



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 0080

Name Joseph Cousins Corps CofC

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Joseph Cousins
2. What is your full Address? 2. St. Johns P. Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Laborer
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, Joseph Cousins 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.

Joseph Cousins SIGNATURE OF RECRUIT.

16/5/18 J. P. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 16 day of May 1918.

Signature of Attesting Officer R. Dicks Lieut.

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 compiled with. I accordingly approve, and appoint him to the:

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

Date May 16 1918 } Approving Officer.
Place St. John's

† 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.

5080

Name Joseph Cousins
Apparent age 19 years months. Height feet inches
Chest Measurement { Girth when fully expanded 34 inches
Range of expansion 3 inches
Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Cousins
Goolds C. Bay | Relationship Father
Particulars as to Marriage

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

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

Particulars as to Children

Christian Names

Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	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 total engagement reckons from <u>16-5-18</u>									
Joined at <u>St. As</u> on <u>16 July 1918</u>									
<u>Embarked St. As train to Halifax No. 11-6-18.</u>									
<u>Embarked for B.C. 26-10-18</u>									
<u>Joined B.C. 3-11-1918</u>									
<u>Station 25 E.C.H. Quebec 11-12-18</u>									
<u>Having wait 24-12-18 transfer from Depot 22 to Depot Vancouver 25 1/2</u>									
<u>At the following for demobilization 22-5-19. Arrived Vancouver 1-6-1919</u>									
<u>To embolization St. As 7-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-7-1919</u> (date of discharge) <u>1</u> years <u>55</u> days									
" " Pensions " " " " " " " " " " " " " " " "									

C.R. 5080

Extract from Daily Orders Part II Royal Newfoundland
Regiment, Depot St. John's, dated 12-7-19.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted
date ²12-7-19.

5080, Pte. J. Cousens.

C.R. 5080

Extract from Daily Orders Part 11 By Major A.B. Bernard, MG.,
Commdg. 1st Batta. Royal Newfoundland Regt. 23-12-18.

The u/m has been evacuated and is struck off strength of
Unit.

5080 Pte. J. Cousins.

C.R. 5080

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 27th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 25~~26~~ 19.

5080 Pte. Joseph Cousens.

C.R. 5080

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

Date June 18th 1919.

5080, Pte. J. Cousens.

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

C.R. 5080

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

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

#5080 Pte. J. Cousins.

C.R. 5080

Extract from Despatch No. 11 re-inforcement draft No. 11: Imbued Folkeston
25/10/10, from 2nd Batta, Royal Newfoundland Regiment, Havelock House Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, E.I.F.

5080, Pte. Captains, J.

C.R. 5080

Extract frm Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 14, 1918

#5080 Pte. J. Cousins.

Embarked for Overseas with Draft June 11th, 1918.

C.R. 5080

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 17th, 1918.

#5080 Pte. J. Doucin

Attested for General Service with the Royal Nfld. Regt.
from 16.5.18

J Cousins

C.R. 5080

~~110~~

Medical Report on an Invalid.

Station Hazelton Depot Camp
Date 1-5-19

1. Unit Royal Newfoundland. 7. Former Trade } Seaman.
or Occupation }
2. Regimental No. 5080 7A. If with previous service in Army, state—
3. Rank Pvt. (a) Former Unit;
4. Name Causey Joseph (b) Regimental No.;
5. Age last birthday 19 (c) Date of Discharge;
6. Enlisted { on May 10/18 (d) Cause of Discharge.
at St John's

8. Disability in respect of which invaliding is Proposed.

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

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

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.
- na

13. What is his present condition?

No complaint of no disability

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?

na

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

na

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?

na

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.

na

Reparation

20. Do you recommend—

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

W. E. Prosser
Sgt. Major, Capt R.A.M.C.
 Officer in medical charge of case.

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

Station *Hazley Down*

Officer in charge of Hospital.

Date *1-5-19*

*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.

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

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
5080	Pte	Cousins	£250	J. Cousins

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

Date

July 1/18

J. Cousins

No. 6413/986

D

049294

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ayl. Mfld. Regiment
Winchester

29th April 1919

5080 Pte. J. Cousins

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

"Pay to-5080 Cousins J.
£6. 3. 0.

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

Chief Paymaster & O. i/c Records.

~~Handwritten signature and scribbles~~

Received hereunder.

