

C.R.

1800

John T. Tobin was attested for General service
with the NEWFOUNDLAND REGIMENT on August ^{31st} ~~21st~~ 1915
Regimental No 1800 was allotted to Pte. **John T. Tobin**

AUTHORITY:

Record Book,

Dept. of MILITIA,

March 25th, 1919.

C.R. 1800

Extract from Nominal Roll, entrained St. John's for Overseas 27/10/15

#1800 Pte. J. Tobin.

To be used only for Special Reserve Recruits, and for Special Reservists of Regular Army.

MEDICAL HISTORY

Surname *Sobin*

OR
Christian Name *John*

Table 1.—GENERAL TABLE.

Birthplace:—Parish

County *N. Lond.*

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>31</i> day of <i>Aug</i> 191 <i>6</i> at <i>St John N. Lond</i>		on _____ day of _____ 191____ at _____	
Declared Age	<i>19</i> years _____ days		_____ years _____ days	
Trade or Occupation	<i>fisherman</i>		_____	
Height	<i>5</i> feet <i>5 1/4</i> inches		_____ feet _____ inches	
Weight	<i>120</i> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <i>35</i> inches		_____ inches	
	Range of expansion... <i>3</i> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	<i>7-1</i>		_____	
Vision	R. E.—V=	<i>4/5</i>	R. E.—V=	_____
	L. E.—V=	<i>6/9</i>	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 Patterson</i>		_____	
(Rank)	<i>Capt.</i>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St John</i> on <i>31</i> day of <i>Aug</i> 191 <i>6</i>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps. <i>1st N. Lond Regt</i>	Regtl. No. <i>1800</i>	Corps. _____	Regtl. No. _____
Transferred to	_____		_____	
Became non-effective by	<i>Death</i> on <i>1st</i> day of <i>Febry</i> 191 <i>6</i>		on _____ day of _____ 191____	
	<i>W. H. Jones</i> (Signature) <i>Capt. R.M.C.</i> (Rank)		_____	
	<i>S.M.O. Gulesaren</i>		_____	

W. H. Jones

W. H. Jones (Signature)
Capt. R.M.C. (Rank)

S.M.O. Gulesaren

Table II.—Only for admission to hospital or to the sick list in cases of War-time diseases from the quarters.

Status of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions 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
	Day	Month	Year	Day	Month	Year				
Waller Camp	18	1	16	1	3	16	Mucous Broncho- -Pneumonia	15	Specific pneumonia a 6 th day of illness. Death 12/16	W. J. Fox S. M. O. Falls Ave

File.....Date.....No.....

Pensions and Disabilities Board

It must be distinctly understood that the signing of this Form
is no pledge that Pension or Grant can or will be given

APPLICANT.

1. Name. *(Mrs.) Hannah Brooke* Address *Long Cove, Barre, North*
2. Relationship to Soldier or ~~Reservist~~ *Mother* Religion *Catholic*

DESCRIPTION OF SOLDIER OR RESERVEMAN

[Strike out the designation which does not apply]

1. Name in full *John Thomas Tobin* Age *19 yrs.*
2. Birthplace *Long Cove, Barre* Religion *Catholic*
3. Regiment or Ship *1st Newfoundland Regiment*
4. Date and Place of Enlistment *August 1914 St. John's*
5. Latest Casualty Report ~~Killed~~ ~~Missing~~ ~~Died of Wounds~~ Died of Illness

[Strike out references above which do not apply]

6. Where Last Employed before Enlistment *Fishing* Wages
7. Next of Kin *Mother (Widow)*

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES
------------	------	-----	-------------------	-------

[Give names of family, Father, Mother, Brothers, Sisters, etc.]

1	<i>Hannah Brooke</i>	<i>51 yrs.</i>		
2	<i>Thomas Tobin</i>	<i>13 "</i>	<i>Fishing</i>	
3				
4				
5				
6				

70 lbs day a week

Applicant's statement as to means, salary [if any], capacity for earning, and what proportion of Soldier's or Naval Reservist's pay was made over to the Applicant?

I declare that the above statement is correct.

