



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

P.B.

No. 2989 Name Wm Coe Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Coe
2. What is your full Address? 2. St. Johns F.B.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 20 Years 6 Months
5. What is your Trade or Calling? 5. fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. yes
to be signed by you if you are accepted? }

I, Wm Coe 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.

July 27/16

William Coe SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Coe 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 27 day of July 1916

Signature of Attesting Officer Thas. Ayelett

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 191..... } Approving Officer.

Place

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

† Here insert the "Corps" for which the Recruit has been enlisted.

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Cook
Apparent age 20 years 6 months. Height 5 feet 3 1/2 inches
Chest Measurement { Girth when fully expanded 35 1/2 inches
Range of expansion 2 1/2 inches
Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Wm Cook
Mr. Breton #13 | 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 _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ [" "] _____ " _____									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2989

Name Wm Coia

Corps

P.B.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Coia
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 20 Years 6 Months
5. What is your Trade or Calling? 5. fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. yes
to be signed by you if you are accepted?

I, Wm Coia 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.

July 27/16

William Coia SIGNATURE OF RECRUIT.
Wm Coia Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Coia 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 27 day of July 1916

Signature of Attesting Officer Chas. H. Aye Capt

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1916 } Approving Officer.
Place.....

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Cook
 Apparent age 20 years 6 months. Height 5 feet 3 1/2 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 2 1/4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Breton P.B. | 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 <u>27-7-16</u>									
Joined at <u>M. Johns</u> on <u>July 27th 16</u>									
<u>Killed in Action 20-11-17</u>									
<u>Embarked M. Johns S.S. Horgel to Whimsot 31-1-17</u>									<u>Embarked for B.C.S. 11/7</u>
<u>Disembarked Queen 12-6-17. Joined Bath 2-12-17</u>									
<u>Killed in Action 20-11-17</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 20-11-17 (date of discharge) 1 years 117 days
 Pension



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *William Cox*
aged *20* conducted at *C. H. B.*
Date: *July 27/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *m - no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *9/6 Both*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*
- 33 *m*

2989

5'3 1/2"
115
33:35 1/2"
\$1400.00 appear
Father ind. Wm Cox Harbour Buxton
none

Signature of Medical Examiner:

J. W. Burden

W. Cox.

2989

P.P.O.

Office Copy

Army Form O. 1625

PAY LIST.

OFFICE COPY

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 2989

Rank Private

Name Cox, W.

Died (a) Intestate at France

on the 20th of November 1914.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 20 th 11 11 4	12	11	4
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	131				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	12	11	4	Balance due to the Paymaster			
		£ 12	11	4		£ 12	11	4

This account is in accordance with advices received at the Pay & Record Office to 28/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

PAID 26/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correctly chargeable against the Public (b).

Dated at this day of 191 . Paymaster.

NEWFOUNDLAND CONTINGENT 26 SEP 1918

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1815. (b) Words in Italics to be struck out when there is no debtor balance.

Office Copy

OFFICE COPY

Army Form O. 1625

PAY LIST

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. *2989*

Rank *Private*

Name *Coxe, W.*

Died (a) *Intestate*

at *Drauce*

on the *20th* of *November* 191*4*.

Deserted at

on the . . . of 191 .

I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

[Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance <i>Dr.</i> last month				Balance <i>Cr.</i> last month <i>20th Nov. 1914</i>	<i>12</i>	<i>11</i>	<i>4</i>
	<i>Cash issues</i> (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to			
	101				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from From to			
	Consolidated stoppage							
	Balance due by the Paymaster	<i>12</i>	<i>11</i>	<i>4</i>	Balance due to the Paymaster			
		£				<i>12</i>	<i>11</i>	<i>4</i>

This account is in accordance with advices received at the Pay & Record Office to *28/19/14* and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED
26/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at

this day of 191 .

Paymaster.

- (a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office (Form B. 2090 or Army Form O. 1815).
- (b) Words in Italics to be struck out when there is no debtor balance.



FIELD SERVICE

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt or notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

ORIGINAL



REGIMENT OR CORPS "1st Newfoundland Regt."

Squadron, Troop, Battery or Company

D. Co.

Regimental No. 2989

Rank

Private.

Surname Cox.

Christian Names W.

Date 20/11/17.

Place France.

Died Cause of Death* Killed in Action.

Nature and Date of Report B 213 d/23/11/17.

By whom made O.C. Unit.

DUPLICATE

COPY SENT TO	
O.C. H.Q.	
ST. JOHNS, N.F.L.D.	
N.F.P.38. No.	<u>2989</u>
DATED <u>21 DEC 1917</u>	

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received.
 (c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

G.H.Q., 3rd. Echelon.

Station and Date 27/11/17.

Signature of Officer in charge of Section
 Adjutant-General's Office at the Base

[Signature]
 2nd. Lt. for Major,
 Officer i/o No. 1 Infantry Section.



