



# Newfoundland Forestry Companies

## ATTESTATION OF

No. SH114 Name James B Abbott Corps .....

### Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>James B Abbott</u> .....                   |
| 2. What is your full Address? .....  | 2. <u>Sandy Point</u><br><u>St Georges</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                              |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>2</u> Months .....         |
| 5. What is your Trade or Calling? .....  | 5. <u>Sealer</u> .....                           |
| 6. Are you Married? .....  | 6. <u>yes</u> .....                              |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                       | 7. <u>no</u> .....                               |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u> .....                              |
| 9. What is your Religion? .....  | 9. <u>CoF B</u> .....                            |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... | 10. <u>yes</u> .....                             |

Name .....  
Corps .....

I, James B Abbott ..... 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.

James B Abbott ..... SIGNATURE OF RECRUIT.  
Lee Hutchings ..... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James B Abbott ..... 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 as John  
on this 7 day of Nov 1917  
Signature of Attesting Officer Walter JH

### † 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 ..... 1917 .....  
Place ..... } Approving Officer. HO

† 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) .....





# Newfoundland Forestry Companies

## ATTESTATION OF

No. SH114 Name James B Abbott Corps

### Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>James B Abbott</u>                   |
| 2. What is your full Address? .....  | 2. <u>Sandy Point</u><br><u>St Georges</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                              |
| 4. What is your age? .....   | 4. <u>22</u> Years .. <u>2</u> Months      |
| 5. What is your Trade or Calling? .....  | 5. <u>Scaler</u>                           |
| 6. Are you Married? .....  | 6. <u>yes</u>                              |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? }                           | 7. <u>no</u>                               |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                              |
| 9. What is your Religion? .....  | 9. <u>CoP E</u>                            |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... | 10. <u>yes</u> { Name .....                |
|  | { Corps .....                              |

I, James B Abbott 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.

James B Abbott SIGNATURE OF RECRUIT.  
Geo Hutchings Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James B Abbott 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 7 day of Nov 1917

Signature of Attesting Officer Monley JH

### †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 CoP E. If enlisted by special authority, such will be attached to the original attestation.

Date .. 191

Place .....

} Approving Officer.

† 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 James C. Abbott  
 Apparent age 22 years 2 months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches weight 135  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks One Vase scar left arm  
Light Hair Blue Eyes

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Annie Abbott  
Sandy Point St Georges | Relationship wife

### 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)
<u>Annie Watkins</u>	<u>non spinster</u>	<u>Sandy Point</u>	
<u>Spinster</u>	<u>Feb 1917</u>	<u>St Georges</u>	

### 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 Re-serve 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 _____									H B
Joined at _____ on _____									
<u>Recd. St Johns May 7/1918</u>									

Total Service forfeited as above \_\_\_\_\_

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " \_\_\_\_\_ [ " " ] " " "

## Medical Report on an Invalid.

Station Military Hospital, Perth  
Date 8/3/18

- |  |   |
|--|---|
| <p>1. Unit <b>Nfld. Forestry Co.</b></p> <p>2. Regimental No. <b>8414</b></p> <p>3. Rank <b>Private</b></p> <p>4. Name <b>Abbott, James</b></p> <p>5. Age last birthday <b>23</b></p> <p>6. Enlisted <span style="font-size: 2em;">{</span> on <b>7/11/17</b><br/>at <b>St. John's</b></p> | <p>7. Former Trade } <b>Lumberman</b><br/>or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|---|

### 8. Disability in respect of which invaliding is Proposed.

*(Other disabilities should be reported upon in answer to question No. 19).*

**927 - Atrophy of muscles of left leg**

#### Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability. **when 11 years of age (man's statement)**
10. Place of origin of disability. **St. John's, Nfld. (man's statement)**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- He states he had an injury to left foot and ankle, when 11 years of age. The left leg did not develop equal to the right and he has been lame ever since**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- |  |  |
|--|--|
| <p>(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).</p> <p>(b) constitutional or hereditary, and not aggravated by service during the present war.</p> <p>(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &amp;c.</p> | <p><b>Not attributable to or aggravated by service during the present war, climate or ordinary military service</b></p> <p><b>Not constitutional or hereditary but accidental</b></p> <p><b>No</b></p> |
|--|--|

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

**The left leg is much atrophied. There is shortening of limb and partial ankylosis of ankle joint. He is lame and can walk only very short distances without being tired**

14. If the disability is an injury, was it caused—

- (a) In action? **No**  
(b) On field service? **No**  
(c) On duty? **No**  
(d) Off duty? **Yes, in early boyhood**

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?  
(b) Where?  
(c) Opinion?

16. Was an operation performed? If so, what?

**No**

17. If not, was an operation advised and declined?

**No**

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

**None existing**

20. Do you recommend—

- (a) Discharge as permanently unfit, or  
(b) Change to England?

