



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3010

Name *Thomas Gosser* Corps *Co. 1st*

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

- 1. What is your name? ..... 1. *Thomas Gosser*
- 2. What is your full Address? ..... 2. *Red Islands, Burgeo.*
- 3. Are you a British Subject? ..... 3. *yes*
- 4. What is your age? ..... 4. *30* Years *6* Months
- 5. What is your Trade or Calling? ..... 5. *fisherman*
- 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, *Thomas Gosser* 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.

*Thomas Gosser* SIGNATURE OF RECRUIT.  
*August 6* SIGNATURE OF WITNESS.

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

I, *Thomas Gosser* 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 fully 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 *6* day of *August* 191*5*  
Signature of Attesting Officer *Charles A. [unclear] Capt*

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the *1st* .....  
If enlisted by special authority, such will be attached to the original attestation.

Date ..... 191*5* } 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, 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 Bosser*  
 Apparent age *30* years *6* months. Height *5* feet *8* inches  
 Chest Measurement { Girth when fully expanded *40* inches  
 Range of expansion *5* inches  
 Distinctive marks \_\_\_\_\_

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Mr. Chas. Cooper*  
*Box 2, Bungay* | 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) *Ada Kinnoul (spinster) (deceased)* (b) *Box 2, Bungay, 1906* (c) \_\_\_\_\_ (d) *Chas. Capt*

Particulars as to Children

Christian Names	Date and Place of Birth
<i>William</i>	<i>Box 2, Bungay 1907</i>
<i>Eliza</i>	<i>" " 1909</i>
<i>Lydia</i>	<i>" " 1911</i>

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 <i>5-8-16</i>									
Joined at <i>Atkins</i> on <i>August 5<sup>th</sup> 16</i>									
<i>Discharged March 14<sup>th</sup> 1919</i>									
<i>Embarked at <u>St. Helier</u> to <u>Windsor</u> 31.1.17</i>					<i>Embarked for <u>R.F.C.</u> 11.6.17</i>				
<i>Joined unit in the field 5.7.17</i>					<i>Admitted 88 <u>St. Bonnet</u> <u>Windsor</u> 27.10.17 <i>Dec to duty 17.</i></i>				
<i>Admitted <u>5005</u> <u>Co. 62</u> <u>St. Compendon</u> 19.11.17</i>					<i>Admitted 5 <u>th</u> <u>Corp</u> <u>Queen</u> 20.11.17</i>				
<i>Invalided to <u>England</u> 24.11.17</i>					<i>Admitted 4 <u>th</u> <u>London</u> <u>Corp</u> <u>Denmark Hill</u> 25.11.17</i>				
<i>Attached to <u>7</u> <u>Command</u> <u>Strom</u> 22.1.18.</i>					<i>To <u>Windsor</u> 24.5.18. <u>Appeared</u> <u>Book</u> 8.6.18</i>				
<i>to <u>London</u> <u>Strom</u> for <u>detachment</u> 12.12.18</i>					<i>Arrived <u>Windsor</u> <u>Strom</u> 21.12.18</i>				
<i>Demobilization <u>St. Helier</u> 14.3.1919</i>									
Total Service forfeited as above.....									
Total Service towards Engagement to <i>14-3-19</i> (date of discharge) <i>2</i> years <i>222</i> days									
Pension " " " " " " " " " " " "									



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 *Thomas Coasser*

aged *30* conducted at *C.H.B.*

Date: *August 5<sup>th</sup> 1916* Recruiting Officer:

NO OF TEST FINDING

NO OF TEST	FINDING
1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>yes about 12 months ago rt. ear. - 9.5. low - not deaf</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>no - no</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	<i>n</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>n</i>
19	<i>no rt. left 18th 20th. 30-10</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>

*yes 8 years ago left arm.*

*5-8  
151 lbs  
35-40"*

*\$400.00 a year  
to parents Mr. Thomas Coasser Red Island  
three children*

Signature of Medical Examiner: *J.W. Burden*

3010

Casser Thomas

Pay Dep't

U  
C R 3010

Extract from Daily Orders part II,  
Depot St. John's dated Feb. 14th., 1919.

The discharge of the undernoted on  
Demobilization have been APPROVED  
by O. C. Discharge Depot on 13-2-19.

#3010 Pte. T. Cosser.

C.R. 3010

Extract from Medical Board held Wednesday Jan. 8th 1919.

3010 Pte. Cosser, T.

Recommended discharge as permanently Unfit.

C.R. 3010

Extract from ~~War~~ Medical Board held on Friday  
Jan. 3rd, 1919.

3010 Pte. T. Cosser.

Did not present himself.

C.R. 3010

Extract from Daily Orders part 11, Depot St. John's dated Dec. 22nd/1918.

The n/a returned from special duty and reported at Depot 21-12-18.

#3010 Pte. T. Cossre.



C.R. 3010

Extract from Nominal Roll of repatriation draft No. 79  
per S.S. CORFICAN which embarked at Tilbury Docks 12/12/18  
from the 2nd., Battalion of the Royal Newfoundland Regiment.

#3010 Pte. T. Gosser.

C.R. 3010

Extract of Casualties received from Pay & Record Office,  
London, dated January 16, 1918.

#3010 Pte. T. Cosser. ✓

on 4th London General Hospital, 12/1/18, is granted  
furlough to 21/1/18. fit for 11 Command Depot.

Auth:- A.F.I. 1237.

C.R. 3010

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland  
Regiment, dated Dec. 29th. 1917.

STRENGTH.

3010 Pte. T. Crosser.

Invalided to U.K. 24/11/17. Wounded.

NO. 3010 PRIVATE THOMAS CROSSER.

EXTRACT FROM CASUALTY LIST RECEIVED FROM THE PAY AND  
RECORD OFFICE LONDON DATED NOVEMBER 27th, 1917.

"AT 4TH LONDON GENERAL HOSPITAL ULCER LEFT EYE SEVERE."

## NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

## All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Address

Line Number	Rcd	By	Sent	by	Check

Dated

November 27, 1917.

To

Mr. Thomas Cosser,  
Red Island,  
Burgeo.

Regret to inform you that Record Office,

London, officially reports No. 3010, Private

Thomas Cosser, has been admitted to Fourth

London General Hospital suffering from severe

ulcer left eye.

Upon receipt of further information I shall immedi-

ately wire you and trust that next report will be

of his convalescence.

J. R. BENNETT,

R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

C.R. 3010

Exraft from Nominal Roll of Draft No.25 Embarked Southampton 11/6/17  
from 2/1st Newfoundland Regiment Newton-On-Ayr, to 1/1st Newfoundland  
Regiment B.E.F.

3010 Pte. Gosser, T.

MP.

C.R. 3010

Extract of Nominal Roll of Officers and men embarked St. John's

31-7-17 Sailed Halifax 16-4-17. S. S. AUSONIA.

#3010 Pte. T/ Gosster.

C.R.

3010

Thomas Cosser was attested for General  
Service with the NEWFOUNDLAND REGIMENT ON July 5th 1916  
Regimental No. 3010 was allotted to Ptes T. Cosser

AUTHORITY:

Recrd Ledger;

Dept. of Militia.

