



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6233 Name William Collier Corps R. C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. William Collier
- 2. What is your full Address? 2. St Albans
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 24 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, William Collier 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.

William Collier SIGNATURE OF RECRUIT.

P. H. O. Doudner Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Collier 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, St John on this 3 day of October 1915

Signature of Attesting Officer Chadwick 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.....

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

Date OCT 4 1915 Place ST. JOHN'S

Robertson Capt Major } Approving Officer.

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).....

6233

Extract from ~~Headquarters~~ Daily Orders Part II Unit The Royal
Nfld.Regt., St. John's Oct. 5th, 1918.

6233 Pte. Wm. Collier.

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

C.R. 6233

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

6233 Pte. W. Collier.

Admitted to M.I.D. Hospital, 8-10-18.

C.R. 6233
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 41

| Line Number | Recd | By | Sent | by | Check |
|-------------|------|----|------|----|-------|
| | | | | | |

Dated Oct. 28, 1918.

To Mr. Thomas Collier,
St. Albans, F.B.

Req to inform you that your son #6233 Pte. W. Collier, is now
Convalescent at Military Hospital St. John's.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

6233

Extract from Daily Orders, Part 11, UNIT: The Royal
Newfoundland Regiment dated Nov. 23rd. 1918.

Hospital.

6233 Pte. W. Collier.

Discharged from Hospital 21/11/18.

C.R. 6233

Extract from ~~Final~~ Report. At a Medical Board held on
MONDAY AFTERNOON December 2nd., the following were the
findings.

#6233 Pte. W. G. Gohler.

RECOMMENDED DISCHARGE AS PERMANENTLY UNFIT. UNFIT FOR GEN. SERVICE.

23.

C.R. 6233

Extract from Daily Orders part II, Depot St. John's dated Jan. 25rd. 1919

The discharge of the und stated has been COMPLETED by Officer i/o
Records on 21-1-19.

#6233 Pte. Wm. Collier.

C.R. 6233

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,

6233 Pte. Wm. Collier.

Discharged 24-12-18

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 *Nov 29th 1918*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *6233*
- 3. Rank *Pte*
- 4. Name *Collier William*
- 5. Age last birthday *24 years*
- 6. Enlisted on *3rd Oct 1918*
at *St John's*
- 7. Former trade or occupation *Lumberman*

8. Disability

Influenza

9. History

*Admitted M.I.D. 14. 8/10/18. Discharged to Excavation 5/11/18
Discharged from there 21/11/18.*

10. What is his present condition?

T. Naval. P. 100.

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

General Condition Fair

Weak breath sounds all over chest
no accompaniments.

11. Was sanatorium advised and refused?
operation

No

12. Do you recommend discharge as permanently unfit?

Yes

Signature

Archibald?
- for NO 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* 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?
(State in percentage.)

Remarks if any:— *nil*

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 Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:— *unfit for General Service*

Signatures *[Signature]* President

[Signature]
[Signature]

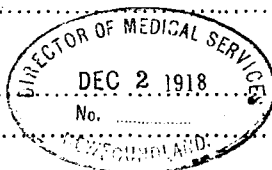
Place *J. Johns*

Date *Dec 2/18*

APPROVED

Station

Date



[Signature]
Administrative Medical Officer

C O P Y.

October 17, 1918.

From:- District Officer Commanding,
Newfoundland.

To:- Assistant Director Recruiting,
City.

I enclose copy of letter from Rev. F. St. Creix, St.
Alban's Bay D'Espoir 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.

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'Espoir.
The following have sprung from families infected with tuberculosis:

| | |
|------------------|----------------|
| Lawrence Collier | Char. 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 risky 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.

Original in file 6229

C.R. 6233

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.

Report for Service

Copy

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at *St Johns* on *Oct 3^d* 191*8*

1. Name *William Collier* Age (a) Declared *24*
(b) Apparent

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

What severe illnesses have you had? *None*

*Eyes Grey
Comp. Fair
marks*

673.3

3. Height *5ft 10* Weight *113*

4. Eyesight (a) Left *4/10* (b) Right *4/10*

5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs
Measurement (a) Expiration (b) Inspiration

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 Thomas St Albans Fort St*

12. Category

REMARKS—

*(Sgd) J. W. Burden
Arch. C. Tail*

Medical Examiners

January 21st., 1919

#6258 Pte. William Collier,
St. Alban's,
Fortune Dist

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 6258."

