



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6530 Name Samuel Cox Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Samuel Cox</u> |
| 2. What is your full Address? | 2. <u>St Johns</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Shipman</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, Samuel 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.

3/10/18 Samuel Cox SIGNATURE OF RECRUIT.
W. Coughlin Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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 Johns on this 3rd day of October 1918.

Signature of Attesting Officer P. D. Dickson 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 complied with. I accordingly approve, and appoint him to the rank of

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

Date. OCT - 7 1918 1918

Place. ST. JOHN'S

Robert Ball } Approving Officer.
 Commanding Depot MAJOR
 The Royal Newfoundland Regiment.

† 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. St. John's, Nfld.

* 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 Samuel Cox

Apparent age 21 years — months. Height 5 feet 9 1/4 inches

Chest Measurement { Girth when fully expanded 34 inches
Range of expansion 3 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Cox
St. Albans's | 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 Lepot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____ "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6530 Name Samuel Cox Corps R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Samuel Cox
- 2. What is your full Address? 2. St. John's
- 3. Are you a British Subject? 3. ye
- 4. What is your age? 4. 20 Years Months
- 5. What is your Trade or Calling? 5. Shipboard man
- 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. ye
- 9. Are you willing to be enlisted for General Service? .. 9. ye
- 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. ye

I, Samuel 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.

3/10/15 Samuel Cox SIGNATURE OF RECRUIT.
W. Loughlan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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..... on this 3rd day of October, 1915

Signature of Attesting Officer W. Loughlan

†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. OCT. 4. 1915.....191
Place. ST. JOHN'S.....
.....The Royal Newfoundland Regiment..... } Approving Officer. W. Loughlan

† 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

6230

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

Name Samuel Cox
 Apparent age 21 years — months. Height 5 feet 9 1/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Cox
St. Union's | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<i>Discharged Jan'y 27th 1919</i>									
Total Service forfeited as above.....									

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

C.R. 6230

Extract from Daily Orders part II, Depot St. John's dated Jan. 23rd. 1919

The discharge of the undernoted has been CONFIRMED by Officer i/c
Records on 21-1-19.

#6230 Pte. Samuel Cox.

C.R. 6230

Extract from PRELIMINARY REPORT from the DIRECTOR MEDICAL SERVICES to O.C. Depot, dated Dec. 7th. 1918.

At a Medical Board held on FRIDAY AFTERNOON December 6th., the following was a finding:-

6230 Pte. S. Cox

Recommended Discharge as Permanently Unfit.

C.R. 6230

Extract from Orders part 11, UNIT: The Royal Newfoundland Regt.,
dated Dec. 7th. ~~1918~~ 1918.

HOSPITAL.

6230 Pte. S. Cox.

Discharged from Hospital 5/12/18.

C.R. 6230

Extract of Daily Orders Part II, dated Dec. 27th 1918.

DEMOBILIZATION.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot from noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c records.

6230 Pte. Samuel Cox.

Discharged 24-12-18

CR 6230
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's, Dept. of Militia

Line Number	Rcd	By	Sent	by	Check
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Dated Oct. 23, 1918.
 To Mr. John Cox,
 St. Albans, F.B.

Beg to inform you that your Son #6230 Pte. S. Cox, is now off the seriously ill list.

J.R. Bennett,
Minister of Militia.

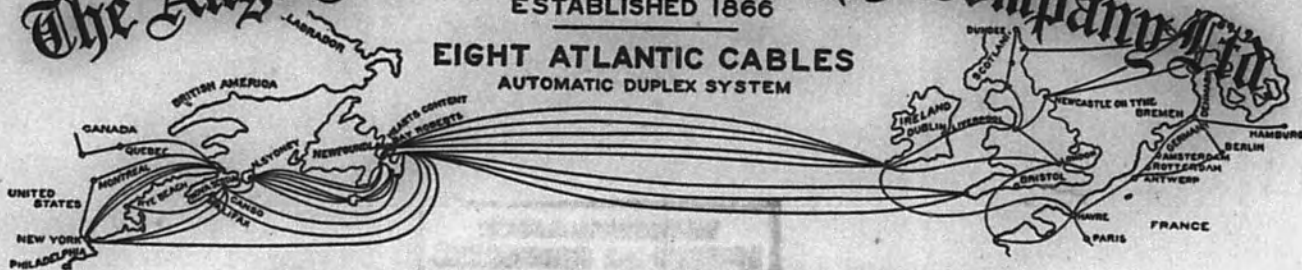
FOR TYPEWRITER

The Anglo-American Telegraph Company

C.R. 6230

ESTABLISHED 1866

EIGHT ATLANTIC CABLES
AUTOMATIC DUPLEX SYSTEM



IN DIRECT COMMUNICATION WITH ALL PARTS OF THE WORLD.