March 25th 1919



11/100 July 2

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

**MEDICAL HISTORY**

OF

Surname Cosser

Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Red Island Burgeo County



	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>5</u> day of <u>August</u> 191 <u>6</u>	on	day of	191
	at <u>St. John's, Nfld.</u>	at		
Declared Age	<u>30</u> years <u>6</u> mo <u>2</u> days		-years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>8</u> inches		feet	inches
Weight	<u>151</u> lbs.			lbs.
Chest Measure— Grith when fully expanded	<u>40</u> inches			inches
Range of Expansion	<u>5</u> inches			inches
Physical Development				
Vaccination Marks	{ Arm ..... Number .....			
When Vaccinated	<u>8 years ago</u>			
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V= <u>    </u> L.E.—V= <u>    </u>	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's, Nfld.</u>	at		
	on <u>5</u> day of <u>August</u> 191 <u>6</u>	on	day of	191
Joined on Enlistment	<u>31st Nfld</u>	Regtl. No. <u>3010</u>	Corps.	Regtl. No.
Transferred to	<u>NEWFOUNDLAND</u>			
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of



P.T.O.

Nfld.

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 case, 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				
4 <sup>th</sup> L. S. Appl	25	11	17	12	1	18	Burns of left eye.	48	Conjunctivitis, recent ulceration of cornea. 1/6 corneal nebula some ciliary injection. 30/11/17 Pain on Rt side of head. Discharge from Rt ear duration 2-3 yrs slightly deaf. 19/118 2/6 corneal nebula, outer third of cornea. 4 upper central patch. History of old corneal ulceration. Last attacks 3 yrs ago. RV $\frac{6}{4}$ LV $\frac{6}{4}$ . Eye quiet. Trans. to 58 Victoria St.	
No 2 I.C.D. Repon	2	1	18	18	5	18	left Eye Dept.		RT IMB	Amfossy MAJOR, R.A.M.C. (T.) Registrar, 4th London General Hospital <i>R. J. Williams</i> Lt. Col., R.A.M.C.,
Hazley Down	7	11	18	12	11	18	Inf. of Stomach	5	Discharged to duty.	<i>B. S. Pravia</i> CAPT., R.A.M.C.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature				
14-12-16	Vaccination <i>LD</i>				
7-8-16 15-8-16 21-8-16	<table border="0"> <tr> <td rowspan="3" style="font-size: 3em; vertical-align: middle;">}</td> <td>TAB. <i>LD</i></td> </tr> <tr> <td>3 <i>LD</i></td> </tr> <tr> <td><i>LD</i></td> </tr> </table>	}	TAB. <i>LD</i>	3 <i>LD</i>	<i>LD</i>
}	TAB. <i>LD</i>				
	3 <i>LD</i>				
	<i>LD</i>				
16.5.18	<i>BI (one) 6 mths On Occas' Report</i> <i>Dr. Col. R. d. mc.</i> <i>W. Lubin President</i>				
5 JUL 1918 30 NOV 1918	<p>HAZELEY BOWN CAMP. <i>Recomm'd Repatriation</i></p> <p><i>mk</i>  <i>Capt. ROYAL NEWFOUNDLAND REG.</i></p>				
<p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>E</u></p> <p><u>21.19</u> <i>W. Lubin</i>  <small>Date of S.M.B.      Captain Adjutant Discharge Post-Newfoundland</small></p>					



TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>S.S. George</i> <i>W. Lubin</i> <i>S.S. Aurora</i>	<i>Jan 31</i> <i>Feb 3</i> <i>16.4.17</i>	<i>Feb 3</i> <i>16.4.17</i>			

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3010 Rank Pte. Name Cosser, L. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated  
to Newfoundland. on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR.

STATEMENT OF ACCOUNT

CR.

	PARTICULARS						PARTICULARS				
	£	£	£	s	d		£	£	£	s	d
Balance Dr. from						Balance Cr. from					
Allotment 19 days @ 70¢	13	30	2	14	8	Pay 19 days @ \$ 1.00	19	00			
Cash Payments:						Field Allow 19 days @ \$ <sup>10</sup> / <sub>100</sub>	1	90			
1st pay.				1	00	Other Allowes 19 days @ \$ 50¢	9	50	4	5	
2nd "				1	74				1	190	
Other Debits:						Other Credits:					
B. Damage					6						
Misc Supp.					15						
Total Debits			6	4	11	Total Credits			6	4	11
Balance due by Paymaster						Balance due to Paymaster					

PERIOD: From 23/11/18. To 20/12/18.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Hazeley Down Camp.

Dec. 11<sup>th</sup> 1918.

(Place)

(Date)

O.C. "N" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

ORIGINAL

## LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 3010, Rank Pk., Name Casser., Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18, Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR.

## STATEMENT OF ACCOUNT

CR.

PARTICULARS	\$				£				PARTICULARS	\$				£			
	d	s	0	0	d	s	0	d		s	0	d	s	0	d	s	0
Balance Dr. from									Balance Cr. from								
Allotment 19 days @ 70¢					113	30	12	14 8	Pay 19 days @ \$ 1 <sup>00</sup>	119	00						
Cash Payments:									Field Allow 19 days @ \$ <sup>10</sup> / <sub>100</sub>	11	90						
1 <sup>st</sup> Pay.								1 0 0	Other Allowes 19 days @ \$ 50 <sup>00</sup>	120	90	4	5 11				
2 <sup>nd</sup> "								2 5 4		9	50	1	19 0				
Other Debits:									Other Credits:								
B. Damage.								6									
Miss. Stopp								1 5									
Total Debits								16 4 11	Total Credits								16 4 11
Balance due by Paymaster									Balance due to Paymaster								
								16 4 11									16 4 11

PERIOD: From 23/11/18. To 24/12/18.

CHECKED.

E.P.

8/2/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

J. Co.

HAZELEY DOWN CAMP

Dec 11<sup>th</sup> 1918.

(Place)

(Date)

Made up/Checked for accordance with information received in the Pay & Record Office London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay &amp; Record Office, London,

Dec. 19<sup>th</sup> 1918

Chief Paymaster &amp; Officer i/c Records.

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

*To work at Fishing*

*Thomas Casser*

Signature of Man.

Reg. No. *90 AD*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*10/2/19*

191

# Medical Report on an Invalid.

Station HAZELLY DOWN CAMPDate 29/11/181. Unit **ROYAL NEWFOUNDLAND**2. Regimental No. **3010**3. Rank **PRIVATE**4. Name **COSSEY THOMAS**

5. Age last birthday

6. Enlisted { on  
at7. Former Trade }  
or Occupation }

7A. If with previous service in Army, state—

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

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

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

### MIDDLE EAR DISEASE

#### Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

**HE STATES THAT HE WAS BLOWN UP BY A SHELL HURSTING CLOSE TO HIM. LOST HEARING RIGHT EAR. EXAMINATION SHOWS NO SIGNS OLD DISEASE VIDE REPORT ATTACHED. COMPLAINS OF HEADACHES NOT DUE TO EYES. LOSS OF SIGHT LEFT EYE.**

*R.P.O.*  
*Leam*

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

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &amp;c.

**ATTRIBUTABLE TO ACTIVE SERVICE CONDITIONS**

13. What is his present condition?

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

**STILL COMPLAINS OF SIDDINESS AND HEADACHES ALSO OF PAINS IN STOMACH. IS PREDISPOSED TO SICKNESS. UNABLE TO DO HARD WORK.**

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

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

20. Do you recommend—

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

**REPATRIATION (2)**

**(SGD) J. STP. KNIGHT, CAPT.**

Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

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

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



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

**YES**

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

**BURSTING SHELL**

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

**80%**

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

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

**YES**

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

**(SGD) W. S. FRASER**

President.