1st. NEWFOUNDLAND REGIMENT *16*

ALLOTMENTS

I, *Ann Cox*, Regl. No. *2989*

hereby agree, until further notification by me, and in similar official form to make an Allotment of *50* Dollars and *50* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins *1st July 1917*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>5281</i>	<i>Wife</i>	<i>Ann Cox</i>	<i>St. Johns</i>	<i>50</i>
			Total Allotment, \$	

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) *[Signature]*
 Officer Commanding
 Company
[Signature]
 191*7*

(Sig.) *[Signature]*
 (Rank) *[Rank]*

Nº 3417



1st. NEWFOUNDLAND REGIMENT 16

ALLOTMENTS

I, com box, Regl. No. 989

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz :

Allotment begins Jan 1 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>5201</u>	<u>brock</u>	<u>Junior box</u>	<u>St. Brelton</u> <u>2 B.</u>	<u>50</u>
			Total Allotment, \$	

now allotted
Replacing no 2765

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]
Officer Commanding
Company
[Signature]
20 1916

(Sig.) [Signature]
(Rank) [Signature]

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

MEDICAL HISTORY

Surname Cox

OF
Christian Name Wm



Table I.—GENERAL TABLE.

Birthplace:—Parish _____

County _____

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	....	on <u>27</u> day of <u>July</u> 191 <u>6</u>	on	day of	191
		at <u>St. John's Nfes</u>	at		
Declared Age	....	<u>50</u> years <u>6</u> mo <u> </u> days		years	days
Trade or Occupation	....	<u>fisherman</u>			
Height	....	<u>5</u> feet <u>3 1/2</u> inches		feet	inches
Weight	....	<u>115</u> lbs.			lbs.
Chest Measurement	{	Grith when fully expanded	....	<u>35 1/2</u> inches	....
		Range of Expansion	....	<u>2 1/2</u> inches	....
Physical Development	....			
Vaccination Marks	{	Arm	....	
		Number	....	
When Vaccinated	....			
Vision	{	R.E.—V=	<u>4/6</u>	R.E.—V=	
		L.E.—V=	<u>6/6</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>Lamm Paterson</u>			
(Rank)		<u>Major</u>			
Enlisted	{	at <u>St. John's Nfes</u>		at	
		on <u>27</u> day of <u>July</u> 191 <u>6</u>		on	day of
Joined on Enlistment	{	Corps. <u>3/1st Nfes</u>		Corps,	
		Regtl. No. <u>2989</u>		Regtl. No.	
Transferred to	....			
Became non-effective by	....			
(Signature)		on	day of	191	on
(Rank)					day of

in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In cases of and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged fit for duty

L. P. Stern major 9ms

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

Date	Brief Details, and Signature
58-7-16	TAB LP
7-8-16	3. LP
15-8-16	LP
10-1-17	Vaccination LP

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
S.S. Hengel	Hamp 31	File 3/7			
Windsor	NS File 3/7	16.4.17			
D. S. Ausonia	16.4.17				

C.R. 2989

2989 Pte. William Cox.

Extract of Casualty List received December 18th., 1917.

Killed in Action November 20th.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Recd	By	Sent	by	Check

Dated 1st December, 1917.

To Mr. William Cox,
Harbor Breton.

Regret to inform you Record Office London today reports
No. 2989, Private William Cox, Killed in Action 20th
November.

R. A. SQUIRES,
Colonial Secretary.

Note for Operator.

This message is not to be sent until receiving office advises that message to Rev. G. H. Hawkins P.P. Harbor Breton has been delivered and acted upon.

FOR TYPEWRITER

WFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated 1st December, 1917.

To Rev. G. H. Hawkins, P.P.,
Harbor Breton.

Regret to inform you Record Office, London, today reports No. 2989, Private William Cox, son of Mr. William Cox, Harbor Breton, Killed in Action November 20th. Kindly inform relatives.

R. A. SQUIRES,
Colonial Secretary.

C.R.2989

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

2989 Pte.Cox, W.

MP

C.R. 2989

Extract of Menial Roll of Officers and men embarked St. John's
31-7-17 Sailed Halifax S. S. AUSTONIA 16-4-17.

#2989 pte. W. COX.

C.R. 2989

William Cox was attested for General Service
with the NEWFOUNDLAND REGIMENT on .. July. 27th. 1916.
Regimental No. 2989 was allotted to Pte Wm. Cox

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

Coy, D.^{ca}

2989

Hay sept.

DUPLICATE MAIL COPY

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. **2989**

Rank **Private**

Name **Coxe W.**

Died ^(a) **Intestate** at **France**

on the **20th** of **November** 191**4**.

Deserted at

on the _____ of _____ 191 **.**

I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 20.11.14	12	11	4
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance _____ days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
	Consolidated stoppage							
	Balance due by the Paymaster	12	11	4	Balance due to the Paymaster			
		£12	11	4		£12	11	4

This account is in accordance with advices received at the Pay & Record Office to **26/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.
AB
26.9.18.

I hereby Certify that the above account is correct in every particular, *and that the debtor balance of £ _____ is correct and chargeable against the public.* **NEWFOUNDLAND CONTINGENT.**

Dated at _____
this _____ day of _____



A. C. Munnell Pay.
191 . CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE MAIL COPY

Army Form O. 1825.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. **2989**

Rank **Private**

Name **Coxe W.**

Died ^(a) **Intestate** at **Drouce**

on the **20th** of **November** 191**4**.

