



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4553 Name James Costello Corps R.O.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Costello
2. What is your full Address? 2. Conception Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years Months
5. What is your Trade or Calling? 5. Miner
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 Costello 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 Costello SIGNATURE OF RECRUIT.
Wm. Churchill Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Costello 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 Conception Bay on this 18 day of April 1915

Signature of Attesting Officer Wm. Churchill

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191..... } 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).....

C.R. 4552

Extract from Daily Orders Part 11 Unit Newland Forestry
Corps Nov. 10th, 1919.

The discharge of the u/m on demobilization has been
CONFIRMED by Officer i/o Records

4552 Costello.

10-9-19.

CR 4552

Extract from Med. Board held on Aug. 17th. the following
were the findings.

Recommended discharge from the Army.

REQUIRES TREATMENT.

4552 Pte. J. Costello.

C.R. 4582

Extract from Daily Orders Bayhill Unit The Royal Field.
Regt. St. John's, July 3rd, 1919.

4542 Pte. J. Costello.

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

C.R! 4552

**Extract from Daily Orders ~~Headline~~ By Major M.S.
Sullivan, Commanding Newfoundland Forestry Companies
6-12-18.**

**The undermentioned having reported for duty
from the 2nd Bn. Royal Nfld. Regt. is attached to the
strength, for rations, from this date and posted to
"A" Company.**

4552 Pte. J. Costello.

C.R. 4552

Extract from Daily Orders Part 11. from Unit The Royal Nfld.
Regiment, St. John's. dated June 14th 1918.

4552 Pte J. Costello

Embarked for Overseas with draft 11-6-18.

C.R. 4552

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regt. St. John's, dated April 23, 1918.

4552 Pte. James Costello.

Attested for General Service with the Royal Wfld. Regt.
from 22/4/18 to ~~report~~ 2/6/18.

Costello, J.

C.R. 4552

P.Y.R.C.

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 Northumberland* } Former Trade or Occupation } *Munier*
2. Regtl. No. *4059* & Rank..... } 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cochello* } *Munier* } (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *21*.....
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

No Complaints of No Disability

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?

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

Station *Hayley Down*
 Date *8/21/19*

W. G. Proctor, Capt. Rawe
 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

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount 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 the year, commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4552	Pte	Castello J	\$250	<i>J. Castello</i>

Date

July 1/18

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

J. Castello

Costello, James

4552

Ray sept.

Sept. 15, 1919

#4552 Pte. James Costello,
Conception Hr., U.S.

Dear Sir:-

Please find enclosed Discharge Certificate #3841.

Yours tr ly

Captain & Paymaster

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4552 Rank P-6 Name Costello James
 Intended place of residence Conception Nfld Nfld Main

2. Occupation Miner
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S
 Date 26-8-19 A. M. S. Grant
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S
 Date 26-8-19 James Costello
 Signature of soldier
James Costello
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S
 Date 26-8-19 James Costello
 Signature of soldier
James Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 2-2-18 No. of days on Military
 Discharged from service... 2-7-19 Plus 14 days Service... 307

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty ¹⁴ eight days from date.

Place, ST. JOHN'S
 Date Aug 28th 1919 N. R. Cooke Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S
 Date September 10/1919 M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

9
37
20
51
90
174

COPY The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **4552** Rank **Pte** Name **Costello, James**
 Intended place of residence **Conception Hr.**

2. Occupation **Miner**
 Classification of soldier **B** Medical Category **F**

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

L. R. COOPER, CAPT.

Date **AUG 26 1919**

Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

(sgnd) **Jas. ^{his} Costello**
 Signature of soldier

Date **AUG 26 1919**

" **A.M. Clouston, Lt.**
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

(sgnd) **James ^{his} Costello**
 Signature of soldier

Date **AUG 26 1919**

" **James Newman, Sgt.**
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **22-4-18** No. of days on Military
 Discharged from service **AUG 27 1919** Plus 14 days Service **507**

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

L. R. COOPER, CAPT.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

Date **AUG 28 1919**

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Officer i/c Records
 The Royal Newfoundland Regiment

Date

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. 4552

Name Bostello James

Address Conception Str

Present Medical Category E

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

Members of Board

for. N.R. Looper Capt
O.C. Discharge Depot.