J. Waterman Capt
Officer Commdg. Batt'n.

Received the sum of six pounds
three shillings & 6 pence on respect of
telegraphic remittance from the
Minister of Militia.

No. 6480 Rank Pte J Cousins

Witness J. M. Dicks Sgt

No. 14823/1511. ✓

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

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

September 16th, 1918

Sept. 16th 1918

Subject: 5080, Pte. J. Cousins,

With reference to the following telegram (8099) from the Hon. Minister of Militia, received

"Pay to 5080 Pte. J. Cousins, £4:0:0.

Draft £ 4:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. 1/c Records.

Receipt hereunder.

[Signature] LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of four
pounds on account of
cable remittance from Newfoundland.

Joseph Cousins
No. 5080 Rank Pte.

Witness
11693 Pte. B. Manning

No. 5080 Name *Conaino J.* Sqn., Batty, or Company } *I* Corp ROYAL NEWFOUNDLAND REG. Date of enlistment } *14th Dec 1918* Service or Proficiency Pay } *...*
 Date of last entry in Company-Conduct Sheet } *28* No. and date of last drunk } *...* Period not reckoning towards freedom from extra fine } *...* Sheet No. *the* Signature of Co. Company, No. } *A. E. ...* Character } *...*

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>St. John's</i>	<i>8/4/19</i>	<i>the</i>		<i>Def. of dress in cover, oil in, dirt breach cover 2/-</i>	<i>C. & M. S. New</i>	<i>Pay for same</i>	<i>8/4/19</i>	<i>Majr Howard</i>	

Army Form B. 123

(P.T.O.)

Cousins, J

5080

Ray Sept.

July 9, 1919

#5080 Pte. Joseph Sousins,

Goulds,

St. John's West.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2876.

Yours truly

Captain
Paymaster & O.I/o Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 57080 Rank Pvt Name Boysen J
 Intended place of residence St John's

2. Occupation Laborer
 Classification of soldier E Medical Category A 1

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUN 24 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 and date ST. JOHN'S
JUN 24 1919
 Signature of soldier Joseph Boysen
 Signature of witness J. A. Snow 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 JUN 24 1919
ST. JOHN'S
 Signature of soldier Joseph Boysen
 Signature of witness J. A. Snow Capt.

STATEMENT OF SERVICE

7. Enlisted for service 13-3-18 No of days on Military
 Discharged from service 24-6-19 PLUS 14 DAYS Service 420

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-eight days from date.

Place ST. JOHN'S
JUN 25 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's
 Date July 9/1919
 Officer in Charge
 The Royal Newfoundland Regiment

AFB 209/2876

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

Lusion's Boan

Please receive documents as indicated below

No. *2080* RANK AND NAME *Pl. Cousius, Jos.*

		Non-effective account.	Medical history sheet.	Mild medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards					Attestation paper	Identity certificate	Allotment papers	Headquarters Travelling Board	Proceedings on discharge		
No.	RANK AND NAME	N. F. P. 386	B. 176	B. 178a	B. 179	B. 288	W. 3404	D. 400A	B. 103	B. 120	P. 121	B. 122	1st Board	2nd Board	3rd Board	4th Board	Board	B. 1015	Form L	Form K	A. F. W. 3463	D. F. 2	D. F. 1	

Received above noted documents,

Dated 19

Signature of Officer forwarding documents:

Date *et. 1* 19 *19*

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-6-19

Regimental No 5080

Name Cousins, Jos.

Rank

Pts

Address Goulds, C.B.

Present Medical Category A1

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

Members of Board {

(sgnd) *R. H. Paterson*
L. Paterson

O.C. Discharge Depot.

Senior Medical Officer

" **F. W. Burden**

M. O. Depot

Military Service: 420 days

The Royal Newfoundland Regiment

Class for Demobilization: —

B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24.6.19

Regimental No. 5080

Name Cousins Joseph Rank Pte

Address Boulds C. B.

Present Medical Category A1

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

Members of Board {

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

H. L. ...
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2080 Rank Plt. Name Cassins J.
 Date of Enlistment 12-2-18 Address Spudley District St. John's
 Occupation Labourer Classification for Discharge 4 Medical Category H.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. P. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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 2-2-69 for W. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
- (b) Clothing Supplied..... Amalinstock

Date..... O i/c. Re-clothing.....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1913 to his home at Guidy, N.J. and Release Certificate No. 2999 issued.

