. 1.
ENGLAND.

To **Officer Commanding Depot, To**
Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.
(FOR 1st. Bn.)

PAYMASTER and OFFICER I/C
RECORDS NFLD CONTINGENT 58
VICTORIA STREET LONDON S.W.

Pay & Record Office,
 9th, May 1919
 4361, PTE. J. CORCORAN.

A remittance of £3. 6. 0 payable to the above soldier was received from the Minister of Militia 26/4/19. Postal Draft No. 099286 together with relative N. F. P/79 for the amount was forwarded to you 29/4/19. This Soldier is now on leave in London. He states that he wired to the Depot requesting Postal Draft to be forwarded to this office. Please expedite if not already sent.

J. W. [Signature]
 Chief Paymaster & O I/c Recds.

OFFICER CMDG 1st BATTN
 HAZELEY DOWN CAMP
 WINCHESTER.
 10-5-1919
 REFERENCE TO REVERSE.
 3557
 12 MAY 1919
 WAS FORWARDED
 TO PAY and RECORD OFFICE
 5-5-19 FOR THIS SOLDIER.

William [Signature]
W. [Signature]

Paid [Signature] 10/5/19

[Signature]

FM/WF

No. 6405/955

N.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.
2nd Batt. Ryl. Nfld. Regiment
"Inchester

29th April 191 9

4361 Pte. J. Corcoran

With reference to the following telegram from the Minister of Militia / / (154)

"Pay to 4361 J. Corcoran
£3. 6. 0.

Cheque £3. 6. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

H. A. Minors
Chief Paymaster & O. i/c Records.

May 10th 191 9

Receipt hereunder.

Officer Commdg. _____ Batt'n.

Received the sum of Three pounds
& six shillings in respect of
telegraphic remittance from the
Minister of Militia.

J. Corcoran
No. 4361 Rank Pte

Witness J. Cornick

POST OFFICE



TELEGRAPHS



Office Stamp



This Form must accompany any inquiry respecting this Telegram.

Office of Origin and Service Instructions.

London 7

Handed
in at

2.60p^m

Received
here at

2 6p

TO } Royal Newfoundland Regt
Hazeley Town Camp
Winchester
Mail three pounds six shillings

4361 Pte James Corcoran 58
Victoria Street Pay and Record
Office

17396/1877

Officer Commanding,
2/Bn Royal Newfoundland Regt.
Winchester, Hants.

28th October 8

4361, Pte. J. Corcoran,

8304

Pay to 4361 Corcoran, £1:1:0

1:1:0

TO, - The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4361	Pte	Carcoran	\$250	J Carcoran

I have the honour to be, Sir,
~~the Committee,~~
Your obedient servant.

Date

July 1/18

J Carcoran

No. 18133/550

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Royal Newfoundland Regt.

B.E.F.

7th November 1918

Nov 20th 1918.

Subject: 4361, Pte. J. Corcoran

ANSWER.

With reference to the following telegram (8304) from the Hon. Minister of Militia, received

*B. Retained to Credit.
Please.*

Pay to 4361 Corcoran £1:1:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

*S. G. Matthews Col,
Commanding 1st B. Royal Newfoundland Regt.*

A. B. Minnall Maj.
Chief Paymaster & O. i/c Records.



6405/955

2 d Batt. Ryl. Nfld. Regiment
"Inchester

29th April

9

4361 Pte. J. Corcoran

154

4361 J. Corcoran
£3. 6. 0.

3. 6. 0.

To Thomas Cochrane 270

River Head, St. Mary's
Newfoundland

Cable six pounds through
Melita.

4366 Pli J. Cochrane

Concoran, James

4361

Hay script

July 3, 1919

#4361 Pte. James Corcoran,

River Head,

St. Mary's,

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2306.

Yours truly

Paymaster & Officer i/c Records. Captain

The Royal Nfld. Regiment

DEMOBILIZATION

No. *H 361* Rank

Name *Robert J*

Warned for demobilization on

EMP

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *4361*.....

Name *Cameron Jas* *Plt*

Address *54 St. Mary's*

Present Medical Category *A 1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

W. Peterson
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4361 Rank Pte Name Cochran James
 Date of Enlistment 11/3/18 Address River Head District St. Mary's
 Occupation Labourer Classification for Discharge E Medical Category A I
 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	4
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 4/6/19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ 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 _____

(b) Clothing Supplied _____

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1468.9574 to his home at River Head, St. Marys and Release Certificate No. 2278 issued.

Date

5-6-19

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-7-19

Date

5-1-19

[Signature]
Depot Paymaster.

Discharge approved for

19-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date

5-6-19

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 19 1919

Date

[Signature]
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

Signature of Man.

M. J. Corcoran Reg. No. *J. Corcoran*

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

5-6-19

1919



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 *Corcoran James*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *136*
 Intended address *River Head St Marys,*
 Height on discharge *5* Feet *5*
 Color of hair on discharge *Black.*
 Complexion *Ruddy.*
 Color of eyes *Grey.*
 Descriptive Marks _____
 Figure on discharge *Tall.*
 Christian name of Father *James,*
 Christian name of Mother *Rose*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____

Place and date of soldier's birth

Nature and locality of civil employment required

River Head. 7 July 1895.

