

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.)

The complain for 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?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation
 signed W. S. Proctor
 W. S. Proctor
 Capt R. G. Mc*

Station *Hazley, B. A. M. R.*

Date *28/4/18*

Medical Officer in charge of case.

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

July 2, 1919

#4195 L/C. Lloyd Cox,

Goolds,

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 & Officer i/c Records.

442

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Lloyd* 2. Surname *Box*

3. Rank *Capt.* 4. Regtl. No. *4195*

5. Address in full to which future payments of gratuity are to be forwarded..... *Goulds, St. John's West.*

6. Date of enlistment in the Regiment..... *Dec 3/17*

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

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

June 16/19. *From Dec 3/17 to* *June 16/19.* 1. $\frac{1}{2}$

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?.....

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?..... If not give:- (a) date of discharge..... *No* (b) Reason for discharge.....

..... *Temporary* *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....

..... *France, Belgium & Germany - from July 1/18 to April 1919*

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.

I Cox

Signature of Applicant:

Place of Residence:

Declared before me at:

This

16th

day of

Goulds St John's West.
St John's, Nfld.
June 1919.

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

John M. Carthy

POST DISCHARGE PAY.				Not amount due
Date paid	Paid Soldier.	Paid Dependents.	War Service Gratuity.	
.....
.....
Certified correct.				Paymaster

P

ST. JOHN'S, JUN 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To L/C L. Cox

Billeting Soldiers as undermentioned

from June 1st /19 to June 16th /19

4195. L/C L. Cox 16 60

ACCOUNT	<u>Btm</u>
NO	<u>23759</u>
PAY LEDGER	
GEN LEDGER	

L/C L. Cox

Certified correct for \$ 16. 60

[Signature]
Billeting Officer.

Casualty Form - Active Service.

Regiment or Corps Royal Newfoundland
 Rank Private Surname COX Christian Name Lloyd
 Religion C of E Age on Enlistment 18 years 4 months
 Enlisted (a) 4.12.17 Terms of Service duration Service reckons from (a) 4.12.17
 Date of promotion to present rank Date of appointment to lance rank
 Extended (.....) Re-engaged (.....) Qualification (b)
 or Corps Trade and rate
 Occupation Farmer Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		AI 28-6-18.	Embarked ... Disembarked ...	2 JUL 1918 5 JUL 1918	
			Joined Battalion	Field	9.7.18 B.Hed. 12/7/18
	1 Pte H.	Appointed L/Cpl Adm: VSG.			B 213. 24-1-19
		Discharged HOP.			14.19 Ha 35745
		Arrived in UK			9.4.19 B213
					24/3/19

[Handwritten signature/initials]

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing Smith, &c.
 W. 2025 312731 20000 9/17 (35011) C. P. & S. Ltd., Form B.103, 8/1897. P.T.O.
 NEXT OF KIN: — Ida Cox Gaines Bay Bulls Rn St Johns Nfld

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of 1st Newfoundland

Number of Sheets One
Signature of O. C. Company W. W. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Cox L.</u>	Age on	<u>18</u> years <u>4</u> months	<u>Farm</u>	
<u>4195</u>		Place and Date of Enlistment	<u>St. John's</u> <u>4-12-17</u>	Religion <u>C. of E.</u>	
Joined	Date	Period of } with Colours <u>209</u> years. with Reserve <u>365</u> years.		Place of Birth	
Joined	Date				
Joined	Date				

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>St. John's N.S.</u>	<u>12-1-18</u>	<u>Pvt.</u>		<u>Absent from School Parade</u>	<u>Mc Miller</u>	<u>2 days C.D.</u>	<u>12-1-18</u>	<u>H. A. Security Major</u>	<u>Inflicted 1 day pay</u>
				<u>Demobilized St. John's, 30</u>	<u>6/19</u>				

To be carried over



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 *Cox, Lloyd*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4195.*

Intended address *Hould Bay Bulls Road St John Harb*

Height on discharge *5* Feet

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *— Medium*

Christian name of Father *—*

Christian name of Mother *Iola.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Hould 31-7-1900*

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)

Lloyd Cox

L/Capt

(Rank)

Station

Date

13-6-19

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.