Date 24-6-19 *J.A. Snow 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

Date 24-6-19 *J.A. Snow Capt*
Depot Paymaster.

Discharged approved for 25-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	B 288	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		

2 Form B

Date 24-6-19 *J.A. Snow Capt*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 25 1919 *R.H. Sait MAJOR*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Signature of Man.

Reg. No. 6080.

Govins J

J. A. Snowball

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

24-6-19.

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

MEDICAL HISTORY

Surname

Causins

OF

Christian Name

Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish

Parade C.P.

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>16</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	at <i>S. Johns</i>	at		
Declared Age	<i>19</i> years	days	years	days
Trade or Occupation	<i>Labourer</i>			
Height	<i>5</i> feet	<i>4 1/2</i> inches	feet	inches
Weight		<i>119</i> lbs.		lbs
Chest Measurement	Girth when fully expanded	<i>34 1/2</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at <i>S. Johns</i>	at		
	on <i>15</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>The Royal 5080</i>			
	<i>Nfld Regt</i>			
Transferred to				
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				

Medical Report on an Invalid.Station Wagley DownDate 15/19

1. Unit Royal Newfoundland
2. Regimental No. 5080
3. Rank plc
4. Name Cousens Joseph
5. Age last birthday 19
6. Enlisted $\left\{ \begin{array}{l} \text{on } \underline{May/15} \\ \text{at } \underline{St Johns} \end{array} \right.$
7. Former Trade } Fireman
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).*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.
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.

nil
nil
nil
nil

na.

13. What is his present condition?

no complaints of no disability

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?

na

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

na

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?

na

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.

na

20. Do you recommend—

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

Repatrication

W.S. Proctor *Capt. R.A.M.C.*
Officer in medical charge of case.

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

Station *Haslebury Down*

Officer in charge of Hospital.

Date *1/5/19*

*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.

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

Jul 11, 1919

#5080 Pte. Joseph Cousins,

Goulds,

St. John's West.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & O.i/c Records

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 20th. 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..... Joseph..... 2. Surname..... Lousins.....
3. Rank..... pte..... 4. Regt. No..... 5. P. A.....
6. Address in full to which future payments of gratuity are to be forwarded..... Goulds..... Bear..... Brigueus.....
..... L. oureption..... Bay.....
6. Date of enlistment in the Regiment..... May 16..... 1918.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. Mr.....
..... Thomas..... L. ouins.....
8. Relationship of such dependent. Mr..... Thomas..... Lousins.....
9. Address in full of such dependents. Mr..... Thomas..... Lousins.....
..... Goulds..... Bear..... Brigueus..... L. oureption..... Bay.....
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 field. If so, give dates and particulars of such service..... 8..... Months..... In.....
..... France.....
12. Give total length of time which you served on active service, whether in field or overseas..... 8..... Months..... in.....
..... France..... 1..... 2.....

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

no

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

no

15. Have you been issued with a War Service Badge?

no

16. Have you, during the present war, served in the Imperial Forces?

no

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

no

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

no

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

no

19. Are you now serving in the Res? If not give:- (a) Date of discharge *June 23rd 1919*. (b) Reason for discharge.

no

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.

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: *Joseph Cousins*

Place of Residence: *Youlds Near Berghus C B*

Declared before me at: *Berghus*

This *27th* day of *June* 19*69*.....

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

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

9611

Dear Sir/.

Would you kindly
send me on a form to fill up
for the separation allowance
as I have made no claim for
it as yet. My number when I
served in the Regiment was.

No 5080 Nte. Joseph. Cousin

1st N. F. L. D. Regiment
and Oblige

Yours Truly

N. Joseph Cousin

Brigus Ghoude Rd.

Conception Bay.

N. F. L. D.

What relative?

Febr. 27, 1920

Mr. Joseph Cousins,
Brigus, Goulds R.

Dear Sir:

With reference
to your letter of recent date, re Separation
Allowance, kindly inform us what relation applicant
is to you.

Yours truly,

Lieut.
For Paymaster

LM-
2257

3051

The Parsonage
Salmon Creek
South River
Oct 29th 18.

To
The Pay Master
Department of Militia

Dear Sir

I have your letter
of October 5th asking for information
concerning the children of M^r Thomas
Cousins, for whom I made application
for separation allowance.

His childrens names & ages are.

William John six months

Thomas seven years

George eight years

Elizabeth fifteen years

Joseph Twenty Two years. This

young man is the Private in the Nfld
Regiment

I hope you will kindly grant him the
separation allowance.