Station **ST. JOHN'S Nfld.**

**J. S. FAIR**

**L. PATERSON. MAJOR**

Members.

Date **JAN. 7th., 1919**

Approved **DIRECTOR OF MEDICAL SERVICES**

**(SGD) CLUNY MACPHERSON, Major**

Station **JAN 7 1919**

Administrative Medical Officer.

Date **No. NEWFOUNDLAND.**

NO 3010 PTE COSSER

THE RIGHT EAR SHOWS A PERFORATION OF THE  
DRUM AT THE TIP OF THE MALLUS BUT OTHERWISE  
THE MACROSCOPIC APPEARANCE IS NORMAL. ON  
TESTING WITH FORK BONE CONDITION IS  
PRACTICALLY ABOLISHED SHOWING LOSS OF  
FUNCTION IN THE NERVE AIR CONDUCTION FEEBLE  
I. e. HEARING GREATLY REDUCED. THE TROUBLE  
SEEMS TO BE ALMOST ENTIRELY IN THE NERVE  
(AUDITORY) AND LABRYNTH. I CAN SUGGEST NO  
TREATMENT.

(SGD) B. N. MURPHY

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A, to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname *Boyer*

Christian Name

TABLE I.—General Table.

Birthplace { Parish... County... }
Examined { on... day of... 191... at... }
Declared Age ... years... days.
Trade or Occupation ...
Height... feet... inches
Weight ... lbs.
Chest Measurement { Girth when fully Expanded... inches Range of Expansion... inches }
Physical Development ...
Vaccination Marks { Arm... RIGHT... LEFT... Number... }
When Vaccinated ...
Vision { R.E.-V=... L.E.-V=... }
(a) Marks indicating congenital peculiarities or previous disease—
(b) Slight defects but not sufficient to cause rejection—

Approved by ... Rank ... Medical Officer.

Enlisted { at... on... day of... 191... }

Joined on enlistment Corps Regtl. No. Newfoundland 3010
Transferred to

Became non-effective by ... on... day of ... 191... (Signature) ... (Rank) ...

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Table with 2 columns: Date, Brief Details and Signature. Multiple rows for recording.

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation. Multiple rows for recording.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3010	Pte	Cosser	T.
Year	Unit.	Age.	Service.	
	Newfoundland			
Station and Date.	Disease.			
	1113 Mumps of eye - left 20.11.17 Mumps of eye - 5 <sup>th</sup> Gen Hosp Ophthalmitis, acute ulcerative of cornea			
Nov. 26 '14.	Will Dr. Lindsay please see this case M.C.			
9.10.17.	<p>Injured in LE by ground flare, reported sick about a week later Has been inflamed ever since Report for 5 GA 20.11.17</p> <p>Ulceration of Cornea recent Of a Corneal ulcer, some clearing injection, no loss of corneal epithelium May be transferred to surgery M Lindsay - Surgeon Mgt Flew D. B. d.</p> <p>4.10.17 Fournetato Boer War</p>			
30.11.17	<p>Up pain on left side of head. Describes for Rheum duration 2-3 yrs, slightly deaf Will Capt Jenkins kindly see this man &amp; advise as to treatment, please?</p> <p>R. P. L. Lindsay - Civil Surgeon</p>			
Dec 2 <sup>nd</sup> 1917	<p>Pain R. side of head at mouth. F. R. L. R. L. 2 &amp; 6 Duration 2.5 yrs. Not likely due to Acute R. mening. - 6 yrs ago. 6-8 R. 94. W. R. 100 Furrows - hoarse. L 2/4. L 3/4 Pneum. slight in ear. Old condition not due to Ventric. 1st L. military service. 8/11</p> <p>8/11 Please syringe with Cocin or Lugol 100% 100% R.</p>			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
Gt. W 6804/M 2870-1,500,000-9/17-H. & Sp. (10983). Forms/I. 1237/12. (E239)

Dec 2<sup>nd</sup> 1917 Does not require syringing  
8/11

Station  
and Date.

10-1-18

LE Corneal nebula outer third of lower  
upper central part



History of old corneal ulceration

last attack 3 yrs ago

R.V.  $\frac{6}{12}$

L.V.  $\frac{6}{24}$

Eye quiet. Discharged to depot

W. J. Lindsay

~ W. J. Lindsay

W. J. Lindsay

II. To Victoria St.

W. J. Lindsay

Capt., R.A.M.C., T. Assistant Registrar,  
4th London General Hospital.

*Wale Depot*  
**MORNING SICK REPORT**  
**MEDICAL INSPECTION REPORT**

<sup>13</sup>  
**Army Form B 256**

Unit *1st Battalion*  
 Squadron, battery, or company *1st*

Station and date *Wale Depot 1/21/18*

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married.)	Completed Years of		Religion.	If for duty †	Whether a defaulter.	Lines or barracks.	Room.	Disease.	Disposal. Medical Officer's remarks and signature.
		Age	Service.							
<i>3010</i>	<i>H. Casser</i>	<i>31</i>	<i>6 1/2</i>						<i>Ear</i>	<i>Hospital for examination of ear</i> <i>Dr. H. P. P. P.</i> <i>W. H. P.</i>
									<i>Hand</i> <i>Drum</i>	
									<i>retracted</i>	
									<i>anterior</i>	
									<i>Dr. P. H. P.</i>	

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.

• Strike out whichever is not applicable.

Orderly  
 N.C.O.

RETURN OF OPHTHALMIC SURGEON MILITARY HOSPITAL RIPON  
TO BE PASTED TO A.F. B. 173.

NAME *Cosser, J. Jte* NO. *3010* UNIT *Newfoundland*

R *6/9* 6/ P.

VISION.

*0.*

RETINOSCOPY  
AT ONE METRE.

L. *6/60 no imp:* 6/ L.

REMARKS.

*L. Corneal Macula. Refraction Normal*

RIPON  
29/1/1918.

*Glam of no benefit*

*Headaches not due to eye.*

*J. C. ...  
Capt. ...*



April, 10th. 18.

Joseph Small, Esq. S.M.  
Burgeo.

Dear Sir,-

I am in receipt of your letter of April, 2nd. enclosing cheque for fifty cents, for which I thank you.

With regard to the non-receipt, by Thos. Gosser, of his cheque for the month of January, I beg to state, that same was mailed, addressed to Red Island, Burgeo, on the 7th Feb.

If it does not turn up by the time you have received this letter, kindly have Mr. Gosser advise me again and I shall arrange to issue duplicates.

Yours truly,

Capt. & Paymaster.





Burgos

April 2<sup>d</sup>

1918

J. M. Howley Capt. + Paymaster

C. John

Dear Sir

Enclosed please find fifty cents for George  
Lains due you on a Cobble to his son in England  
Thomas Lains of Red Island requests me to write  
you and say that he has not received the January  
Cheque for his sons allotment. He has been

I am dear Sir

Very truly yours

Joseph Small J. M.

Cheque No 6879  
mailed 6 Red Island  
Burgos, Feb. 7/18.