No.
Wds.

TO }

11 ST-ALBANS VIA CONNRIVER 10 PAID

HON J R BENNETT

MINISTER OF MILITIA

PLEASE WIRE PRESENT CONDITION OF PTE SAMUEL COX NO 6230.

JOHN COX

Condition slightly improved

PLEASE HAND YOUR REPLY DIRECT TO THIS OFFICE.

C.R. 6230
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

St. John's, Dept. of Militia.

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 11, 1918.

To Mr. John Cox,
St. Albans, F.B.

beg to inform you that your son #6230 Pte. S. Cox, is now convalescent.

J.E. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6230

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. Johns for Oct. 5th, 1918.

6230 Pte. Sam'l Cox.

Attested for General Service with The Royal Nfld. Regt., from
3-10-18.

C.R. 230
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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

(NOT TRANSMITTED)

Signature of Sender _____ Address Sept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 18th, 1918.

To Mr. John Cox,
St. Alban's, P.E.

Beg to inform You that your son #6230, Pte. S. Cox, is now ~~improving~~ convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

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(NOT TRANSMITTED)

Signature of Sender _____

St. John's Dept. of Militia
Address _____

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 4, 1918.

To Mr. John Cox,
St. Alban's F.B.

beg to inform you that your son #6230 Pte. S. Cox, is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6230

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's dated Oct. 10-1918.

6230 Pte. F. Cox.

Discharged from Barracks Hospital and admitted to 9-10-18.
to M.I.D .

CR 6230
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address, St. John's Dept. Of Militia.

Line Number	Red	By	Sent	by	Check

Dated Oct. 28, 1918.

To Mr. John Cox,
St. Albans, F.B.

Beg to inform you that your son #6230 Pte. S. Cox, is now improved at Military Hospital St. John's.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.D. 6230
Register No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 15, 1918.**

To
Mr. John Cox,
St-Albans, Conn River.

Reg to inform you that #6230 Pte. Samuel Cox's condition is
Slightly improved.

F.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. 6230

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(NOT TRANSMITTED)

Signature of Sender _____

St. John's, Dept. of Militia

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **Nov. 2, 1918.**

To

Mr. John Cox,**St. Albans, F.B.**

I beh to inform you that your son # 6230 Pte. Cox. is now
~~imprisoned~~ Convalescent.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6230

Extract from Daily Orders Part II Unit The Royal WFLA. Regt.,
St. John's, dated Oct. 10, 1918.

6230 Pte. F. Cox.

Admitted to Barracks Hospital 8-10-18.

C.R. 6230
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address **Militia Dept.**

Line Number	Rcd	By	Sent	by	Chock

Dated **October 11, 1918**

To **John Cox, At. Albans, F.B.**

Regret to inform you that No. 6230 Private Samuel Cox
yesterday
was admitted Military Hospital, St. John's / suffering from
Influenza seriously ill.

J.R. Bennett,

Minister of Militia

Chat e Dept. of Militia

FOR TYPEWRITER

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 Mld
 Date 5 Dec 1918

- 1. Unit Royal Newfoundland
- 2. Regimental No. 6230
- 3. Rank Pfc
- 4. Name COX SAMUEL
- 5. Age last birthday 21 years
- 6. Enlisted on 1st Aug 1918
 at St John's
- 7. Former trade or occupation Lumberman

8. Disability

Influenza & Broncho Pneumonia

9. History
Admitted M.I.D. H.P. 9/10/18. Discharged to Escasoni 21/11/18
Discharged from there 5/12/18

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Breath sounds weak over left apex. No accompaniments over lung. No cough. T. Normal.

11. Was sanatorium operation advised and refused? no

12. Do you recommend discharge as permanently unfit? Yes

Signature

Archie [unclear]
for No Depot

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

CP. 6230

Original in file 6229

November 4th 1918.

From: Officer Commanding
Depot.

To: D.O.C. Newfoundland,
Militia Department.

6229 Pte. L. Collier.
6232 " P. Collier.
6233 " W. Collier.
6230 " G. Collier.
6230 " S. Cox.

Reference attached correspondence concerning above noted men. Four of them are at present in the M.I.D. Hospital suffering from colds. They were admitted to M.I.D. from Barracks Hospital 8th October except G. Collier who was admitted on the 24th October after 15 days in Barracks Hospital.