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

Station

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. H.195 Rank LC Name Loth
 Date of Enlistment H.12.17 Address Goosbeek District St. John's
 Occupation Farmer Classification for Discharge 6 Medical Category AI
 Recommendation S. M. B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 14.6.19

J. 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

Date 16-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. to his home at Gondals, Sindh and Release Certificate No. 2804 issued.

Date 16-6-19 J.A. Snowball
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 30-5-19

Date 16-6-19 H. M. Stewart
Depot Paymaster.

Discharge approved for 16-5-19
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

Form B

Date 16-6-19 J.A. Snowball
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 16 1919 R.H. Sait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot
Date June 17/19 James Keith
for Records

Reg. No. *4191* Rank *lie.* Name *Wool. H.*

Attested Address *Wards.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.5.19.*

Returned on S.S. *Rossian* Cause *Discharge*

16.6.19
16.6.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.



FIRST NEWFOUNDLAND REGIMENT

4195

ATTESTATION OF

No. 4195 Name Lloyd Cox Corps C.O.F.E.

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. What is your name? | 1. <u>Lloyd Cox</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Farmer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Lloyd Cox 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.

Lloyd Cox SIGNATURE OF RECRUIT.

J. Miller Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Lloyd Cox 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 4 day of Dec 1917.

Signature of Attesting Officer W. J. ...

†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 Dec 4 1917

Place St. John's

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Lloyd Rose
 Apparent age 18 years 4 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ida Rose
Goulds Bay Bulls Road Relationship Mother
 Particulars as to Marriage

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

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

Particulars as to Children,

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>4-12-17</u>					Appointed Coy. Cook. 1-12-18. Promoted to Corp. 16-1-19				
Joined at <u>M.B.N.'s</u> on <u>December 4 17</u>									
Discharged <u>30 June 19</u>									
Embarked <u>St. John's S.S. Herald to Halifax N.S.</u> <u>29 18</u>									
Embarked for <u>S.C. 2-7-18.</u> Disembarked <u>Truro 5-7-18.</u>									
Joined <u>12th Mtr. 9-7-18.</u> Admitted <u>1st Coy. Queen's B.C.</u> <u>21.3.19</u>									
Went to <u>Camp St. Rovers 9 19.</u> Rejoined unit <u>9-4-19</u> Transferred from <u>Rovers 21-4-19</u> Arrived <u>Winnipeg 23-4-19</u>									
Sent to <u>Newfoundland for demobilization 22-5-19</u> Arrived <u>St. John's 1-6-19</u>									
<u>Demobilization St. John's</u>					<u>30-6-19</u>				
Total Service forfeited as above.....									

Total Service towards Engagement to 30-6-19 (date of discharge) 1 years 209 days
 " " Pensions " [" "] " " "

Reg. No. H195 Rank Pvt Name Cox L.
 Attested H-12-17 Address Goulds Bay Mills Rd.
 Allotment 50^d Allotee Wm Fred. Cox
 Date of Allotment Jan'y. 1. Returned from Overseas _____
 Embarked for Overseas _____ Cause _____

	<p>Yac 7-12-17 Dec. 11-12-17, 3rd Dec 31/12/17 Dec. 17-12-17 to Dec 27-12-17, 2nd Dec. 17/12/17 Ret'd. 27/12/17</p>
14.1.18	absent from church parade 13.1.18 forfeits 10 days pay

C.R. 4195

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.

St. John's, July 4th, 1919.

The discharge of the undern~~oted~~ on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 30-6-19.
Confirmed.

4195 L/Cpl. Lloyd Cox.

C.R. 4195

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, June 19th, 1919.

The discharge of the undernated on demobilisation has
been APPROVED by O.C. Discharge Depot with effect from
~~12-6-19~~ 16-6-19

4195 Pte. L.Cox.

C.R. 4195

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 18th 1919.

) 4195, L/C. L. Cox.