Welfare form  
for 9 months  
4116

Burgeo Feb 21<sup>st</sup> 1919

Dear Sir

I want to know if I am intittle to my Seperation allowance I have three children depending on me all the time I was to war but I enlisted not supporting the children because I thought they would not take me and I had to leave seventy cents a day to support my children while I was gone I did not know that I was intittle to any money ~~because~~ for my children but if there is any I like to get it because I am not able to do any hard work I enlisted in August 5<sup>th</sup> 1916 and I was discharge february 13<sup>th</sup> 1919 I hope you will obliged me by trying to get this for me I did not have time to to speake about it when I was in St Johns Capt Dicke told me to write you the District office Commaning and if you want to know any thing else write to me happing you will do your best for me  
yours truly Pte Thomas Casser 3010  
Burgeo

Pymac.  
plan for pin altar  
Sw. & Carb.  
Acty D.D.C.

March 1, 1919

Mr. Thomas Casser,  
B u r g e o.

Dear Sir:

With reference to your letter of February 21st. I enclose form of claim for Separation Allowance for your children.

Will you kindly have the Guardian of your children to complete this form before a Magistrate or Justice of the Peace and return to this office, on receipt of which your claim will be considered.

Yours truly,

Lieut.  
For Paymaster & O i/c Records.

Burgos  
May 27<sup>th</sup> 1919

5326

3010

J. M. Howley Esq  
Paymaster & Records  
St John

Dear Sir

Am I not entitled to Bonus pay same as Albert Valcher of Burgos + others He informs me that he is getting paid \$70 per month for six months since my discharge April the 14<sup>th</sup> I have only received \$25 as pension pay. Will you kindly look into this and see if my pay is right I consider pension pay and Bonus two different things

I am dear Sir

Yours truly  
Thomas Colver

Send form

SEPARATION ALLOWANCE.

Claimant, *Cosser Thomas*.....

On account of *Thos. Cosser* No. *2010* Rank. *Pte*.....

Decision. *Approved. (with recommendation that allowance be divided as follows: \$13<sup>00</sup> to Thos Cosser Sr. and \$7<sup>00</sup> to his Kinslow)*.....

*A. A. Nukuman Maj. Gen.*  
*W. P. Russell Lieut. Col.*  
*M. Howley Capt.*

Date *Sep. 13/1919*.....

Instructions.....  
.....  
.....

Allotment of *70<sup>¢</sup>* per day payable to *Thomas Cosser*  
his *Father* from *Aug 5<sup>th</sup> 16* to *14/3/19* ← *Paid for*  
Discontinued on account of *Discharged*

*[Signature]*

*2840*

May 17, 1919

Joseph Small, Esq., S.M.  
Red Island,  
Burgee & LaPoile Dist.

Dear Sir:-

I enclose application for Separation Allowance, signed by Thomas Cesser, father of Thomas S. Cesser of the Royal Newfoundland Regiment. Will you kindly inform me if the three children named in this application are brother and sisters of the soldier in question or his children, owing to the statement being made on 'Guardian' Form we are at a loss to understand the relation-ship; and the Certificates of Baptism enclosed do not really give us the necessary information.

Thanking you in advance.

Yours truly

Captain,  
Paymaster & O. i/c Records

June 2, 1919

Rev. E. S. Tarrant,  
Red Island,  
Burgee & LaPoile Dist.

Dear Sir:-

I enclose herewith, application for Separation Allowance, signed by Thomas Cesser, together with Certificates and Correspondence in connection with same. I shall be obliged if you will give me full details of this case.

In answer to question two (2) it is stated that the soldier is single, and in answer to question three (3) it is stated that he has three children. It is possible, of course, that he is a widower, and if such is the case, I should like to know who has been the "Guardian" of the children while he was on Active Service, and I shall be obliged for a reply at your earliest convenience.

Yours truly

Captain  
Quaymaster & Officer i/c Records



St. James Rectory.

Burgeo.

July 11<sup>th</sup> 1919.

Capt. J. M. Howley -  
Infantry N.F.

Dear Sir,

I beg to state in reply to yours of June 24<sup>th</sup>. When Thomas Scott Cosser (Reg't. No 3010) enlisted his father Thomas Cosser took charge of his three children at Red Island.

Thomas Scott Cosser's wife died Oct 6<sup>th</sup> 1909, therefore the soldier is a widower (question two (2)).

In answer to question three (3) the Guardian is Thomas Cosser the father of Pte Thomas Scott Cosser who is the applicant - has signed the application form - see your letter to Mr Small -

The confusion is caused by the fact that the wrong form has been used, or rather

The Guardian Thomas Cosser the father  
of Pte Cosser should have filled in the  
form - whereas it is Pte Cosser's signature  
opposite "Signature of Applicant" as already  
stated -

I hope that I have made it clear -  
I have taken the liberty to make  
the necessary notes on the application  
form -

It is also confusing as the soldier's name  
is Thomas Scott Cosser, his father's name  
is Thomas Cosser -

Yours faithfully,

Eric S. Tanant.

---



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

June 2, 1919

Rev. E. S. Tarrant,  
Red Island,  
Burgeo & LaPoile Dist.

Dear Sir:-

I enclose, herewith, application for Separation Allowance, signed by Thomas Cosser, together with Certificates and Correspondence in connection with same. I shall be obliged if you will give me full details of this case.

In answer to question two (2) it is stated that the soldier is single, and in answer to question three (3) it is stated that he has three children. It is possible, of course, that he is a widower, and if such is the case, I should like to know who has been the "Guardian" of the children while he was on Active Service, and I shall be obliged for a reply at your earliest convenience.

Yours truly

Captain  
Quaymaster & Officer i/c Records

NOTICE

1ST NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

GUARDIAN

THIS SEPARATORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

This Statement is considered as being made on Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Nfld.

- 
1. Name in full of soldier. Rank. Reg't. Reg't. No.  
*Thomas Scorer Plt Nfld 3010*
- 
2. Age of soldier Es.S.T. Married or Single  
*32 [Answer] Single*
- 
3. Name in full of Guardian. Es.S.T.  
*Thomas Scorer i.e. [father of Thomas Scott Scorer]*
- 
4. Address in full.  
*Red Island Burges & Laporte*
- 
5. By what authority are you acting as Guardian? (If not verbal enclose written documents.) Plt. Scorer Es.S.T.  
*Father i.e. the applicant - Question 1. (one).*
- 
6. Name of children. Age last Birthday. Occupation. Married or Single.  
*William Elizabeth Jane Lydia 15 12 7 School*
- 
7. Are all the above children in your care, and living with you? Explain fully.  
*Yes*
- 
8. Are any of the above children suffering from Mental or Physical incapacity.  
*No*
- 
9. Give names of children of soldier not in your care. Age last Birthday. Occupation. Permanent Address  
*None -*

10. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No*
- 
11. Are you already in receipt of Separation Allowance from any source? If so, state amount. *No*
- 
12. Are you in receipt of payment from any Patriotic Fund? If so, state amount. *No*
- 

13. Was the soldier at the time of his enlistment and employee of the Nfld. Government. *No*

---

14. In what capacity and in what place?

---

15. Is he in receipt of a salary as such while serving in the 1st Nfld. Regiment? If so, how much? *No not as I know*

---

16. From what date have you received allotment and state amount per month.

---

I herewith make this solemn declaration conscientiously believing the same to be true, and know it to be of the same force and effect as if made under Oath, and in Virtue of the Evidence Act.