Witness (Res.) *F. J. Ryan* [Signature] *(Mrs.) Hannah X Brooke*
mark

References

[Remarks Over]

NON-EFFECTIVE ACCOUNT

Regiment or corps 2/1st Newfoundland
 No. 1800 Rank Private Name John Thomas Tobin
 Died at Gailles Camp Hospital on the 1st of February 1916.
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

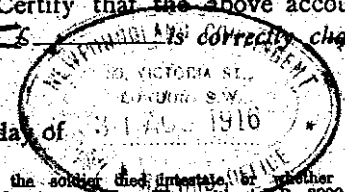
STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month 1st Febr'y.....	1	13	6
	Cash issues (Date of each issue to be stated)				Pay days at from to.....			
	191				Proficiency, Service or good conduct pay			
	"				days at from to.....			
	"				Messing allowance days at			
	"				from to.....			
	Consolidated stoppage.....				Clothing and kit allowance.....			
	Allotment to February				Amount produced by the sale of Necessaries			
	29. 28 da @ 70¢				Personal Clothing and Effects from Form 2... Per Cash from O.C.	2	12	6
	19.60	4	0	7	Amount of Savings Bank balance, including interest (if no balance, to be so stated).			
	Balance due by the Paymaster		5	5	Deferred Pay or Gratuity.....			
		£	4	6	0	Balance due to the Paymaster.....		
						£	4	6
								0

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

Dated at this day of 31st Dec 1915



Signature of J.H. Marshall, Paymaster & Officer in Charge of Public 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 A.F.B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

C.R.
1700

EXTRACT FROM CODE TELEGRAM FROM MAJOR TISEWELL TO
THE HONORABLE THE COLONIAL SECRETARY. DATED
2 FEBRUARY 1918.

DIED MEASELS, STOLAND FEB. 1st.,

1800 TOBIN.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. _____

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

John A. Murphy

Address

Line Number

Rcd

By

John A. Murphy

Check

Dated

February 4, 1916.

To

Mrs. Charles Brake,
Murin North.

Regret to inform you that Record Office, London, today reports No. 1800, Private John Thomas Tobin, died of measles, Scotland, on February first.

J.R. BENNETT,

Colonial Secretary.

NOTE FOR OPERATOR:

This message is not to be forwarded until receiving office advises that message to Father Ryan has been delivered and acted upon.

FOR TYPEWRITER

March 13, 1916.

Dear Madam,

It was with extreme regret that the Government received from the Record Office, London, a telegram intimating that your son, No. 1800, Private John Thomas Tobin, had died of measles in Scotland on the 1st February. Permit me to express to you, on behalf of the Government as well as for myself, the sincerest sympathy in your sorrow. One cannot too deeply mourn the loss of such a brave soldier, but there is consolation in knowing that he did his duty honestly and well and gave his life for the cause of Liberty and the upholding of the Empire. Though he has now laid down his earthly weapons, he has assumed the crown of victory as a soldier who died in the defence of his country. We are proud to have such brave young men and we rejoice also that we have such noble fathers and mothers who so willingly give up their sons when the call of King and Country comes to them. When the fight has been won and the reign of Peace and Truth and Righteousness has again been established upon earth, it will be no small comfort to you to realize that your brave boy did all he could in order to bring this about. His name will be inscribed upon the glorious Roll of Honour and be held in fragrant memory by all his countrymen.

I trust that the comfort of the Great Father of us all may be given to you at this time. With my warmest and fullest sympathy, believe me to be

Your obedient servant,

1800 Tobin
Mrs. Charles Brake,
Durin North.

Deputy Colonial Secretary.

[Substituted for "Particulars required to be registered."]

DEATH-SCOTLAND.

Questions to be answered by the Informant of a DEATH.

[No Penalty is incurred when the Death is registered within 8 days.]