Deserted at

on the _____ of _____ 191 **.**

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 20.11.14	12	11	4
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance _____ days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from _____			
	Consolidated stoppage							
	Balance due by the Paymaster	12	11	4	Balance due to the Paymaster			
		£12	11	4		£12	11	4

This account is in accordance with advices received at the Pay & Record Office to **26/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.
AB
26.9.18

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ **NEWFOUNDLAND CONTINGENT.**

Dated at _____ day of _____ 191 . **CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.**



(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent by the soldier, with Army Form B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 2989.

Rank Private

Name Cox. W.

Died (a) Intestate at France.

on the 20th of November 1914.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 20.11.14.....	12	11	4
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	101				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	12	11	4	Balance due to the Paymaster			
		£12	11	4		£12	11	4

This account is in accordance with a bill received at the Pay & Record Office to 26/9/18 and may be subject to amendments if and as may be revealed by subsequent advices.

CHECKED. 86 26/9/18.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correctly chargeable against the Public.

Dated at

this

day of

26 SEP 1918

191

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office, Army Form B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 2989

Rank Private

Name Cox. W.

Died *intestate* at *France*

on the 20th of November 1914.

Deserted at

on the of 191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 20.11.14	12	11	4
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
	Consolidated stoppage							
	Balance due by the Paymaster	12	11	4	Balance due to the Paymaster			
		£12	11	4		£12	11	4

This account is in accordance with advices received at the Pay & Record Office to 26/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

26/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correct and chargeable against the Public.

Dated at

this

day of

26 SEP 1918

191

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office and Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

June 19, 1919


Thomas Cox,
Hr. Breton,
Nfld.

Dear Sir:

I enclose herewith cheque for
\$72.21, balance of estate of late W. Cox, due you
as Administrator of his estate.

I am also enclosing herewith
Letters of Administration.

Yours truly,


Lieut.
For Paymaster.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 72 ²¹/₁₀₀

June 17 1919

Received from the First Newfoundland Regiment
the sum of Seventy two ²¹/₁₀₀ Dollars.
~~amount~~
balance of Pay. Estate

Ch. No.	23857	Initials	EW
Pay Ledger	209	Initials	JA
Gen. Ledger		Initials	

Regtl. No. Rank

J. J.

No. 2989

Rank

Pt

Name

W Cox

ON HIS MAJESTY'S SERVICE.



OFFICER i/c RECORDS,

DEPARTMENT OF MILITIA,

ST., JOHN'S, Nfld.



2989

540185

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

721
H
The Junior Co

FIELD SERVICE.

CR 2989
Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS } "1st Newfoundland Regt." Squadron, Troop, Battery or Company } D. Co.

Regimental No. 9989 Rank Private.

Surname Cox. Christian Names W.

Died { Date 30/11/17. Place France.
Cause of Death* Killed in Action.

Nature and Date of Report B 213 d/30/11/17.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received.
(c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } O.N.C. 8th. Echelon. Signature of Officer in charge of Section } [Signature]
Date } 27/11/17. Adjutant-General's Office at the Base }

2nd Lt. for Major,
Officer i/o No. 1 Infantry Section

Casualty Form - Active Service.

Regiment or Corps... *1st Newfoundland*

Rank... *Pte* Surname... *Cox* Christian Name... *William*

Religion... *Roman Catholic* Age on Enlistment... *20* years... *6* months

Enlisted (a) *27-7-16* Terms of Service (a) *Duration of War* Service reckons from (a) *27-7-16*

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

Extended { } Re-engaged { } Qualification (b) or Corps Trade and Rate

Occupation... *Fisherman* *Pte Cox* Signature of Officer... *Captain*

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				
			Embarked... <i>St. Hampton</i>	<i>11.6.17</i>	
			Disembarked... <i>Rover</i>	<i>12.6.17</i>	
			Joined Battalion	<i>2 JUL 1917</i>	<i>B 213</i>
<i>24 NOV 1917</i>	<i>of unit</i>	Killed in Action	<i>France</i>	<i>20 NOV 1917</i>	<i>B 213</i>
			<i>J. Mary</i>		

(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, Shoening-Smith, &c.



[Handwritten signature]

2nd Lt
for Major
Infantry Section
C.R. 2989 3rd Echelon

DUPLICATE.

C.R. 2989

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS } "1st Newfoundland Regt."
Squadron, Troop, Battery or Company } D. Co.

Regimental No. 2000 Rank Private.

Surname Cox. Christian Names W.

Died { Date 20/11/17. Place France.
Cause of Death* Killed in Action.



Nature and Date of Report B 213 d/28/11/17.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received.
(c) as a separate document. Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H.Q., 3rd. Echelon.
27/11/17. Signature of Officer in charge of Section } [Signature]
Adjutant-General's Office at the Base

2nd. Lt. for Major,
Office i/c No. 1 Infantry Section.