Signature of Applicant *Thomas J. Coover*

Place of Residence *Red Island*

Declared and subscribed before me at *Burgoon N.F.*

this *19<sup>th</sup>* day of *March* 1917

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, or Justice of the Peace. *Joseph Small*  
*Stipendiary Magistrate*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful enquiry, the above statements are correct.

Signature of Clergyman *Rev. S. Tarrant. N.F. Clerk in Holy Orders.*

Signature of Member of Patriotic Fund Committee *J. G. Smith General Merchant*

---

N.B. Birth Certificate must accompany this application and will be returned after perusal.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

May 17, 1919

Joseph Small, Esq., S.M.  
Red Island,  
Burgee & LaPoile Dist.

Dear Sir:-

I enclose application for Separation Allowance, signed by Thomas Cosser, father of Thomas S. Cosser of the Royal Newfoundland Regiment. Will you kindly inform me if the three children named in this application are brother and sisters of the soldier in question, or his children. Owing to the statement being made on "Guardian Form" we are at a loss to understand the relation-ship; and the Certificates of Baptism enclosed, do not really give us the necessary information.

*The signatures  
is that of  
Pte Thomas Scott  
Cosser  
S.S.T.*

Thanking you in advance.

Yours truly

Captain,  
Paymaster & O. i/c Records



Magistrate's Office.

Bungo

June 26

1919

5319

J. M. Howley Esq

Paymaster & Receiver

St. John

Dear Sir

The enclosed application was signed by Thomas & Thomas the Soldier and father of the three children named let. I fail to see why he is applying for separation allowance for them however it is none of my business. I have also written a letter for him addressed to you re Bonus money or money he should have received as others are doing

I am dear Sir

Yours very truly  
Joseph Small Esq

July 25, 1919

Rev. E. S. Farrant,  
Red Island,  
Bargee & LaPoile.

Dear Sir:-

I have to thank you for your letter of July 11th., regarding the application for separation Allowance of Thomas Gosser. I have been directed to forward you another application which is enclosed, herewith, to be completed by Thomas Gosser, Sr., as "Guardian" of his son's children; and I shall thank you to have this returned at your earliest convenience

Yours truly

Captain & Raymaster.



THIS STATUTORY REGISTRATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

This Statement is considered as being made on Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to /-

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier.	Rank.	Reg't.	Reg't No.
Thomas Cosser Jr	Pte	N. F. L. D.	6010
2. Age of soldier	Married or Single.		
34	Widower		
3. Name in full of Guardian.			
Thomas Cosser Sr			
4. Address in full.			
Red Island - Burgess. W. Coast.			
5. By what authority are you acting as Guardian? (If not verbal enclose written document)			
on the authority of Thomas Cosser Jr (verbal).			
6. Name of Children	Age last Birthday	Occupation	Married or Single.
1. William Cosser		—	—
2. Eliza Jane Cosser	14	—	—
3. Ada Cosser	8	—	—
7. Are all the above children in your care, and living with you? Explain fully.	NO - William & Eliza are in my care - Ada has been in the care of Mrs Knislow, her grandmother (a widow) on her mother's side.		
8. Are any of the above children suffering from Mental or Physical incapacity.	No.		
9. Give names of children of soldier not in your care.	Age last Birthday	Occupation.	Permanent Address.
Ada Cosser	8	—	—
see question 7.			

10. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No - I didn't understand that Separation Allowance were granted at the time of enlistment of my son.*

11. Are you already in receipt of Separation Allowance from any source? If so, state amount. *None whatsoever -*

12. Are you in receipt of payment from any Patriotic Fund? If so, state amount. *No.*

13. Was the soldier at the time of his enlistment an employee of the Nfld Government. *No.*

14. In what capacity and in what place? *No*

15. Is he in receipt of a salary as such while serving in the 1st Nfld. Regiment. If so, how much? *No.*

16. From what date have you received allotment and state amount per month. *No*

I herewith make this solemn declaration conscientiously believing the same to be true, and know it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act,

Signature of Applicant *Thomas Kessner Sr*

Place of residence *Red Island*

Declared and subscribed before me at *Burgeo*

this *25<sup>th</sup>* day of *August* 19*19*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, or Justice of the Peace. *Joseph Small Sr*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful enquiry, the above statements are correct.

Signature of Clergyman *Eric S. Tarrant. Rector of Bourgeo -*

Signature of Member of Patriotic Fund Committee

N.B. Birth Certificate must accompany this Application and will be returned after perusal.

Oct.14,1919

Mr.Thomas Cosser,St.,  
Red Island,  
Burgee & LaPolle Dist.

Dear Sir:-

Referring to your application for Separation Allowance as "Guardian" of children of your son Thomas, I beg to state that same has been approved, and I enclose cheque for Four hundred and twenty dollars and seventy-six cents (\$420.76) in payment of same, and a cheque for Two hundred and twenty-six dollars and fifty seven cents (\$226.57) is being forwarded to Mrs.Kinslow, on account of the child who is in her care.

I am returning,herewith, Birth  
Certificates.

Yours truly,

Major  
Paymaster.

Oct.14,1919

Rev.E.S.Farrant,  
Red Islands,  
Burgeo.

Dear Sir:-

I enclose cheque for Two hundred and twenty-~~six~~ dollars and fifty seven cents (\$226.57) payable to Mrs.Kinslow, "Guardian" of the child of Thomas S.Cosser. As I have not Mrs.Kinslow's address, I am forwarding cheque to you with the request that you kindly return it to Mrs.Kinslow, and oblige,

Yours truly,

Major  
Paymaster.



August 19, 1919

Mr. Thomas Cesser,  
Burgeon.

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 Gratuity.

Yours truly

Captain & Paymaster.

10594

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 *Thomas Gossin*..... 2. Surname.....
- 3. Rank..... *PL*..... 4. Regtl. No. *3010*.....
- 5. Address in full to which future payments of gratuity are to be forwarded..... *Burgoe St. Burgoe, St. John's*.....
- 6. Date of enlistment in the Regiment. *August 5<sup>th</sup> 1916*.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Have no allowance but have three children*
- 8. Relationship of such dependents..... *Children*.....
- 9. Address in full of such dependents... *Red Island*.....
- 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... *2 years and 221 days*.....  
*Served Overseas before served*
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *2 years & 221 days*.....

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.....

..... *none* .....

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.....

..... *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 Rest?..... If not give? - (a) date of discharge..... (b) Reason for discharge.....

..... *March 14<sup>th</sup> 1919* .....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

..... *France Ypres* .....

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: *Thomas Casser*  
 Place of Residence: *Burgess Casser*  
 Declared before me at *Thomas Casser*  
 This *25<sup>th</sup>* day of *July* 191*2*.....

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

*Joseph Small Stipendiary Magistrate*

POST DISCHARGE PAY.

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

Certified correct.

Paymaster

March 14, 1919

#3010 Pte. Thomas Cesser,

Red Island,

Burgeo & LaPelle.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 1399.

Yours truly,

Captain,  
Paymaster & O.i/c Records

J. Casser

3010

P.R.O.