Yours faithfully,

Captain,
Paymaster & O.i. c Records

Enc '1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6233 Rank PA Name W. Collier
 Intended place of residence St Albans John's Desert
 2. Occupation Lumberman
 Classification of soldier B Medical Category F
 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
 Date

W. Collier
 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 21 1918
 Signature of soldier William Collier
 Signature of witness C. B. Dickes 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 Dec 20 1918
St John's
 Signature of soldier William Collier
 Signature of witness J. Raymond Capt.

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 1112 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
DEC 24 1918
 Date

R. H. Sait Capt
 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 20 1919
 Officer in Charge M. Bowley Capt
 The Royal Newfoundland Regiment

as to 19/620

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6233 Rank Pte. Name Colburn M. M.
 Date of Enlistment 3.1.16 Address St. John's District Fortune
 Occupation Lumberman Classification for Discharge B Medical Category E
 Recommendation S.M.B. _____ Disability Rating _____
 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 178 | 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

[Signature]
 O. C. Discharge Dept.

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 # 6.00
- (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. *K 361* to his home at *Hyono* and Release Certificate No. *5-13* 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* *Money Capt.*
Depot Paymaster.

Discharge approved for *24.12.18*

Forwarded with following documents to O.C Discharge Depot.

| | | | | | |
|-----------|--------|--------|-----------|--------|-----------------|
| N.F. P136 | B 268 | B 121 | N.F. Med. | D.F. 1 | |
| B 178 | W 3494 | B 122 | Board 1st | " 2 | <i>7 from B</i> |
| 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 98 | | | |

Date *24.12.18* *C. S. Dicks Capt.*
Demobilization Officer.

APPROVED.

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

DEC 24 1918

Date *Dec 24 1918* *R. H. Lamb 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

Surname: *Collins* Christian Name: *William*

Table I.—GENERAL TABLE

Birthplace:—Parish *St Albans* County *Herts* *Northampton*

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------------|---------------------------|-----------------|------------|
| | on | day of | on | day of |
| Examined | 3 | <i>Oct</i> | | |
| at | <i>St John</i> | | | |
| Declared Age | 28 | years | | |
| Trade or Occupation | <i>Gunberman</i> | | | |
| Height | 5 | feet $\frac{7}{2}$ inches | | |
| Weight | | 153 lbs. | | |
| Chest Measurement | Girth when fully expanded | 37 inches | | |
| | Range of Expansion | 4 inches | | |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | | | | |
| When Vaccinated | <i>4, 8, 9, 10</i> | | | |
| Vision | R.E.—V= | <i>4, 8, 9, 10</i> | 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) | <i>Lammington</i> | | | |
| (Rank) | Medical Officer | | Medical Officer | |
| Enlisted | at | <i>St John</i> | at | |
| | on | 3 day of <i>Oct</i> | on | day of 191 |
| Joined on Enlistment | Corps | <i>Royal Field Art</i> | Corps | |
| | Regtl. No. | <i>6233</i> | Regtl. No. | |
| Transferred to | | | | |
| Became non-effective by | on | day of 191 | on | day of 191 |
| (Signature) | | | | |
| (Rank) | | | | |

[P.T.O.]

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.

William Collier

Signature of Man.

Reg. No. *6283*

R. B. Dick Capt.

Signature of the Vocational Officer or his Representative.

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

Date *20/12/18* 191

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 *Collier William*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6233*
 Intended address *St. Albans*
 Height on discharge *5 Feet 5"*
 Color of hair on discharge *brown*
 Complexion *Fair*
 Color of eyes *blue*
 Descriptive Marks *Scar on Toe (left foot)*
 Figure on discharge *medium*
 Christian name of Father *Thomas*
 Christian name of Mother *Annie*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *St. Albans 6th August 1894*
 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)

William Collier Private (Rank)
 Station *St. Johns* Date *29th Nov 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.

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

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet One

Signature of O. C. Company A. B. Drake

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|-----------------|------------------------------|--------------|------------|---|
| No. | | Age on | months | | |
| 6233 | William Collier | 24 | | Fisher-man | |
| Joined | Date | Place and Date of Enlistment | | Religion | |
| | | St John's | 3/10/18 | R.C. | |
| Joined | Date | Period of | with Colours | years. | Place of Birth |
| Joined | Date | | | | |

| 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 |
|-------|-----------------|------|----------------------|-------------|-------------------|--------------------|---|-----------------|---------|
| | | | | Demobilized | St John's | 21/19 | | | |

To be carried over.

Army Form B. 121.