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

BY "Corsican"

Royal Newfoundland Regiment dated 30-4-19.



4195

The undermentioned of the 1st. Battalion left
Extract from Nominal Roll from 1st. Battalion
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.
Royal Newfoundland Regiment dated 30-4-19.

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

#4195 L/Cpl. L. Cox.

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

C.A.V.A.L.R.Y. - YORK

No. H.A. 35873.

DIS TO CAMP ADJ. BRUYERES CAMP EX.1 STY.H.9 APL'19.

10397 L/C. Dearman W.....19 R Hussars.....V.D.Sc.

N.E.W.F.O.U.H.D.L.A.N.D. - EXPEDITIONARY FORCE

No. H.A. 35873.

DIS TO CAMP ADJ. BRUYERES CAMP EX.1 STY.H.9 APL'19

X 4195 L/C. Cox L.....1 R. Nfld. R.....Balantis.

S.O.U.T.H. A.F.R.I.C.A.N. - RECORD OFFICE

No. H.A. 35873.

DIS TO No.1 MIL. PRIS. V.D. ANNEXE EX.1 STY.H.9 APL'19.

20100 Pte. Rothwell R.....4 S.A.I.....V.D.G.

AIM.1 STY H. ROUEN 9 APL'19.

18198 Pte. Cockburn A.M.....2 SAI. Det.....V.D.G.
4552 " Nee J. 2 " " " "

No. TWO RECORD OFFICE - S.H.R.E.W.S.B.U.R.Y.

No. H.A. 35873.

AIM.41 STY.H. POULAINVILLE 8 APL'19.

315368 Pte. Miller D.....16 R.W.Fus.B.Co.....Debility Mild.



343 B

C.R. 4195

Extract from War Office List No. H.A. 35745.

Admitted 1 sty. Hospital Rouen 31st. March 1919.

4195 L/C. L. COX.

V.D.S.C. BALANITIS.

C.R. 4195

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT
IN FRANCE DATED 31/1/19.

Appointed L/Cpl.

#4195 Pte. L. Cox.

16/1/19.

C.R. 4195

Extract from Nominal Roll to B. E. F. embarked
Folkestone 2-7-18

#4195 Pte. L. Cox.

C.R. 4195

Extract from Daily Weather Telegram despatched to Synoptical,
London, dated June 5th, 1918

Pay to as follows:-

#4195 Cox,

£4.

C.R. 4195

Extract from Menial Roll Draft "H" Company Embarked
S.S. Florisel, Jan. 29th, 1918.

4195 Pte. Cox I.

C.R.

4195

Extract from Daily Orders Part 11 Unit The Royal Nfld,
Regt., Dec. 9th, 1917.

4195 Pte. L. Cox.

Attested for General Service with 1st Nfld. Regt. with
effect from Dec. 4th, 1917.

No. 4195

Name

cox, L.

Sqn., Batty.,
or Company

B Royal Newfoundland Corps

Date of enlistment

1.12.17

G.C.

Judges

Service or
Proficiency PayDate of last entry in
Company Conduct SheetNo. and date
of last drunkPeriod not reckoning towards
freedom from extra fine

Serial No.

Signature of
Company, etc.

W. H. H. H.

Character

Very Good

Army Form B. 122.

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
Field	2/1/19	Pte		Deficient of 136 Grenade Corp 136 Grenade Corp Garrison	Sgt Bishop Bomb Woodman	Admonished	2/1/19	W. H. H. H.	Pay for deficiency G.P.

L. Cox

C.R. 4195

T. A. O.

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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Farmer*
 2. Regtl. No. *4195* 3. Rank. *Lieut.* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Cox* } (Surname) } *L.* } (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.
 5. Age last birthday... *19*
 6. Posted for duty on *4.12.17* at *St. Johns* in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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. *in Rowen and he states he is now cured.*
He states he contracted VD: S

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.

V.D.S. (cured)

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.)

No complaints of disability - ✓ no

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.

H. J. Proemier, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hagley A.S.W.A. Camp*
 Date *29. 11. 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

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

Sir; -

Please charge the amounts set opposite my name to my account and pay it to the N.W.S.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1916.