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)

James Corcoran

(Rank)

[Signature]

Station

ST. JOHN'S.

Date

JUN 4 1919

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

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

MEDICAL HISTORY

Surname Concoran OF Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish	<u>St Mary's</u>		County	
	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
Examined	on	<u>11</u> day of <u>March</u> 191 <u>8</u>	on	day of 191
	at	<u>Headquarters.</u>	at	
Declared Age		<u>23</u> years <u>8</u> days		years days
Trade or Occupation		<u>Labourer.</u>		
Height		<u>3</u> feet <u>8</u> inches		feet inches
Weight		<u>140</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded...	<u>36</u> inches		inches
		Range of Expansion..	<u>4</u> inches	inches
Physical Development				
Vaccination Marks	Right		Right	
	Left		Left	
When Vaccinated				
Vision	R. E.—V=	<u>6/10 6/10</u>	R. E.—V=	
	L. 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)	
Approved by (Signature)	<u>James Paterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>St John's Rd</u>	at	
	on	<u>7</u> day of <u>March</u> 191 <u>8</u>	on	day of 191
		Corps.		Corps.
		Regtl. No.		Regtl. No.
Joined on Enlistment		<u>Royal</u>		
		<u>4361</u>		
Transferred to		<u>Headquarters</u>		
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 } *fisherman*
2. Regt. No. *4366* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cochrane* (Surname) *J.* (Christian Name) (a) Former Regts. of Corps; with Regt. Nos.
5. Age last birthday. *24*
6. Posted for duty on *11/3/18* at *50 John's* 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
(b) Where
(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."
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, ears, 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.)

See complaint for details

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?

na.
na.
na.
na.

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

Repatriation
WPK
1
10/1/19
10/1/19
10/1/19

Station *St. George's Down*
 Date *30/1/19*

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

July 3, 1919

#4361 Pte. James Woreoran,
Riverhead,
St. Mary's.

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 & C.i/c records.

was

539

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..... *James* 2. Surname..... *Corcoran*

3. Rank..... *Private* 4. Regt. No. *4261*

5. Address in full to which future payments of gratuity are to be forwarded..... *Riverhead St Marys*

6. Date of enlistment in the Regiment..... *March 11th 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Mrs Thomas Corcoran*

8. Relationship of such dependents..... *Mother*

9. Address in full of such dependents..... *Riverhead St Marys*

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 Nfld. If so, give dates and particulars of such service.....

.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *one year and three months*

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

..... *no*

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

.....

15. Have you been issued with a War Service Badge?..... *no*

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?..... *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *no*

19. Are you now serving in the Rest?..... If not give? - (a) Date of discharge. *June 5th 1919*

(b) Reason for discharge..... *no longer required*

.....

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....

..... *Seven months*

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.

Signature of Applicant:

J. Corcoran

Place of Residence:

*Riverhead, St Marys
St. Johns, Ufld*

Declared before me at:

This

6th day of *June*

19*19*

John H. [Signature]

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	<i>It was</i>	<i>280 00</i>
.....
.....
.....

Certified correct.

Paymaster

BB/ME

6729

October 6. 1919.

To:- Major Howley,
O. I. B. Pay and Records.

From: Vocational Officer.

Ex-Pte James Corcoran 4361

Encl I am enclosing herewith a letter from
the man named in the margin. I have written
to him telling him that you will reply to
his note direct.

[Handwritten Signature]
Major
For V. O.

Major Tooley

River Head
St Marys
Sept 30/9

Dear Sir

Can you tell me
if I am entitled to
any kind of service
badge I served over
fifteen months in
the regiment
even if that overseas
you will

oblige yours truly
4361 ex pte James
Cocoran

River head
St Marys



THE ROYAL NEWFOUNDLAND REGIMENT

DISCHARGE DEPOT

ST. JOHN'S, NEWFOUNDLAND,

July 2nd 1919.

The Department of Militia.

The sum of Sixteen Dollars \$ 16.00 is due
Mr James Crawley Heley-Rood for driving 4361 Pte. J. Cerceran
from Helyreed to River-Head St. Marys distance 48 Miles.

Voucher Attached

AMOUNT	2319
DATE	
FOR	
BY	
FOR	
FOR	

Travis

C.R.

Account for \$ 16.00

2-7-19

J. W. Snowball
Demobilization Officer
Discharge Depot-Newfoundland

Acty
DISTRICT OFFICER
NEWFOUNDLAND
JUL 2 1919
COMMANDING

Received Payment \$ 16.00

July 14th 1919
James Crawley
Heley-Rood

James Tobin \$2.20
Alphonses Fowler \$2.20
Private J. Cotteran \$2.20

received from the above
names the given amounts
for board.

Mrs. Hoag
Placer ^{Dunphy}

April 26th, 1918.

The Royal Newfoundland Regiment,
To 4362 Private J. Corcoran.

For Board for three recruits while on Home Leave. \$6.60.
(As per voucher).