The only apparent thing wrong with them was a slight increase in Temperature at night time but they are all marked as "Improving" at the M.I.D. Hospital. There is nothing in the Medical Report to show that they are suffering from Tubercular trouble.

6229 Pte. Lawrence Collier has been on duty since he enlisted and has not reported on any sick parade. There is another man of the same name, from the same place who was in Barracks Hospital 3 days with a slight temperature but he has been discharged to Duty.

(Sgd.) H. H. Tait,
Captain,
O.C. Depot.

C O P Y.

November 2nd 1918.

O.C. Depot:

Letter from Rev. St Croix re Colliers, may I
have a reply please.

(Sgd.) A. Montgomerie,
Major.

To S.M.O. Will you please let me have report as requested
and return correspondence.

R.H. Tait, Capt.

O.C. Depot.

4/11/18.

C O P Y.

126 New Gower Street,
St. John's.

Mr. J.R. Bennett,
St. John's.

Dear Sir:

I beg to make at least a mild protest against the passing for Military Service of some young men from St. Albans Bay D'Espeir. The following have sprung from families infected with tuberculosis:

Lawrence Collier.	Chas. Collier.
Patrick Collier.	Samuel Cox.
Wm. Collier.	

I predict that these chaps will very soon be subjects for a Sanatorium. They are all very ill now and it seems to me akin to manslaughter to hold such men in the Military Service. We who know the history of these families are filled with astonishment that such subjects should pass the Medical Board.

Yours Sincerely,

(Rev.) S. St. Croix

C O P Y.

October 17, 1918.

From:- District Officer Commanding,
Newfoundland.

To:- Assistant Director Recruiting,
City.

I enclose copy of letter from Rev. S. St. Greix, St.
Alban's Bay D'Espeir in connection with certain men
attested for the Regiment.

Will you please obtain full report on the matter
from the Medical Examiners?

Major.
District Officer Commanding.
Newfoundland.

COPY.

October 18, 1916.

From: District Officer Commanding,
Newfoundland.

To: Officer Commanding Depot,
City.

I enclose letter from Rev. S. St. Croix with reference to several young men from St. Albans, Bay D'Espoir, who, apparently have been attested and are now in the Regiment. Please take this matter up with the Senior Medical Officer with a view to obtaining a full report on the position. I am forwarding a copy of the letter to the Assistant Director Recruiting for the purpose of obtaining a report on these men from the Medical examiners.

(Sgd.) A. Montgomerie.

Major.
District Officer Commanding.
Newfoundland.

Report for Service 3775

ROYAL NEWFOUNDLAND REGIMENT.

Copy

Medical Examination Held at Adgts. on Oct 3rd 1918

1. Name Samuel Cox Age (a) Declared 21
(b) Apparent

2. Do you know of anything wrong with you? No

What severe illnesses have you had? None. 6230

Eyes Brown.
Comp. Fair
Teeth

3. Height 5ft-9 1/4. Weight 139

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) —

6. Examination of Lungs —

Measurement (a) Expiration 30 1/2 (b) Inspiration 31 1/2

7. Examination of Heart —

8. Examination of Urine —

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? No.

11. Name and address of next of kin Father John St Albans.

12. Category

REMARKS—

Aii

Sgd.
Arch C Tait
J W Burden.

Medical Examiners.

October 24th. 1918.

The District Officer Commanding,
Newfoundland.

As instructed in your letter of October 17th., I have asked the Medical Examiners for a report on the men whom the Rev. S. St. Croix wrote about.

Herewith I send report from Drs. Burden and A.C. Tait and copies of the Medical Examinations of the men concerned.

(Sgd.) C.B. Dicks, LIEUT.
Assistant Director of
Recruiting.

Coy, Saml.

6230

Sept.

January 21st., 1919

#6230 Pte. Samuel Cox,
St. Alban's ,
Rortune Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 619."

Yours faithfully,

Captain,
Paymaster & O. i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6230 Rank Pvt. Name Samuel Cox

Intended place of residence St. Alban's

2. Occupation Lumberman

Classification of soldier P. Medical Category 1

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

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

Place DEC 20 1918 W. H. Kelly Capt.
Date 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 Samuel Cox
Dec 21st 1918 W. H. Kelly Capt.
Signature of soldier
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date Dec 28th 1918 Samuel Cox
St. John's W. H. Kelly Capt.
Signature of soldier
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-10-18 No of days on Military
Discharged from service 24-12-18 plus 25 days Service 111 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Dail Capt.
Date DEC 24 1918 Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld. M. Bowley Capt.
Date January 21/1919 Officer in Charge Records
The Royal Newfoundland Regiment