**Discharge as Permanently Unfit for military service of any kind**

**(Sgd) J. W. MEADE, CAPT. R. A. M. C.**

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

~~except~~ **man not in hospital**

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in previous war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war; **No**
- (ii.) Climate; **No**
- (iii.) Ordinary military service; **No**
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or **No**
- (v.) Whether it is constitutional or hereditary. **Accidental**

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent? **Yes**

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

**Nil**

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or **Discharge as Permanently Unfit**
- (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 114 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

**(Sgd) P. MacLELLAN, DEWAR, CAPT. R. A. M. C.** President.

Station **EDINBURGH**

**A. L. MacKINNON, MAJOR**

Date **18/3/18**

**ALEX F. FRASER, CAPT. R. A. M. C.** Members.

Approved.

Station **DO**

**(SGD) P. MacLELLAN, DEWAR, MAJOR, R. A. M. C.**

Administrative Medical Officer.

Date

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

H 6

Forms  
B 121  
39

Number of Sheet First

Regiment of \_\_\_\_\_

Signature of O. C. Company J. R. Goddard capt

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, <del>5</del> <sup>6</sup> <del>4</del> <sup>5</sup> <del>3</del> <sup>4</sup> <del>2</del> <sup>3</sup> <del>1</del> <sup>2</sup> <del>0</del> <sup>1</sup>
No.	<u>6414</u>	Age on	<u>22</u> years <u>2</u> months	<u>Sealer</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns</u> <u>Nov 7/17</u>	Religion	
Joined	Date	Period of	with Colours <u>182</u> years. with Reserve <u>2 1/2</u> years.	Place of Birth <u>Samt Point St George</u>	

COPY SENT TO THE PAY  
O.C. H.Q. :

ST. JOHNS, N.F.L.D.

No. 38, No. Abbott

DATED 25 MAR 1918

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	By whom awarded	REMARKS
<p style="font-size: 2em; font-family: cursive;">Medically unfit St Johns 7 <sup>5</sup>/<sub>18</sub></p>								

To be carried over

Army Form B. 121





**Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.**

No. 8414 Rank Private  
Name (surname first) Abbott James C.  
Regiment Newfoundland Forestry Co.

1. State what special qualifications you have for employment in civil life.

Lumberman



2. State the name and address of your last, or any other employer before enlistment, etc. the nature of employment and how long you were employed?

Ans Coy  
Lumberman Grand Falls Nfld.  
Three years

3. What is the nature and locality of the employment you desire?

light employment  
in Nfld.  
at St Georges Newfoundland

4. What is the name of your Approved Society?

none

5. Have you been employed whilst with the Colours? If so, in what capacity?

Yes Lumberman

HO

Date 8.3.18

(Sgt) James C. Abbott  
Signature

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1918.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

**Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section or W(T) in substitution for a man fit for General Service.**

No. 8414 Rank Private  
 Name (surname first) Abbott, James C.  
 Regiment Newfoundland Forestry Corps

1. State what special qualifications you have for employment in civil life.

Lumberman

COPY SENT TO  
 O.C. H.Q.  
 ST. JOHNS. N.F.L.D.  
 No. Abbott  
 DATED 25 MAR 1918

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

A. N. W. Coy.  
Lumberman Grand Falls, N.F.  
three years.

3. What is the nature and locality of the employment you desire?

light employment  
Lumberman in N.F.L.D.  
(Sealer) at St. John's Newfoundland

4. What is the name of your Approved Society?

none

5. Have you been employed whilst with the Colours? If so, in what capacity?

yes. Lumberman

Date 8-3-18 Signature James C. Abbott

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No.....of 1918.  
 When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

H8

### 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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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.

Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

**A** Name in full **JAMES C. ABBOTT**  
 Regiment from which discharged **NFLD. FORESTRY CORPS**  
 Regimental Number **8414**  
 Where born (Parish, Town and County), and when **ST. GEORGES 16th. SEPT. 1895**  
 Intended address **ST. JOHN'S NFLD.**

Height on discharge **5** Feet **9** Inches  
 Colour of Hair on discharge **BROWN** Colour of Eyes **BLUE**  
 Descriptive marks **NONE** Complexion **FRESH**  
 Figure on discharge **SLIGHT**  
 Christian name of Father **JAMES**  
 Christian name of Mother **HATTIE**  
 Wife's Maiden name in full **ANNIE WATKINS**  
 Date and Place of Marriage **3/2/17 AT NORRIS ARM, NLD.**  
 Christian names of Children **NONE**  
 Nature and locality of civil employment desired **LIGHT EMPLOYMENT AT ST. GEORGES**

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) **(SGD) JAMES ABBOTT**  
 (Rank) **PTE**  
 Station **PERTH** Date **8/3/18**

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.

**(SGD) J. W. MEADE, CAPT. R. AM. C.** Medical Officer i/c Hospital.

Station **DO** Date **DO**

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations		
				Years	Days	
				India		
				S. Africa		
Disallowed ... ..						
Service towards Pension ... ..						
Date inclusive to which pay has been issued				Sum due on account of advance of pension }		
Sums due on account of public debts ...						

Rank on Discharge  
 Character (as on Certificate of discharge)  
 Where born, and on what date  
 Date and Place of first Enlistment  
 Trade on Enlistment  
 Cause of Discharge  
 Number of G.C. Badges  
 Wounds, and Actions in which received

Medals

H/D

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.