L. Atkinson
Senior Medical Officer

Geo Burden
M.O. Depot

At present in hospital

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.

J. Costello
Signature of Man.

M. Johnston
Signature of the Vocational Officer or his Representative.

Reg. No. 4552.

Place

St Johns

Date

26 - 8 - 1919

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4552 Rank Pte Name Costello James
 Date of Enlistment 22-4-18 Address Conception St. District St. John's
 Occupation Miner Classification for Discharge B Medical Category E
 Recommendation S.M.B. Disability Rating Nil. Re-t. Further Treatment

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 16-8-19

for J.R. Cooper Capt
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 \$60.00

(b) Clothing Supplied MB

Date 20-8-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at and Release Certificate No. 38-14 issued.

Date 26-8-19 *[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 10-9-19

Date 26-8-19 *[Signature]*
Depot Paymaster.

Discharge approved for 27-8-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
E 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 26-8-19 *[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 *[Stamp]* *[Stamp]*

Date **L. R. COOPER, CAPT,**
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

OF

Surname Osheo

Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Conception St. Co. County Isla

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	at <u>St. Johns</u>	at		
Declared Age	<u>20</u> years	days	years	days
Trade or Occupation	<u>None</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches
Weight	<u>158</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded...	<u>36 1/2</u> inches		inches
	Range of Expansion...	<u>4 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Arms	<u>12 cuts</u>		
	Number			
When Vaccinated	<u>4 years</u>			
Vision	R. E.—V=	<u>6/60</u>	R. E.—V=	
	L. E.—V=	<u>6/30</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>James Barrow</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. Johns</u>	at		
	on <u>22</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal H. S. 2</u>			
<u>Isla Regt</u>				
Transferred to				
Became non-effective by	on	day of	191	on
			day of	191
(Signature)				
[Rank]				

quiry, Vaccination, Inoculations, &c.; Examinations for Field or
 on, Re-engagement, or Prolongation of service; Issue of Sur-
 culars of Dental Treatment, &c.

NO. & RANK 4552 Pt.				DATE OF EXAM. 27-8-18	
NAME Costello J.				DATE OF ISSUE: 12-9-18	
CORPS R. Regt. Art.				OPHTH. CENTRE: 71	
VISION W/OUT GLS	SPH	CYL	AXIS STANDARD NOTATION	VISION WITH GLS	FRAME NO: Q (OR MEASUREMENTS)
R 60	-	+5.00	90	6/12 Pt	
L 6/24	-	+5.00	90	6/12 Pt	
SIGNATURE OF M.O. R. Lockhart Captn M.Cusa					
					OPTICIAN'S INITIALS SR

Brief Details, and Signature



V.A.R. ⁶/₆₀ with R. ⁶/_{12 Pt.}
 ... L. ⁶/₂₄ R.A.M. L. ⁶/_{12 Pt.}
 Hypermetropic Astigmatism
 Robert Lockhart
 Capt M.Cusa

23-4-18 } Vacc. **70**
 3-5-18 } T.A.B. **6**
 17-5-18 } do **6**
 18-5-18 } Vacc. Re. **60**
 10-7-18 } T.A.B. **60**

NO. & RANK 4552 Pt.				DATE OF EXAM. 27-8-18	
NAME Costello J.				DATE OF ISSUE: 12-9-18	
CORPS R. Regt. Art.				OPHTH. CENTRE: 71	
VISION W/OUT GLS	SPH	CYL	AXIS STANDARD NOTATION	VISION WITH GLS	FRAME NO: Q (OR MEASUREMENTS)
R 60	-	+5.00	90	6/12 Pt	
L 6/24	-	+5.00	90	6/12 Pt	
SIGNATURE OF M.O. R. Lockhart Captn M.Cusa					
					OPTICIAN'S INITIALS SR

It is hereby certified that this soldier
 has been before the Standing Medical
 Board and has been classified as
B for discharge on Demobilisa-
 tion. Medical category **E**
 9-8-19 **R. Looper** Captain
 Date of S.M.B. Discharge Department

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



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 *James Costello*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4552*

Intended address *Conception Hr*

Height on discharge *5 Feet 6 1/2*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Gray*

Descriptive Marks *None.*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Kate*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Conception Apr 4-3- age. 22-1898*

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)

James Costello

(Rank) *S/1*

Station *ST. JOHN'S.*

Date *July 17th 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.