W. H. Kelly 20/19/18

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6230 Rank Plt Name Cox Samuel
 Date of Enlistment 3-10-18 Address St. Albans District Fortune
 Occupation Lumberman Classification for Discharge B Medical Category E
 Recommendation S.M.B. See unfit Disability Rating less 20%
 Passed to Demobilization Officer with following documents:—

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

Date 19-12-18

W. H. C. Case
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Samuel 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 £ 60 00

(b) Clothing Supplied Joseph H. Crawford

Date 20-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K 364* to his home
 at *William Bay* and Release Certificate No. *516* issued.
 Date *20-12-18* *Esposito 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 *21-12-18*
 Date *20-12-18* *Esposito Capt*
 Depot Paymaster.

Discharge approved for *24.12.18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	1	<i>James B</i>
B 178	W 3494	B 122	Board 1st	" 2	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 *24.12.18* *Esposito Capt*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Date *DEC 24 1918* *RH Tait Capt*
 O. C. Discharge Depot.

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

Date *Dec 28/1918*

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

MEDICAL HISTORY

OF

Surname Case

Christian Name Samuel

Table I.—GENERAL TABLE

Birthplace:—Parish St Albans

County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	5	Oct		191
	at <u>St John's</u>		at	
Declared Age	21	years		days
Trade or Occupation	<u>Lumberman</u>			
Height	5	feet 9/14		inches
Weight		139		lbs.
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		3 1/2	inches
Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			
When Vaccinated				
Vision	R.E.—V=	9/6 6/6		R.E.—V=
	L.E.—V=			L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammell Stuen</u>			
(Rank)	<u>Major</u>		Medical Officer	
Enlisted	at <u>St John's</u>		at	
	on	5 day of Oct	on	day of 191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld Regt 6230</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on Syphilis, admissions of treatment
	Day	Month	Year	Day	Month	Year			
M. S. D. Hospital	9	10	18 21	11	18		Influenza + Bronchitis Pneumonia	43	2-13
Excelsior	21	11	16	5	12	18	Cardiac	15	



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 Samuel*

Regiment from which discharged *1st. Newfoundland*

Regimental number *6230*

Intended address *St Albans*

Height on discharge *5' Feet 8 1/2"*

Color of hair on discharge *brown*

Complexion *Fair*

Color of eye *Gray*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth. *St Albans*

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) *Samuel X Cox*

Station *St John's* *Private* (Rank) *PL*

Date *5 Dec 1918*

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.

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

Station *St John's* Date *5 Dec 1918*

Civil Re-establishment Committee



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

To work at Lumberman

S. Gos

Signature of Man,

Reg. No. *6230*

W. S. Dicks Capt.

Signature of the Vocational Officer or his Representative.

Place *St John's N. I. L. D.*

Date *20/12/18.* 191

9
4004

Fortune

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 17.12.18

Regimental No. 6230

Name Cox Samuel

Address St Albans Bay, St John's

Present Medical Category E

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

Proceeding of SM on file

Members of Board
R.H. East Capt
O.C. Discharge Depot.
W. Mason
Senior Medical Officer
J.W. Burden
M. O. Depot



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 **DECEMBER 5th 1918**

- | | | |
|-----------------------------------|-------------------------------|-------------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday | 21 years |
| 2. Regimental No. 6230 | 6. Enlisted on | AUGUST 1st 1918. |
| 3. Rank PTE | at | ST. JOHN'S |
| 4. Name COX, SAMUEL | 7. Former trade or occupation | LUMBERMAN |
| | 8. Disability | |

INFLUENZA AND BRONCHO-PNEUMONIA

9. History **Admitted to M.I.D. Hp. 9/10/18.**
Discharged to Escasoni 21/11/18.
Discharged from there 5/12 /18.

10. What is his present condition?

Breath sounds weak over left apex.
No accompaniments over lungs.
No cough. T. Normal.

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

11. Was sanatorium advised and refused?
operation

NO

12. Do you recommend discharge as permanently unfit?

YES

Signature ARCH TAIT

for M.O. Depot.

Rank or Qualification

Remarks if any by Officer i/c 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
- (a) Service during this war. (b) Climate. (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.