3 1ST. NEWFOUNDLAND REGIMENT 13

ALLOTMENTS

I, Thom Bossert, Regl. No. 3010

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and  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 Aug 5th 16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2818</u>	<u>Father</u>	<u>Thom. Bossert's</u>	<u>Road Island</u> <u>Burgeo.</u>	<u>70</u>
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.) Michael Ayre Ayre  
 Officer Commanding  
D Company  
Aug 10th  
St John's 1916

(Sig.) Thom Bossert  
 (Rank) Pvt

LAST PAY CERTIFICATE

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No 3010 Rank Rk. Name Cosser Regt No Unit ROYAL NEWFOUNDLAND REGT. Name who was repatrolled Authority Newfoundland on 11/12/18 Authority to Cause /// Authority ///

DR. STATEMENT OF ACCOUNT CR.

PERIOD:	PARTICULARS					PERIOD:	PARTICULARS					PERIOD:	PARTICULARS						
	\$	£	s	d			\$	£	s	d			\$	£	s	d			
From 23 <sup>rd</sup> / 11 / 18. To 20 / 12 / 18.	Balance Dr. from						Balance Crd from												
	Allotment 19 days @ 70¢	113	30	12	14	8	Pay 19 days @ \$ 1.00	119	00										
	Cash Payments:						Field Allow 19 days @ \$ 1.00	11	90										
	18 <sup>th</sup> Pay.			1	0	0	Other Allow 19 days @ \$ 50¢	120	90	1	4	5	11						
	20 <sup>th</sup> "			2	8	4	Other Credits:	9	50	1	19	0							
	Other Debits:						B. Damage.												
	Miss. Stopp.				1	5	Copy sent to of m 21302/210												
						P.A. 24.12.18.													
Total Debits			16	4	11	Total Credits				1	6	4	11						
Balance due by Paymaster			16	4	11	Balance due to Paymaster				1	6	4	11						

I have carefully examined this Statement of Account and find it to be correct extract from the Pay Book of F Co.

(Place) HAZELEY DOWN CAMP. (Date) Dec 11<sup>th</sup> 1918. (Place) 250 C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. subject to amendment if and as may be found necessary.

Pay & Record Office, London, Chief Paymaster & Officer i/c Records.

Medical Report on an Invalid.

Station Hazeley Down Camp  
Date 25/11/18

1. Unit Royal Newfoundland Regt. 7. Former Trade }  
or Occupation }
2. Regimental No. 5010
3. Rank
4. Name COSSER.
5. Age last birthday
6. Enlisted { on }  
at
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Middle ear disease.

Statement of Case.

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

9. Date of origin of disability.
10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*He states that he was blown up by a shell bursting close to him lost hearing Rt ear. Examination shows old signs of disease vide report att. Complains of Headaches not due to eye. vide att report. Loss of right left eye*

*Approved By C.D. 15.5.18*

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

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

*Attributed to active service conditions*

*No*

*No*

*Steel complaint of pain in stomach is  
 predilected to sickness. unable to  
 do hard work.  
 note at report of legs scars.*

13. What is his present condition?

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

14. If the disability is an injury, was it caused—  
 (a) In action?  
 (b) On field service?  
 (c) On duty?  
 (d) Off duty?

15. Was a Court of Inquiry held on the injury?  
 If so—(a) When?  
 (b) Where?  
 (c) Opinion?

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

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

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

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

20. Do you recommend—  
 (a) Discharge as permanently unfit, or  
 (b) Change to England?

*Repatriation (2)*

*Mc. C. 110*

ROYAL NEWFOUNDLAND REG  
 ROYAL NEWFOUNDLAND REG  
 Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

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

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



Corps *J. Newfoundland*

No. *3010*

Rank and Name *Pte Casser*

Age

Military Hospital

Service

Disease

Date of admission

*25-11-14*

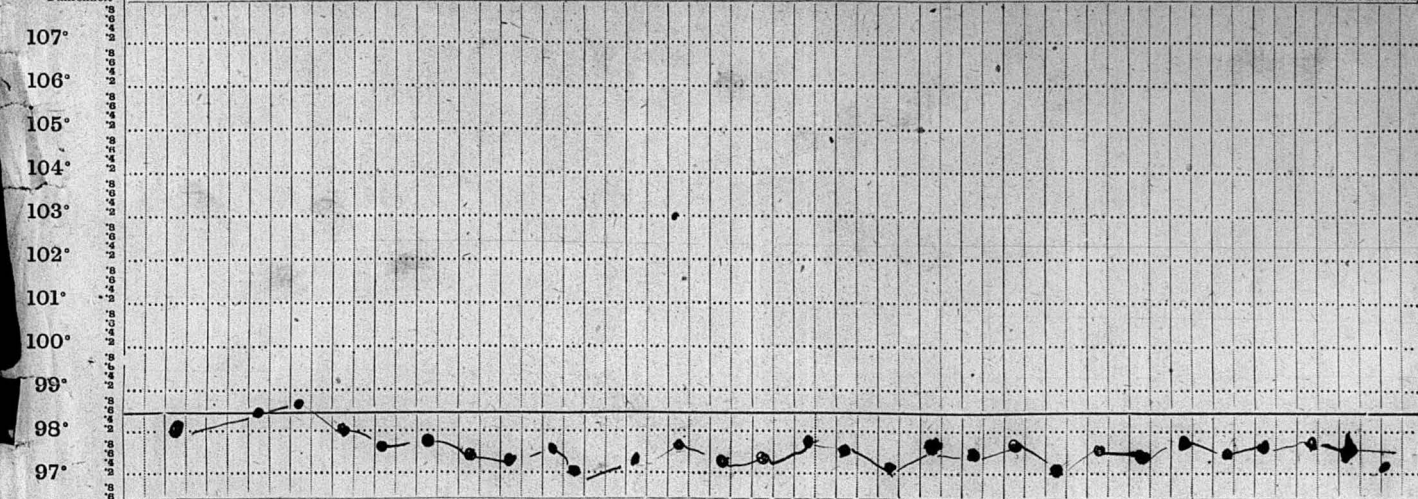
Date of discharge

Result

Dates of Observation *25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25*

Days of Disease

Temperature, Fahrenheit



Pulse per Minute

Respirations per Minute

Motions per 24 Hours

*1 1 1 1 2 1 2 1 1 0 1 0 2 1 0 2 1 0 1 1 0 1 1 0 1 0 1 0 1 0 1 1 0 0 1 0 1 0 1 0 1 0 1 0 1*

Signature

In charge of case.

Corps 1st A. S. Cavalry

CLINICAL CHART.  
(To be attached to Case Sheet.)

Army Form B. 181.