He is a poor fellow unable to

do hard work. owing to a severe
illness of Joseph was the main
support of his family.

Thanking you in anticipation
I remain

Very faithfully yours
(Rev) Frank Severn

The Passage
Salmon Cove
South River
Chaska Beach
Oct 3rd 1918

To
The Paymaster
1st Nfld Regiment

Dear Sir

Would you kindly inform me why the father of Joseph Cousins has not received any separation allowance?

His son makes him an allotment which he receives, but no separation allowance seems to have been granted.

The father is unable to do any hard work, he has a wife & children, & the young cousin was practically the main support of the family.

Nearly three months ago I believe application was sent in for this with doctor's certificate. Thanking you in anticipation I remain very faithfully,
(Res) Frank Severn

FIRST NEWFOUNDLAND REGIMENT
(Separation Allowance Branch).

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

Each 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. *Joseph Levesque* Rgt. *1st* Regt. or unit. *Royal Welch* Regt. No. *5080*

2. Age of Soldier. *20* Married or Single. *Single*

3. Name in full of Father *Thos Levesque* Age *48* Occupation *Farmer* Permanent Address. *Goulds near Angus*

4. If you are a chronic invalid and totally incapacitated, state nature of malady. (Medical Certificate must be enclosed with this document stating from what date Applicant has been totally incapacitated, and for how long incapacity is likely to continue. *I have had kidney disease and my body and legs swell and my body and I am not able to do any hard work as my breath is too short.*

5. Names of your other children *Elyza, Jow* Address in full *Che. St. John. Goulds* Occupation. *all young Children* Married or single *Single*

6. State amount earned by yourself per month. *Before I got sick I could earn between 50 & 60*

7. State date and place of death of your wife. *Wife living*

8. State amount and source of any other income. *Have no income of any kind - too sick to work*

9. What is the value of your real property. *\$ 300.*

10. What is the value of your personal property. *Have Nothing*
-
11. With whom do you reside at present? *In my own house.*
-
12. State actual amount contributed by soldier during year prior to enlistment. *\$ 3.50⁰⁰*
-
13. Was this amount contributed weekly or monthly? *monthly*
-
14. Did this amount include payment of son's board &c.? *yes.*
-
15. State your son's trade or occupation prior to enlistment? *Woolen Mill worker
making Blankets*
-
16. State amount of his wages per week *(~~month~~)* *\$ 8⁰⁰ per week*
-
17. State name and address of his last employer? *New's Woolen Mills. A. Macpherson St. St. Louis*
-
18. State amount of support monthly from son since enlistment? *Nothing as yet. think I can get 70¢ per day*
-
19. State amount of assigned pay received by you from son monthly? *Nothing yet*
-
20. From what date have you received "assigned pay" *None yet*
-
21. Actual amount contributed by ¹/₁ Weekly *Nothing* Monthly. other children
-
22. If not receiving support from other children, state cause. Answer fully? *Too young to work*
-
23. Are any of these children in your employ. *No*
-
24. Have you made a previous claim for separation allowance? If not why? Give particulars. *No*

26. Are you already on receipt of Separation Allowance from any source? If so, how much? *No*

27. Was the soldier at time of enlistment an employee of the Nfld. Government? *No*

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

29. Is he in receipt of a Salary as such while serving in the 1st. Nfld. Regt. If so, how much? *No*

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

Signature of Applicant..... *Thomas Cousins*

Place of Residence..... *Youlds, C.B.*

Declared and subscribed before me at..... *Briggs, Nfld.*

this..... *Twenty-second*..... day of..... *June*..... 1918...

Signature of Barrister of the Supreme Court, Stipendiary Magistrate } *J.P. Thompson*
Notary Public or Justice of the Peace) *Stipendiary Magistrate*

This application must be signed by ~~the~~ 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 investigation the above statements are correct and the soldier first mentioned above, is the sole support of the applicant.

X Signature of Clergyman..... *Frank Severn Clerk in Holy Orders*

Signature of Member of Patriotic Fund Committee..... *Frederic D. Gull M.D. C.M.*
Member of Brigs Pat Fund Committee

Approved
J.P.C.
W.P.H.
[Signature]

Drigoo. ju. 20. 1918

Re. Thomas Cousins

I hereby certify that I have treated, and am still treating, Thomas Cousins for Chronic Nephritis (Bright's Disease) and that owing to kidney insufficiency and increased arterial tension and dyspnoea on exertion he is absolutely unfit for hard manual labour. Furthermore, as the man is absolutely illiterate and hard labour is the only form of employment that he is fitted for; I should judge him for all intents and purposes totally incapacitated.