YES

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

Less than 20%

Remarks if any:—

16. Is the disability permanent?

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

18. The refusal of operation sanatorium 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. **NO**

20. We recommend discharge from retention in the Army

PERMANENTLY UNFIT

Remarks if any:—

..... **N. S. FRASER** President

Signatures..... **J. S. TAIT**

..... **L. PATERSON, Major.**

Place

Date

APPROVED

Station

Date



..... (SGD)..... **CLUNY MACPHERSON, Major.**
Administrative Medical Officer

Report for Service 3775

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Halifax on OCT 3 - 1918 191

1. Name Samuel Cox Age (a) Declared 21
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None.

Eyes Snow.
Scalp Hair
Members

6230

3. Height 5-9/4 Weight 139

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) ?

6. Examination of Lungs ?

Measurement (a) Expiration 50 1/2 (b) Inspiration 54

7. Examination of Heart ?

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? No.

11. Name and address of next of kin Father John St Albans.

12. Category

REMARKS—

A II

Archibald
W. B. S. S. S.

Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt

Number of Sheet

One
C. B. Dickson Lieut.

Signature of O. C. Company

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>6230 Samuel Cox</i>	Age on _____ years _____ months	<i>Wagoner</i>	
Joined _____ Date _____		Place and Date of Enlistment <i>St. John's 3/10/18</i>	Religion <i>R.C.</i>	
Joined _____ Date _____		Period of } with Colours <i>1 1/2</i> years. Place of Birth <i>St. Albans, F.A.</i>		
Joined _____ Date _____			with Reserve <i>3 1/2</i> years.	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St. John's 21</i>	<i>19</i>				

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

6230

Reg. No. 6230 Rank Pte Name Cox Samuel
 Date of Enlistment 3-10-18 Address St Albans District Fortune
 Occupation Lumberman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Per unfit Disability Rating less 20%
 Passed to Demobilization Officer with following documents:—

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

Date 19-12-18

W. C. Discharge Depot
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Samuel 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.....

(b) Clothing Supplied.....

60.00
Joseph H. [Signature]

Date 20-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 364* to his home at *W. Khan* and Release Certificate No. *516* issued.

Date *20-12-18*

C. S. Dicks 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 *21-1-19*

Date *20-12-18*

M. Howley Capt.
Depot Paymaster.

Discharge approved for *24. 12. 18.*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	✓ 1	N.F. Med.	D.F. 1.	✓ 11	<i>From Bd</i>
B 178.	W 3494.	B 122.	✓ 2	Board 1st.	" 2.	✓ 11	
B 178a.	D 400A.	B 1915.	✓ 2	do 2nd.	" 3.	✓ 12	
B 179.	D 400B.	Form L.		do 3rd.	" 4.		
B 179a.	D 400C.	Form K.	✓ 11	do 4th.	" 5.		
B 179b.	B 103.	ME 2.			" 6.		
B 179c.	B 120.	M 93.	✓ 11				

Date *24. 12. 18.*

C. S. Dicks Capt.
Demobilization Officer.

APPROVED. *g.*

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DEC 24 1918

Date

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

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

Date *Dec 28/1918*

M. Howley Capt.
o.p.R.

Reg. No. *6230* Rank *Pte* Name *Joe Small*
Attested *3-10-18* Address *St Albans*
Allotment *60* Allottee *John Cox Father*
Date of Allotment *1¹¹/₁₈* Returned from Overseas
Embarked for Overseas Cause

Page 4-10-18.

4-10-18 Admitted to barracks hosp.

21-11-18 Transferred from M.I.D. to Escasoni

1-12-18 Discharged from Escasoni

10-12-18 Rec. Discharge. Unfit for General Service

19-12-18

PASSED TO DEMOBILIZATION OFFICER

DEC 24 1918

DISCHARGE APPROVED ON DEMOBILISATION

COPY The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6230 Rank ... Pte Name Samuel Cox

Intended place of residence St Albans

2. Occupation Lumberman

Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

Demobilization

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

Place (sgnd) C. C. DULEY, Capt.

Date Dec. 20, 1918 for 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 (sgnd) Samuel Cox

Signature of soldier

..... Dec. 21, 1918 " C. B. Dicks, Capt.

Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date Dec. 28, 1918 (sgnd) Samuel Cox

Signature of soldier

..... St. John's " J. Daymond, Sgt.

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-10-18 No of days on Military

Discharged from service 24-12-18 plus 28 days Service 111

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 (sgnd) R. H. TAIT, Capt.

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date 24-12-18

CONFIRMATION OF DISCHARGE

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

Place

Officer i/c Records

Date The Royal Newfoundland Regiment

COPY

Civil Re-establishment Committee



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

To work as Lumberman

(sgnd) S. Cox

Signature of Man.

Reg. No. 6230

(sgnd) C. B. DICKS, Capt.

Signature of the Vocational Officer or his Representative.

Place St John's, Nfld.

Date 20-12-18 191