No. 3096

Rank and Name P4 Conner

Military Hospital 4

Service 69th

Disease 27

Date of admission 7/18

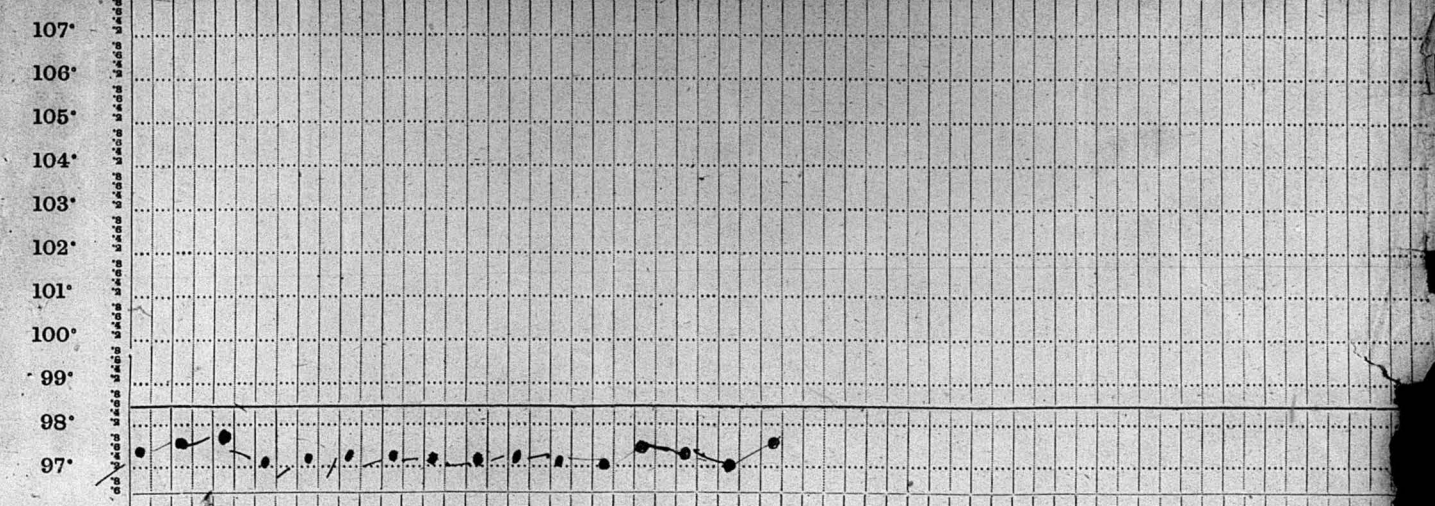
Date of discharge

Result

Dates of Observation 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11

Days of Disease

Temperature, Fahrenheit



Pulse per Minute

Respirations per Minute

Motors per 24 Hours

0, 0, 1, 0, 1, 1, 0, 1, 1, 0, 1, 0, 0, 2, 0

Signature

In charge of case

WILL. 796

Name

Cossar. W. J.

Regtl. No.

3010

Rank

Pte.

Regiment

ROYAL NEWFOUNDLAND REGIMENT.

Date of:—

31/7/17

Receipt

... ..

Transfer

... ..

Final disposal and  
to whom sent ...

No. ....

Regtl. No. 3010

Rank Private

Name J. Casser

Regiment M.F.C.

Date from 17. 1. 1918

to 21. 1. 1918

To proceed to London

I/c. .... Hospital

Station London

Date 17/1/18

Address whilst on furlough to which any orders will be sent.

.....  
.....  
.....  
.....

No. 13216

NEWFOUNDLAND CONTINGENT



M.P.D./M.S.

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

DEC 1917

To: Officer in Charge  
4th London General Hospital

3-12-1917

Herewith Application for pay. £1.10.0 from  
3012. H. S. Tasson. 4th Newfoundland Regt. for  
your approval which should be furnished hereon  
Please acknowledge receipt hereon.

**APPROVED.**

(Sig.) \_\_\_\_\_

(Date) \_\_\_\_\_

Arifossy  
MAJOR, R.A.M.C. (T.)

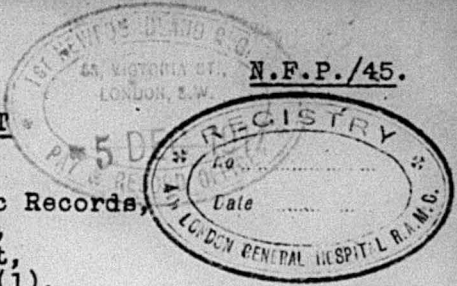
Registrar, 4th London General Hospital.

A. R. Mansell Maj.  
Chief Paymaster & Officer i/c Records.

No. \_\_\_\_\_

OK \$1000  
5/17/17  
RMA

NEWFOUNDLAND CONTINGENT



To: Chief Paymaster & Officer i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. (1).

BRANCH  
ACTED BY  
DATE

*Reut*  
*the*  
*4/12/17*

Please remit to Pte. Casser. Thomas

of the 1<sup>st</sup> Newfoundland

the sum of £1 pounds 10 shillings, on  
account of any balance that may be due to me.

ESTD BY  
PAY & DISB. OFFICE  
Est. No. 1372 (£ 1-10-0)  
REG. NO. 3 DEC 1917

Regtl No. 3010 Rank Private

APPROVED: Name Thomas Casser

*the*  
W. P. Lewis as  
Civil Surgeon

Approved \_\_\_\_\_  
Officer i/c.,

4<sup>th</sup> Lon. Gen. Hospital Hospital.

Dated at \_\_\_\_\_  
\_\_\_\_\_ 191

*Amf...*  
Major, R.A.M.C. (T)  
Registrar  
45<sup>th</sup> Lon. 1338/14 Hospital

18381/19

5th December

4th London General

3010

Pte

Thomas Casser

1: 10: 0

Receipt for Army Book 64

No. .... 3010 Name *Casser T.* .....

To Certify that I have received the AB 64 of the above  
named Soldier.

Name *Thomas Casser* .....

Date *Aug 9 1920* .....

Place *Red Island Post, Burgess & Lake* .....

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"



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

---

July 5th., 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1069), is forwarded herewith to

Private Thomas Gosser

in respect of his service as No. 3010, Rank Pvte.

Name T. Gosser Corp Royal Wfld. Regt..

Receipt of the same should be acknowledged hereon.

Received at Burges Wfld a  
Discharge

Signature Thomas Gosser Hq

Date July 26<sup>th</sup>

Address Burges Wfld

**C.R.**

**Casualty Form - Active Service.**

Rank **Pte** Regiment or Corps **1st Newfoundland**  
 Surname **Cosser** Christian Name **Thomas**  
 Religion **Ch. of E.** Age on Enlistment **30** years **6** months  
 Enlisted (a) **5-8-16** Terms of Service (a) **Dualton** Service reckons from (a) **5-8-16**  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 Occupation **Fisherman** or Corps Trade and Rate **1st Lt. Officer**



Report		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	This Form Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked <b>Shampton</b>	<b>11.6.17</b>	
			Disembarked... <b>Rouen</b>	<b>12.6.17</b>	
			Joined Battalion	<b>2 JUL 1917</b>	<b>6213</b>
<b>11.8.17</b>	<b>OR. 227<sup>th</sup> Coy</b>	<b>Leapy att. 227<sup>th</sup> Mark Sun Coy</b>		<b>5.8.17</b>	<b>6213</b>
		<b>Rejoined Battalion</b>		<b>10 OCT 1917</b>	
<b>27/10/17</b>	<b>80<sup>th</sup> A</b>	<b>M "Conical Hill" base</b>	<b>20<sup>th</sup> CCS</b>	<b>27/10/17</b>	<b>ED 2620</b>
<b>10/11/17</b>	<b>8<sup>th</sup> Huss</b>	<b>In duty unit</b>		<b>11/11/17</b>	<b>107B</b>
<b>23/11/17</b>	<b>5<sup>th</sup> CCS</b>	<b>Ad. Campmaster</b>	<b>26<sup>th</sup> FA</b>	<b>19/11/17</b>	<b>ED 3717</b>
	<b>5<sup>th</sup> Gen Hq</b>	<b>10<sup>th</sup> D<sup>o</sup></b>	<b>Rouen</b>	<b>20/11/17</b>	<b>GA. 16570</b>
	<b>4<sup>th</sup> Gen Hq</b>	<b>Transferred to England</b>		<b>24/11/17</b>	<b>W 3083</b>
			<b>J. Mans</b>	<b>2<sup>nd</sup> Lt</b>	<b>MAJOR</b>
			<b>O. I/c No. 1</b>		<b>Infantry Section</b>

(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.

