



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6225 Name Samuel Collins Corps R. Co.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel Collins
2. What is your full Address? 2. St. John's Fort St. Dist.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Lumberman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Samuel Collins 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.

Samuel Collins SIGNATURE OF RECRUIT.

J. E. Sinclair Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Collins 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 3rd day of October 1918

Signature of Attesting Officer Ch. Dickson

†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 04 1918

Place } Approving Officer. W. G. ...

† 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 Samuel Collins
 Apparent age 22 years 0 months. Height 5 feet 6 1/4 inches
 Chest-Measurement { Girth when fully expanded 33 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael Collins
Silvans, F.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.

<small>(a)</small>	<small>(b)</small>	<small>(c)</small>	<small>(d)</small>

Particulars as to Children

<small>Christian Names</small>	<small>Date and Place of Birth</small>

STATEMENT OF THE SERVICES

<small>Corps in which served</small>	<small>Rgt. or Depot</small>	<small>Promotion, Reductions, Casualties, &c.</small>	<small>Army Rank</small>	<small>Dates</small>	<small>Service not allowed to reckon for fixing the rate of pension</small>		<small>Service in Reserve not allowed to reckon towards G. C. Pay</small>		<small>Signature of Officers certifying correctness of entries</small>
					<small>Years</small>	<small>Days</small>	<small>Years</small>	<small>Days</small>	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged January 21st 1919</u>									
Total Service forfeited as above.....									

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

C.R. 6225

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

6225 Pte. Samuel Collier.

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

C.R. 6225

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated October 30th. 1918.

Hospital.

6225 Pte. S. Collier

Admitted Barracks Hospital 28/10/18.

C.R. 6225

Extract from Daily Orders part II, Report St. John's dated Nov. 2nd 1912

Discharged from Barracks Hospital 1/11/18.

#6225 Pte. S. Collier.

EG.

C.R. 6225

Extract from Daily Orders part II, Depot St. John's dated 25/1/19.

The accounts of the undemoted on demobilization have been
CONFIRMED by Officer I/O Messers.

#6225 Pte. Saml. Collier.

II-1-3.

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. Johns*

Date *29th Nov 1918*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *6225*
- 3. Rank *PL*
- 4. Name *Bollier, Samuel*
- 5. Age last birthday *22 7/16*
- 6. Enlisted on *5th Oct 1915*
- 7. Former trade or occupation *Lumberman*

8. Disability

*Influenza
(mild)*

9. History

*In Barnes's Hp. 25/10/18. Discharged 1/11/18.
Complains of Stitch. Rt. side chest - 3 yrs duration
(occasional)*

10. What is his present condition?

P. 68 - T. Normal.

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

Heart's action very irregular
intermittent.
Shortness of breath on exertion.
lungs - normal.

11. Was sanatorium advised and refused?
operation

no

12. Do you recommend discharge as permanently unfit?

yes.

Signature

Archib. J. G. P.
for MO Dept

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 ~~cannot~~ ^{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? *Less than 20*

(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? *Will Less than 20*
(State in percentage.)

Remarks if any:—

16. Is the disability permanent? *no*

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.

20. We recommend discharge from retention in the Army

Remarks if any:—

unfit for General office

.....
President

Signatures..... *J. Anderson* *J. A. B.*

..... *H. H. H.*

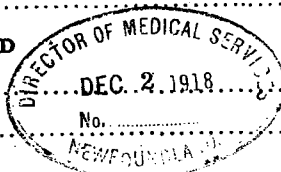
Place..... *S. Plus*

Date..... *Dec 2/18*

APPROVED

Station.....

Date.....



Clay Macpherson
Administrative Medical Officer

January 21st., 1919

#6225 Pte. Samuel Collier,

St. Alban's,

Fortune Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 634."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6225 Rank Pte Name Samuel Collier
 Intended place of residence St Albans Forks
 2. Occupation Lumberman
 Classification of soldier B Medical Category 2
 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 St John's Date DEC 21 1918
 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 Dec 21st 1918
 Signature of soldier Samuel Collier
 Signature of witness CSWICK Capt

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date St John's 20-12-18
 Signature of soldier Samuel Collier
 Signature of witness CSWICK

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 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 Date January 21/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

CSB 2079/624

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6225 Rank Plt Name Robert - Demand
 Date of Enlistment 3.10.18 Address St. John's District Fort St. Charles
 Occupation Landwehrman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 20%
 Passed to Demobilization Officer with following documents:—

N.F. P136	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 10.12.18 of St. John's O. C. Discharge Depot. Robert Demand

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 Joseph H. Brown
 Date 20-12-18 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 348 R to his home at Bay De Foue and Release Certificate No. 550 issued.

Date 20-12-18 Ardricks 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 21-12-18 W. H. Capl.
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.	
F 178.	W 3494.	B 122.	Board 1st.	" 2.	1
F 178a.	D 400A.	B 1915.	do 2nd.	" 3.	2
B 179.	D 400B.	Form L.	do 3rd.	" 4.	
B 179a.	D 400C.	Form K.	do 4th.	" 5.	
B 179b.	B 103.	ME 2.		" 6.	
B 179c.	B 120.	M 93.			

Date 23 12 18 Ardricks Capt.
Demobilization Officer

APPROVED.

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

Date DEC 24 1918 R. H. Capl.
O. C. Discharge Depot.

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

Date Dec 30/1918.

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

MEDICAL HISTORY

OF

Surname Collins

Christian Name Samuel

Table I.—GENERAL TABLE

Birthplace:—Parish St Albans & Dist County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	3	Oct		
at	<u>St John's</u>			
Declared Age	26	years		
Trade or Occupation	<u>Lumberman</u>			
Height	5	feet 11 1/4 inches		
Weight		154 lbs.		
Chest Measurement	Girth when fully expanded		36 1/4 inches	
	Range of Expansion		3 1/2 inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	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>Samuel Peterson</u>			
(Rank)	<u>Major</u>		Medical Officer	
Enlisted	at	<u>St John's</u>	at	
	3	day of Oct		191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>Royal Newfoundland Regt 6225</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				



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 *Collin Samuel*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6225*
 Intended address *St. Albans*
 Height on discharge *5* Feet *4 1/2*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Brown*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father *Michael*
 Christian name of Mother *Hannah*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *St. Albans 24th April 1896*
 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 Collins Rte*

(Rank)

Station *St. John* Date *Nov 29th 1915*

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* Date *Nov 29th 1915*

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.

S. Collier + his wife J. Sinclair (PT)
Signature of Man.

Chas. E. Cap Reg. No. *6226*

Signature of the Vocational Officer or his Representative.

Place *St John's N.Y.C.D.*

Date *20/10/18* 191

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Fortune

Demobilization Form 1

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 *2.8/11/18*

Regimental No. *6225*

Name *Collier Samuel*

Address *St. Albans*

Present Medical Category *F*

*Standing med. B.
Proceeding in file*

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

Members of Board

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

P. Paterson
Senior Medical Officer

S.W. Burden
M. O. Depot

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One
Signature of O. C. Company R. B. Dickson

Regiment of Royal Newfoundland Regt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>6725 Samuel Corrie</u>	Age on	27 years	months	
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion	
Joined	Date				
Joined	Date	Period of	with Colours	with Reserve	Place of Birth
Joined	Date				
			<u>11</u> years.	<u>35</u> years.	<u>St Albans</u>

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
				<u>Demobilized</u>	<u>St John's</u>	<u>21</u>	<u>19</u>		

To be carried over.

Army Form B. 121.