Account	Board Messing
CH. NO.	6069
FAB. LESSON	10
INITIALS	STW
INITIALS	STW
INITIALS	STW

James Corcoran

CERTIFIED CORRECT

James Corcoran



C.R. 4361

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name.....

James Coocoran

Date *Nov. 26*.....*1919*

Place.....

Riverhead St Marys

Casualty Form - Active Service.

Regiment or Corps 21st ROYAL NEWFOUNDLAND REGT.

Rank 4th Lieutenant Surname Concoran Christian Name James
 Religion N.C. Association Enlistment 25 years 8 months
 Enlisted (a) 11/3/18 Terms of Service (a) Service reckons from (a) 11/3/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended () Re-engaged () Qualification (b) or Corps Trade and rate
 Occupation Sailor J.O. M. Currier Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B.218, 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.218, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... 26 OCT 1918		
			Disembarked ... Joined Battalion 3 NOV 1918		
			Arrived in UK	13/1/19	

(1) In the case of a man who has been engaged for, or enlisted into Section D of the Reserve, particulars of such engagement or enlistment will be entered in the following form, together with particulars of the date of discharge or release, and the date of re-engagement or re-enlistment, as the case may be.

Next of Kin

Father Mrs Concoran, St Marys, West Coast, Newfoundland, T.O.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
29.

Number of Sheets

ONE.

Regiment of

Royal Newfoundland

Signature of O. C. Company

W. H. L.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Corcoran Jas</i>	Age on	<i>23</i> years <i>8</i> months	<i>Labourer</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<i>St. Johns</i> <i>11-3-18.</i>	<i>R.C.</i>	
Joined		Date			
Joined		Date			
Period of	with Colours	<i>11¹/₂</i> years.	Place of Birth		
	with Reserve	<i>3¹/₂</i> years.	<i>St. Mary's.</i>		

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
				<i>Demobilized St. Johns 3-7-19</i>					

To be carried over

Army Form B. 121.

14361

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4361 Rank Plt Name Lenoran James
 Date of Enlistment 4/3/18 Address River Head District St. Marys
 Occupation Laborer Classification for Discharge E Medical Category A E
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	W.F. Med.	W.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 4/6/19 O. C. Discharge Depot St. Marys H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Cochrane

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 none

Date 5-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1117. 2574* to his home at *Riverhead St Margs* and Release Certificate No. *2278* issued.

Date

5-6-19

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *5-7-19*

Date

5-1-19

[Signature]
Depot Paymaster.

Discharge approved for

1-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	2 Form B
B 178	W 349A	B 122	Board 1st	" 2	
B 178a	D 400A	B 123	do 2nd	" 3	
B 178	D 400B	B 124	do 3rd	" 4	
B 179a	D 400C	B 125	do 4th	" 5	
B 179b	B 103	B 126		" 6	
B 179c	B 120	B 127			

Date

5-6-19

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 19 1919

[Signature]
O. C. Discharge Depot.

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

Date

June 10/19

[Signature]
i/c Records

Reg. No. *4361*. Rank *1st Lie* Name *Corcoran, Jas*
Attested Address *St Marys*
Allotment# Allo
Date of Allotment Returned from Overseas *29.1.19*
Returned on S.S. *Constance* Cause *Discharge*

4-6-19
19-6-19

PASSED TO DEMOBILIZATION OFFICER

Received

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4361 Rank PL Name Cresser James
 Intended place of residence River Head ST Marys

2. Occupation Salmoner
 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 J. M. W. St.
 Date JUN 5 1919 Jr. Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 5 1919
J. Corcoran Signature of soldier
J. A. Snow Capt. Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
5-6-19
J. Cochrane Signature of soldier
James O. Rowman Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-3-18 No of days on Military
 Discharged from service 19-6-19 plus 14 days Service 4 P.D.

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 R. H. Lait Capt.
JUN 19 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 M. Bowley Capt
 Date July 3/1919 Officer i/c Records
 The Royal Newfoundland Regiment

A B W 79/2306

C.R. 4361

August 9, 1920

Dear Madam:

Ex Pts. 4361, J.Cocoran

In reply to your's of the 24th. July re AB 64;
as your son is away at the present time and you are
expecting him home at an early period, will you kindly
sign receipt-form on his behalf for forwarding to
this office and retain Pay-book until his return.

Faithfully yours,

A. Willey
SSM.
For Chief Staff Officer.

Mrs. Thos. Cocoran,
Riverhead,
ST. MARY'S.

99^{no}
My dear head
of Mayo

July the 4th 1920
Minister of Militia 1920

Dear sir As my
son James is not at home
this summer I said I should
be responsible to receive his
letter and open it as he told
me if any important
letter came to him in his
absence to see its contents
to I did so he is in Sydney
Cape Breton this summer
so please let me know
will I send it on to him
but he is liable to be
left Sydney by this time
so please let me
know will I send
the book and letter

To him if he is there now
or let me know
will I do to fill in
the form to send
it on to you let

me know in return
male his father is not
home either I am

his mother Mrs
Thomas Carcoran
address Riverhead

St Marys
Mrs Thomas
Carcoran