Regtl. No.	Rank,	Name	Amount	Signature.
4195	Pt-	Cox L.	\$25	

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

Date 25-6-16.

L Cox

047532

No. 9177/833

NEWFOUNDLAND CONTINGENT

N.F.P./79.

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

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

~~Subject~~ 7th June 1918

June 15th 1918

Subject: 4195, Pte. L. Cox

Received hereunder.

With reference to the following telegram (5081) from the Hon. Minister of Militia, received

[Signature]
RECEIVED
OFFICER COMMANDING
2ND BN ROYAL NEWFOUNDLAND REGT.
1st Newfoundland Regiment
LIEUT. COLONEL

Pay to 4195 Cox £4:0:0

Received the sum of Four

Pounds. on account of
cable remittance from Newfoundland.

J Cox

No. 4195 Rank Private

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

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

Cox, Lloyd

4195

Hay Sept.

June 30, 1919

#4195 L/C. Lloyd Cox,

oulds,

St. John's West.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2477.

Yours truly

Captain
Paymaster & Officer i/c Records.

Civil Re-establishment Committee



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

To resume former Occupation.

Signature of Man.

Reg. No. 4185-2 COX

J. H. [Signature]

Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *16-6-19* 191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4195 Rank LC Name Loxh
 Date of Enlistment 4.12.17 Address Goulds District St. John's
 Occupation Farmer Classification for Discharge C Medical Category AI
 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 460A	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 14.6.19

[Signature]
 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

L. Cox

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable.....

\$65.00

(b) Clothing Supplied.....

[Signature]
 O i/c. Re-clothing

Date 16-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. to his home at and Release Certificate No. 2804 issued.

Date

16-6-19

J.A. Snowball
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 30-5-19

Date

16-6-19

H. M. ...
for Depot Paymaster.

Discharged approved for

16-6-19

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

16-6-19

J.A. Snowball
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 16 1919

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

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4195 Rank L/Cpl Name Box L
 Intended place of residence Goulds

2. Occupation Farmer
 Classification of soldier E Medical Category A

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 16 1919

J. Mrs. Sweet
 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 JUN 16 1919

L. Cox
 Signature of soldier

Chas. G. Weston
 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 JUN 16 1919

J. Cox
 Signature of soldier

James G. Seaman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 4-12-17 No. of days on Military
 Discharged from service 16-6-19 PLUS 14 DAYS Service 374

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

Date JUN 16 1919

R. H. Sait Major
 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 June 30 1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

Class for Demobilization:—

Re.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

14.6.19

Regimental No *4195*

Name *Con*

L.

Rank *L/C*

Address

Southern B.S. R^d

Present Medical Category

A-1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

B. H. Jait Major
O.C. Discharge Depot.

Paterson
Senior Medical Officer

Deberdean
M. O. Depot.

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

MEDICAL HISTORY

Surname Loos OF Christian Name Lo Loos.

Table I.—GENERAL TABLE.

Birthplace:—Parish Queen's Bay Falls Rd. County Ref. A.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>4th</u> day of <u>Dec.</u> 191 <u>7</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>18</u> years <u>4</u> Mos	years	days	
Trade or Occupation	<u>Farmer</u>			
Height	<u>5</u> feet <u>8</u> inches		feet	inches
Weight	<u>133</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded....	<u>38 1/2</u> inches		inches
	Range of Expansion..	<u>4 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Arra			
	Number			
When Vaccinated				
Vision	R. E.—V= <u>60/60</u>	R. E.—V=		
	L. E.—V= <u>60/60</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>Lambert Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u>	at		
	on <u>1st</u> day of <u>Dec</u> 191 <u>7</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Regt</u>	<u>Regt 4195</u>		
Became non-effective by	on	day of	191	on
			day of	191
(Signature)				
(Rank)				

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *4185* 3. Rank. *S. Pl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cox* (Surname) *L.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *19*
6. Posted for duty on. *4/12/17* at... *St. John's* in category (or grade):.....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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