

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. Yes
- 4. What is your age? 4. 29 Years 0 Months
- 5. What is your Trade or Calling? 5. Shoemaker
- 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 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. C. Wright 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 1918

Signature of Attesting Officer Chas. 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

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

Date OCT. 4 1918 1918

Place ST. JOHN'S

Chas. Dickson Major. } Approving Officer.
Commanding Depot
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.

* 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 Marital History Sheet.

Name Samuel [unclear]
 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 [unclear]
St. Alban'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	Regt. 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 _____									<p>Discharged <u>January 27th 1919</u></p>
Joined at _____ on _____									
Total Service forfeited as above.....									

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

C.R. 6230

Extract from Daily Orders Part 11 Unit The Royal Rifles,
St. Johns for Oct. 5th, 1915.

6230 Pte. Sam'l Cox.

Attested for General Service with the Royal Rifles, from
3-10-15.

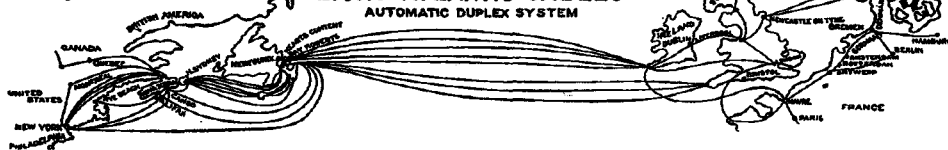
CR. 6230

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.

The Anglo-American Telegraph Company **CR 6230**
ESTABLISHED 1866



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.

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 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

C.R. 6230
Colm. H.

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(NOT TRANSMITTED)

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

Line Number	Recd	By	Sent	by	Check

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

C.R. 6230

NEWFOUNDLAND POSTAL TELEGRAPHS.

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(NOT TRANSMITTED)

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

Line Number	Recd	By	Sent	by	Check

Dated Oct. 28, 1918.

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

Bag to inform you that your son #5230 Pte. S. Cox, is now improved at Military Hospital St. John's.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

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
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)

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.

Req to inform you that your son #6230 Pto. S. Cox, is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6230

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

The discharge of the und noted has been CONFIRMED by Officer i/e
Records on 21-1-19.

#6230 Pte. Samuel Cox.

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

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 2/11/18
Discharged from there 5/11/18

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.)

B
Breath sounds weak over left apex. No accompaniments

*over lung.
no cough. T. Normal.*

11. Was sanatorium advised and refused? *no*
operation

12. Do you recommend discharge as permanently unfit? *yes.*

Signature

*A. C. [Signature]
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 *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? *less than 30%*
(State in percentage.)

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- *no*
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *permanently unfit*

Remarks if any:—

[Signature]
President

Signatures..... *[Signature]*
[Signature]

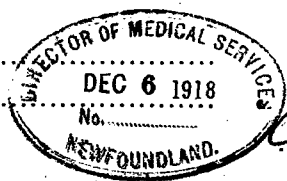
Place

Date

APPROVED

Station

Date



[Signature]
Administrative Medical Officer

C O P Y.

126 New Gewer 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.	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.R. 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 " V. 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.) E. H. Tait,
Captain,
O.C. Depot.

Report for Service 3775

ROYAL NEWFOUNDLAND REGIMENT.

copy

Medical Examination Held at *St. John's* on *Oct 3rd* 191*8*

1. Name *Samuel Gray* 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 *4/6* (b) Right *4/6*

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 John St Albans.*

12. Category

REMARKS—

Att

Arch C Tait
J W Burden
Medical Examiners.

January 21st., 1919

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

Dear Sir:--

Please find enclosed "Discharge
Certificate No. 819."

Yours faithfully,

Paymaster & O. i/c Records
Captain,

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 630 Rank Pte. Name Samuel Coy
Intended place of residence St John's

2. Occupation Lumberman
Classification of soldier P. 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 DEC 20 1918
Date
W. H. L. Capt.
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 Coy
Dec 21st 1918
Signature of soldier
W. H. L. 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 28th 1918 Samuel Coy
St John's
Signature of soldier
W. H. L. Capt.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-10-18 No of days on Military Service
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 W. H. L. Capt.
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment
Date DEC 24 1918

CONFIRMATION OF DISCHARGE

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

Place St John's Nfld W. H. L. Capt.
Date January 31 1919
Officer in Charge Records
The Royal Newfoundland Regiment

W. H. L. 20 19/19

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6230 Rank Pte Name Cox Samuel
 Date of Enlistment 3-10-18 Address St. John's District St. John's
 Occupation Librarian Classification for Discharge 13 Medical Category B
 Recommendation S.M.B. See report Disability Rating See report
 Passed to Demobilization Officer with following documents:—

N.F. P36	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	MD 2			" 6	
B 179c	B 120	M 93	1			

Date 19-12-18 W. Kelly Capt
 D. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £ 60 7/6
- (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 *Statham Bay* and Release Certificate No. *516* issued

Date *20-12-18*

RSD Wicks 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*

Attorney Cash
 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.....	<i>1</i>	<i>James</i>
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	<i>2</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 93.....				

Date *24-12-18*

RSD Wicks 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 East 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 *Lee*

Christian Name *Samuel*

Table I.—GENERAL TABLE

Birthplace:—Parish *St Albans*

County *Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	3	Oct		191
at	<i>St John</i>		at	
Declared Age	21	years		days
Trade or Occupation	<i>Lumberman</i>			
Height	5	feet $9\frac{1}{4}$	inches	feet
Weight		139	lbs.	lls.
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		$3\frac{1}{2}$	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/6 b/b</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>Samuel Peterson</i>			
(Rank)	<i>Major</i>		Medical Officer	
Enlisted	at	<i>St John</i>		at
	on	3	day of	Oct
				191
Joined on Enlistment	Corps	<i>Royal Nfld Regt 6230</i>		Regtl. No.
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(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 *Cox Samuel*
Regiment from which discharged *1st. Newfoundland*
Regimental number *6230*
Intended address *St Albans*
Height on discharge *5' 8 1/2"* Feet
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 Albans* *Plk* (Rank) *Plk*
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 Albans* 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

W. L. Cox

Signature of Man,

W. L. Cox Capt

Reg. No. *6230*

Signature of the Vocational Officer or his Representative.

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

Date *20/12/18.* 191