Col. of Regr	QUESTION.	ANSWER.
1	(1.) What is the full Christian name and surname of deceased? (2.) What was the Occupation (if any) of the deceased? State Occupation as precisely as possible. If "Retired," add that word to the occupation stated. (See instruction on other side as to persons in receipt of Army, Navy, Customs or Excise, or Metropolitan Police Pensions, or other payments from these sources.) (3.) Was deceased single, married, or widowed? (If married or widowed, state the full name and occupation of the spouse; also whether deceased was more than once married, and to whom.)	John Tobin 2/1 Newfoundland Regiment (Serge) Fisherman
2	(1.) When did the death occur—year, month, day of month, and hour of death? (2.) Where did the death occur? (The No. of the House as well as the name of the Street, Place, &c., in case of Towns to be stated.) Usual Residence:—If the usual residence was other than the place of death, such should be stated fully. (See instruction on other side)	July 11, 1916 2 H. O. M. A. M. Gables Camp. (Burns Newfoundland) N.R.
3	Was deceased a Male or a Female?	M.
4	How old was the deceased last birthday?	20 yrs
5	(1.) What is the Christian name and surname of deceased's father? (2.) What is, or was, his occupation? (3.) Is he alive?	John Tobin Fisherman Dead
6	(4.) What is the full Christian name and maiden surname of deceased's mother? (5.) Was she married to deceased's father? (6.) Was she more than once married? (If so, state the names of her other husband or husbands.) (7.) Is she alive?	Hanna Tobin nee Brecher. Yes Charles Blake Yes
6	(1.) What was the cause of the deceased's death? (2.) How long did the illness continue? (3.) Was the deceased attended by a Doctor? (If so, state his name and place of residence.)	Bronchial Pneumonia 13 days Thomas Forrest. Major R.A.M.C. Gables Camp.
7	(1.) What is your relationship to the deceased? (2.) Were you present at the death? (3.) Where do you reside?	Yes. Gables Camp Hospital.

To be preserved till Registers are collated by Examiner.

To be preserved till Registers are collated by Examiner.

SIGNATURE OF INFORMANT

R. 26897. H. D. Cairns Corp
13th Coy R.A.M.C.

December 12th, 1917.

Mrs. Annie Brake,

Long Cove, Burin

Dear Madam,-

I enclose herewith cheque for \$32.11, being the balance due you as Administratrix of the Estate of the late Pte. J. T. Tobin. I also enclose letter of Administration.

Yours faithfully,

Capt. & Paymaster

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

The Paymaster & Officer in Charge Records,
St. John's Nfld.

DEAD AND MISSING MEN

Jan. 14th. 1919.

No. 1800
Rank. Pte.

Name. John T. Tobin.

Unit. Royal Nfld. Regt.

Sir:-

I have the honour, by direction,
to advise you that a pension has been awarded
to the Mother of the marginal-
ly noted, as follows:

Name. Mrs. Anna Hannah Brake

Address Long Cove Burin

Pension Dependence

Pension commences 3-3-18.

Kindly govern yourself accordingly,
and advise me what deductions will have to be made.

I have the honour to be,
Sir,
Your obedient servant,

pro. Secretary.

Board of Pension Commissioners
for Nfld.

Form B.P.C./1

April 21, 1920

To: Board of Pension Commissioners for Nfld.
From: The Paymaster

Re No. 1800, John F. Tobin

The amount paid in continuance of the above man's
allotment is \$745.50.

Major
Paymaster

LM.

5/4/1921

Mrs. John Brake
Burn North
Sandy Point
Nfld

Sir

CR 1800

I now take the opportunity to answer
and thank you for the photograph
of my poor son's grave Pte. T. J. John
No. 1800, 2nd Royal Inf'd Regiment
who was buried in G. C. Cemetery
in Scotland which you posted to me
2/2/1921. I don't know how to thank
you but trusting this will find
you I remain truly

J. S. Brake

1921

1921.

The accompanying ~~Victory Medal~~ ~~and~~ British War Medal

is/are forwarded herewith to

Mrs. Charles Brake (Mother)

in respect of his service as No. 1800 Rank Pte.

Name John T. Tobin Royal Nfld. Regt.
~~Nfld. Fusiliers~~

Receipt of the same should be acknowledged hereon.

Received 26th of October (Reg. Package)

Signature Mrs. Char. Brake

Date 26/10/21

Address Bourin North

[P.T.O.]

50

Dept. of Militia,

St. John's.

22/10/1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. 1800 Rank 10
Name John T. Tobin
Royal Newfoundland Regt.

M^{rs} Charles Brake (Sgd.)

Mother Relationship.

Address Lang Cove, Curin North

J. F. L. D. 79