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

Station

Date



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES:

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station..... **St. John's**.....

Date..... **Aug. 9/19**.....

1. Unit *Royal Newfoundland*

5. Age last birthday **21.**

2. Regimental No. **4552.**

6. Enlisted on **April 1918.**

3. Rank **Pte.**

at **St. John's.**

4. Name **Castelle J.**

7. Former trade or occupation **Fisherman.**

8. Disability

Acro.

Has had rash on him for 6 months. Was treated on other side for scabies. Which did not improve condition any.

9. History

10. What is his present condition?

Large Phisique well nourished, Heart & Lungs normal. Whole body from neck to ankles covered with rash. (Acne.)
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

Department of Military Medicine

Medical Department

11. Was sanatorium advised and refused? **No.**
operation

12. Do you recommend discharge as permanently unfit? **Yes.**

Signature (SGD) S.E. KEAN. CAPT.

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **May.** be considered as aggravated by due to
~~Service during this war~~ (b) ~~Climates~~ (c) Ordinary Military Service

Remarks if any :-

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

States that never had a rash like this before & it appeared when at Winchester for the 1st. time.

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **Nil.**

- (b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **Nil But further Treatment.**

(State in percentage.)

Remarks if any :-

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanitorium is :- (a) Reasonable (b) Unreasonable

Remarks if any :-

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention the Army

Remarks if any :-

(SGD) **N. S. FRASER.**.....

President

" **J. S. TAIT.**

Signatures.....

" **L. PATERSON, MAJOR.**.....

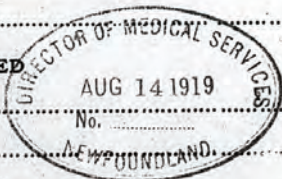
Place **ST. JOHN'S.**.....

Date **AUG. 14/19.**.....

APPROVED

Station.....

Date.....



(SGD) **CLUNY MACPHERSON MAJOR.**.....

Administrative Medical Officer.

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 } *miner*
2. Regtl. No. *4852* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Costello* } *James* } (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *21*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ; (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Where (d) Particulars of Pension or Gratuity (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

No Complaints of no disability

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

15. What is his present condition?

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

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

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

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

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

20. Do you recommend—

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

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

Repatriation

W. E. McCannie, Capt R.A.M.C.

Medical Officer in charge of case.

Station *Hazley Down*

Date *1/4/19*

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

OCT. 4th 1919.

Mr. Jas. Costello,
Conception Hr. C. B.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of War Ser-
vice Gratuity.

Yours truly,

Major. &
Paymaster.

RS/.

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. 1918.

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 REWARDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name James

3. Rank Cpl

4. Regtl. No. 4552

5. Address in full to which future payments of gratuity are to be forwarded Conception St. CB

6. Date of enlistment in the Regiment Apr 22/18

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

8. Relationship of such dependents

9. Address in full of such dependents

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?

11. Were you on active service only in Hfld, if so, give dates and particulars of such service From Apr 22/18

To Aug 26/19. Overseas

12. Give total length of time which you served on active service, whether in Hfld. or Overseas OV

Feb 19

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

No

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

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

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

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

19. Are you now serving in the Rest? *No*. If not give - (a) date of discharge. *Aug. 26, 1919* Reason for discharge. *Demobilization*

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.

No

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

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

Signature of Applicant:

his
Joseph H. Costello

Place of Residence:

Conception N. C. B.

Declared before me at:

N. John, Nfld.

This

26th day of *August* 19*19*...

John M. Coghlan

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

Certified correct.

Registrar

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 Army Foundry*
2. Regtl. No. *4552* 3. Rank. *PO*
4. Name *Costello* *James*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *April 22, 1918* at *S. John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Date of Discharge;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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

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 Army Foundry*
2. Regtl. No. *4552* 3. Rank. *PO*
4. Name *Costello* *James*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *April 22, 1918* at *S. John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
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."

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

nil
nil
nil
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, eyes, 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.)

na.
No 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? *na.*
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?