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

SEP 20 1921

1921.

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

Thomas Cosser

in respect of his service as No. 3010 Rank Pte.

Name T. Cosser. Royal Nfld. Regt.  
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received Sept 27<sup>th</sup>

Signature Thomas Cosser

Date 1921

Address Red Island - Burges

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
99.

Number of Sheet *First*

Signature of O. C. Company *Thos. A. Coy. Capt.*

Regiment of *1<sup>st</sup> Newfoundland*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>6070</i>	Age on	<i>30</i> years <i>6</i> months	<i>Fisherman</i>	
Joined _____ Date _____		Place and Date of Enlistment		Religion	
Joined _____ Date _____		<i>St. John's, N.F.</i> <i>5.8.16</i>		<i>C. of E.</i>	
Joined _____ Date _____				Period of	
		(with Colours, <sup><i>212</i></sup> years. with Reserve <sup><i>2365</i></sup> years.			

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>Discharged under Demobilization, St. John's 14.3.19</i>									
To be carried over									

Army Form B. 121.



## 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 *Thomas Cosser.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3010.*

Intended address *Red Island.*

Height on discharge *5 Feet 9.*

Color of hair on discharge *br Brown.*

Complexion *Fair.*

Color of eyes *Blue.*

Descriptive Marks

Figure on discharge *Medium.*

Christian name of Father *Thomas.*

Christian name of Mother *Elija,*

Wife's maiden name in full *Dead.*

Date and place of marriage *Red Island.*

Christian names of children *William. Elija. Lydia*

Place and date of soldier's birth *Red Island. Feb. 2<sup>nd</sup>. 1785.*

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) *Thomas Cosser*

(Rank) *Pte*

Station *St John.*

Date *Dec 24<sup>th</sup> / 15.*

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.

*J. Paterson*  
Medical Officer i|c Hospital.  
Unit, or Command Depot.

Station

Date

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3010 Rank Pvt Name Pte Thomas Cosser

Intended place of residence Ref Bay Bldg 10

2. Occupation Tradesman

Classification of soldier B Medical Category F

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

## ELIGIBLE FOR POST DISCHARGE PAY

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

Place .....

Date 10-2-19 W. Howley Capt  
 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 Pte Thomas Cosser

10-2-19 Signature of soldier

Signature of witness W. Howley Capt

### 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 Thomas Cosser

Jul 10<sup>th</sup> 1910 Signature of soldier

Signature of witness W. Howley Capt

### STATEMENT OF SERVICE

7. Enlisted for service 5.8.16 No of days on Military

Discharged from service 13.2.1919 plus 14 days Service 937

### 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 R. H. Sait Capt

FEB 13 1919 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

Date .....

### CONFIRMATION OF DISCHARGE

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

Place St John's, Nfld W. Howley Capt

Date March 14/1919 Officer in Charge of Records  
 The Royal Newfoundland Regiment

*ms RFB 2019/1398*

27  
 30  
 31  
 31  
 31  
 178  
 14  
 122



C.R. 3010

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, dated October 20th 1919. Depot St. John's.

The discharge of the undernoted on demobilisation  
has been CONFIRMED by Officer i/o Records from  
noted date 14-3-19.

3010, Sgt. T. Cosser.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3010 Rank Pvt Name Edward Thomas  
 Date of Enlistment 2.8.16 Address Rede Rd District Burgess  
 Occupation Fireman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. permanently exempt Disability Rating 20%  
 Passed to Demobilization Officer with following documents—

N.F. P. 24	2	B 268		B 121	1	N.F. Med.		D.F. 1.	
B 178	1	W 3494		B 122		Board 1st.		" 2.	
B 178a	1	D 400A	1	B 1915		do 2nd.		" 3.	3
B 179	2	D 400B		Form L		do 3rd.		" 4.	
B 179a		D 400C		Form K		do 4th.		" 5.	
B 179b		B 103		ME 2	1237		1	" 6.	
B 179c		B 120		M 93					

Date 10.2.17

Wiley Capt  
Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

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

Yasser  
Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable. \$400.00

(b) Clothing Supplied. Joseph H. Brown

Date 10-2-19

O f/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 12002 to his home at San Antonio, Texas and Release Certificate No. 1047 issued.

Date July 10-19

R. B. DeLoeff  
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 29-2-19

Date 10-2-19

Attny Capt  
Depot Paymaster.

Discharge approved for July 13 1919

Forwarded with following documents to O.C Discharge Depot.

N.F. P 268	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	1 Form B
B 178a	D 400A	B 1915	do 2nd	" 3	2
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 11<sup>th</sup> 2 1919

R. B. DeLoeff  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

FEB 13 1919

Date .....

R. H. Dait  
O. C. Discharge Depot.

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

Date July 19 1919

W. A. ...  
Paymaster

Reg. No. 3010 Rank Pte Name Coiser. Y.  
Attested ..... Address Leeds W. Burgess  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 21-12-18  
Embarked for Overseas ..... Cause Discharge

SMB 7-1-19

Recommended Dis. as Permanently Unfit

10-2-19

PASSED TO DEMOBILIZATION OFFICER

13-2-19

DISCHARGE APPROVED ON DEMOBILISATION.

Burgeo

Nov 12 + 1919

7472

Dear Sir

Just a word to  
let you know that I did  
not get ~~sent~~ my service  
badge I like for you to send  
me one if you please

yours truly

Wm Thomas Casser

St. 3010

to Mr J Ott Dawley

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5010 Rank Plt Name Leslie Thomas  
 Date of Enlistment 2-8-16 Address Rede Hills District Burgess  
 Occupation Hebrewman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. permanently unfit Disability Rating 20%  
 Passed to Demobilization Officer with following documents:—

N.F. P. 38	94	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	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	12.57	" 6	1
B 179c	B 120	M 93			

Date 10.2.17
W. J. P.  
 O. C. Discharge/Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment

I am casualty 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 Joseph H. Snow Limited

Date 10-2-19

O. C. Re-clothing.

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K602* to his home at *Rest House, Buzay* and Release Certificate No. *1047* issued.

Date

*July 10-19**P. B. D. S. Capt*  
Demobilization Officer

## 4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *27-2-19*

Date

*10-2-19**Attny Capt*  
Depot Paymaster.

Discharge approved for

*July 13 1919*

Forwarded with following documents to O.C Discharge Depot.

N.F. Pasg. <i>2</i>	B 268	B 121	N.F. Med.	D.F. 1.	<i>Form B</i>
E 178	W 3494	B 122	Board 1st.	" 2.	
F 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	<i>1237</i>	" 6.	
B 179c	B 120	M 93			

Date

*11<sup>th</sup> 2. 1919**P. B. D. S. Capt*  
Demobilization Officer.

## APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

*FEB 13 1919**R. H. Sait Capt*  
O. C. Discharge Depot.

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

Date