Fredrick D. Gill, M.D.,

October 5, 1918.

Rev. Frank Severn,
Parsonage, SALMON COVE,
South River, Clarke's Beach.

Dear Sir:

With reference to your letter of October 3rd, regarding the Separation Allowance to the father of Joseph Cousins, I beg to inform you that the Paymaster wrote Mr. Thomas Cousins on July 30th, asking him for the ages of his three children at home, and a reply has not yet been received.

We are awaiting these particulars before his claim is considered.

Yours truly,

Capt.
Paymaster

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5080 Rank Plt. Name Cousins J
 Date of Enlistment 12-5-18 Address Spaulding District St. John's
 Occupation Labourer Classification for Discharge E Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 288	B 120	N.F. Med	D.F. I
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 2-11-64 O. C. Discharge Depot. Mrs H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. J. Cousine

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable _____
- (b) Clothing Supplied _____

Date _____ O i/c. Re-clothing _____

My son's address
No. Joseph Cousins No 5080
Rt. N. F. L. D. Reg.

M^{rs}. Isabella Glade Cousin
Brigus Ghoult's Rd.
Conception Bay,
N. F. L. D.

1015

Dear Sir

Just a short note to inquire if you received my letter concerning the separation allowance which I was applying for owing to the time my son served in the Royal N. F. L. D. Reg. I well I thought I would have received an answer before this so if am entitled to the form to fill up you might send it on as soon as possible if not you might please let me know. I received a letter from you three weeks ago asking who was applying for it and I answered that letter & but have received no news about it since so an early reply.

M^{rs}. Isabella Glade Cousin will
Brigus Ghoult's Rd.
Conception Bay.

W. Isabelle Slade Cousins
Priggs Ghoulds Rd.
Conception Bay.
4/3/20.

10011

Dear Sir/

In answer to your letter
about the Separation allowance
which my son wrote for Well I was
applying for it as his mother I
thought I would be entitled to it
seeing I had made no claim before,
so kindly let me know if I am
entitled to it or not.

I Remain

Yours Truly

W. Isabelle Slade
Cousins.

Priggs Ghoulds Rd.
Conception Bay.

By Sir's Lane Pte. Josef L Cousins
No. 5080. 1st N. F. L. D. Reg.

March 20, 1920

Mrs. Isabella Slade Cousins,
Goulds Road, Brigus.
C.B.

Dear Madam:

I enclose form which
kindly have completed in the presence of a Magistrate
or a Justice of the Peace and return to this Office.

Yours truly,

Capt.
For Paymaster

LM/Enc.

5080

March 3rd. 1922

Mr. Thomas Cousens,
Clark's Beach,

Dear Sir:-

I enclose cheque for \$30.00 payable to you, representing final payment due you on account of Separation Allowance in connection with your son's War Service Gratuity.

This cheque should have been forwarded to you long ago, but it was mislaid, and I have just come across it, in closing up the affairs of this Department.

Yours truly,

Major
Paymaster

10323

5080

The Parsonage
Salmon Cove
South River
Charleston Beach
March 30th 1922

Regimental Pay Branch
Dept of Militia
Dear Sir

Will you
kindly inform me whether the
dependents of Privates Joseph Cousins,
viz his father Thomas & his mother
Isabella Stace Cousins have received
any separation allowance?
I am under the impression that
they have, & they have brought
papers for me to sign which
I am holding till I hear from you.
He is discharged & out of the
country at work & I presume
dead of your Dept. now.

Thanking you in anticipation
I remain
Very faithfully yours
Frank Severn.

ST. JOHN'S, JUN 24 1919

Royal Newfoundland Regiment.

Billeting Account,

To PT J Cousins

Billeting Soldiers as undermentioned

from June 1/19 to June 25/19

50 80 pt J Cousins 25.00

ACCOUNT	<u>Btm</u>
CW NO	<u>24844</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 25.00

J. A. Newbatt
Billeting Officer.
reph Cousins

elcs.

C.R. 5080

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 5080 .. NAME. Joseph Cousins

DATE. Feb 11th.
PLACE. Gould's. C. B.