Repatriation

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

W.E. Proctor. Capt Ramo
 Medical Officer in charge of case.

Station *J.S.S. Cassandra*

Date *30-6-19*

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

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 of 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 Regt*
2. Regtl. No. *4552* 3. Rank..... *Plt*
4. Name *Crotello*..... *James*
(Surname) (Christian Names)
5. Age last birthday..... *21*
6. Posted for duty on..... *22 April 1918* at..... *St John's*
 in category (or grade).....
7. Former Trade or Occupation } *Fireman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

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

Statement of Case.

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

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

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

nil.
nil.
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, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

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? *na.*
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?

Re-patriation

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

W. S. Preunier. apt Rome
 Medical Officer in charge of case.

Station ... *P. S. C. Cassandre*

Date ... *30.6.19*

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

4423

Conception
March 26th /19

Hon^{ble} G. Bennett,
Minister of Militia,
St John's.

Sir: In sending the
allotment on account
of my son, La Gas Costello
Allot. No. 4295 you draw
your cheques in favour
of Jas Costello instead of Jno.
Costello the allottee. Please
see mistake rectified.

63604

455V

Respectfully yours
John Costello

The Department of Militia

The sum of *Three Dollars* $\$ 3.00$ Dollars is due

Mr. *Jos. Costello Concepcion* For *Transportation*

Reg No. *4697* Rank. *Pvt* Name. *Costello J.*

From *Arundale* To *Concepcion Pueblo*

See attached
Account for \$ 3.00
J. H. [unclear] Capt.

6-10-19

Demobilization Officer.

ACCOUNT	<i>Transport</i>
NO. 14338	<i>cu</i>
PAY TO ORDER OF	
DATE	

No. 952

TRAVELLING WARRANT

Date 26-8-19 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 4552 Rank Pte Name Costello J

From ST. JOHN'S To Conception Bay

Dondale

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

[Signature]

SIGNATURE OF ISSUING OFFICER.

TRAVELLING WARRANT

THE BANK OF ENGLAND

James Costello 2 dollars

TO THE ORDER OF THE BANK OF ENGLAND

THIS WARRANT IS VALID FOR THE SUM OF

ON THE ORDER OF THE BANK OF ENGLAND

October 17, 1919

Mr. James Costello,
Conception Hr.

Dear Sir:

I enclose cheque for ~~\$3.00~~ amount
due you for driving Pte. Costello to his home.

Yours truly,

Major
Paymaster.

IMP
Enc.

1591

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

1591

OCT 15 1921 1921.

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

James Costello

in respect of his service as No. 4552 Rank Pte.

Name J. Costello Royal Nfld. Regt.
~~Nfld. Garrison Coy.~~

Receipt of the same should be acknowledged hereon.

Received One Medal

Signature J. Costello

Date 21 of Oct.

Address By pte James Costello Kitchener

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
59

Number of Sheet 1 of 1

Regiment of Royal Newfoundlands

Signature of O. C. Company J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or 'proficiency pay
No.	<u>4559 Costello Jas</u>	Age on	20 years months	<u>Mines</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	22. 11. 18	R. C.	
Joined		Date	} with Colours ¹⁴² years. with Reserve ₃₈ years.	Place of Birth	
Joined		Date		<u>Conception Harbour</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>10 79</u>			

To be carried over

Army Form B. 121.

DUM 2

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4552 Rank Pte Name Costello James
 Date of Enlistment 22-4-19 Address Conception St. District H=Main
 Occupation Miner Classification for Discharge B Medical Category E
 Recommendation S.M.B. Disability Rating Nil. Ret. Further Treatment

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 16-8-19 for J.R. Corpe Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James Costello
James

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable. \$60.00 100

(b) ~~Clothing~~ Supplied

James Costello

Date 20-8-14.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at and Release Certificate No. 38114 issued.

Date 26-8-19

[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 10-7-19

Date 26-8-19

[Signature]
Depot Paymaster.

Discharge approved for 27-8-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st.	" 2	1
F 178a	D 400A	B 1915		do 2nd.	" 3	2
B 179	D 400B	Form L		do 3rd.	" 4	2
B 179a	D 400C	Form K		do 4th.	" 5	2
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 26-8-19

[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

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date Sept 8/19

[Signature]