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

Signature

Date

Address

SEP 20 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Joseph Cousins

in respect of his service as No. **5080** Rank **Pte.**

Name **J. Cousins** **Royal Nfld. Regt.**
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received **October 5th**

Signature _____

Date **October 1921**

Address **Joseph Cousins Goulds-Brigens**

[P.T.O.]

Casualty Form - Active Service.

Regiment or Corps **21st ROYAL NEWFOUNDLAND REGT.**

Rank **Plt** Surname **Cousins** Christian Name **Joseph**

Religion **C. I.** Age on Enlistment **19** years **—** months

Enlisted (a) **14/7/18** Terms of Service (a) **DURATION** Service reckons from (a) **14/7/18**

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

Extended **S** Re-engaged **J. M. Emerson** Qualification (b)
 or Corps Trade and rate

Occupation **Satower** Signature of Officer **J. M. Emerson**

Report		Record of promotions, reductions, transfers, casualties, &c. during active service as reported on Army Form B.218, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.218, Army Form A.38, or other official documents.
Date	From whom received				
		Embarked	26 OCT 1918		
		Disembarked	3 NOV 1918		
		Joined Battalion			
5. 1. 19	2/1. Elanco 3a.	Adm.	Field	19. 12. 18.	S. 706
7. 1. 19	4.	Duty.	-d.	21. 12. 18.	S. 915
		Arrived in UK.		23/1/19.	

[Handwritten signature]

(a) In the case of a man who has re-engaged, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered in the column headed "Remarks".

(b) Signaller, Shoemaker, Smith, &c.

Next of kin **father Thomas Cousins, Goulds Bay, Newfoundland.**

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
30.

Number of Sheet 1 of 1

Regiment of

Royal New South Wales

Signature of O. C. Company

C. B. Deeks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Cousins Troop	Age on	19 years months	Sabotier	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	16.5.18	C of R.	
Joined		Date	Period of } with Colours $\frac{5}{3}$ years. with Reserve years.	Place of Birth	
Joined		Date		Goulds C. B.	

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
Hamely Down Camp.	16-8-18 11-10-18.	✓ Pvt.		Not complying with camp order.	C. S. M. Taylor S. G. Clarke	3 days CB.	12-10-18.	Capt. Emerson	J. M. G.
Demobilized 9 th 1919									

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5080 Rank Private Name Cousins J
 Date of Enlistment 15-5-18 Address Spaulding District St. John's
 Occupation Labourer Classification for Discharge E Medical Category H
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400R	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 2-11-61 for O. C. Discharge Depot. J. Cousins

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
- (b) Clothing Supplied.....

Date..... O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *A-1913* to his home at *Yonkers, N.Y.* and Release Certificate No. *2999* issued.

Date *24-6-19* *J.A. Krawcheck*
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 *1-1-19*.

Date *24-6-19* *J.A. Krawcheck*
Depot Paymaster.

Discharge approved for *25-6-19*
Forwarded with following documents to O. C. Discharge Depot.

N.P. P/36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date *24-6-19* *J.A. Krawcheck*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to—

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 25 1919* *R.H. [Signature]*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot
Date *July 8/19* *[Signature]*

Reg. No. *5040* Rank *1st Lt* Name *Conseur, J.*

Attested Address *Bealds. C. A.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.5.19.*

Returned on S.S. *Corsican* Cause *Discharge*

24.6.19 PASSED TO DEMOBILIZATION OFFICER
25.6.19 DISCHARGE APPROVED ON DEMOBILISATION.



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 *Joseph Cousins*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5080*

Intended address *Goulds Ch.*

Height on discharge *5* Feet *1*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Thomas*

Christian name of Mother *Isabella*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Goulds, 14 May 1899*

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) *Joseph Cousins*

Sgt
(Rank)

Station *St. John's*

Date *24-6-19*

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



Station

Date

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE ..19 AUG 1970.....

NAME
NOM COUSINS JOSEPH

Service No. *MFLY*
Matricule No 5080

CPC No.
CCP No

WVA No.
AAC No 225624

Information Received from:

Information reçue de: DDVW DVA MF

Date of Death
Date du Décès NOT STATED

Place
Endroit NOT STATED

Distribution: WSR-DASG
VI - ASS
~~XXXXXXXXXX~~
HO - BC

Pour le chef,
[Signature]
for Chief, Central Registry Division.
Dépôt central des dossiers.