



Newfoundland Forestry Companies

ATTESTATION OF

No. 8375 Name James Auchinleck Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>James Auchinleck</u> |
| 2. What is your full Address? | 2. <u>121 Murray Street R.D.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Labourer</u> |
| 6. Are you Married? | 6. <u>no</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>CoFB</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 Auchinleck 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 Auchinleck SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Auchinleck 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 16 day of Oct 1917.

Signature of Attesting Officer J. J. McCreedy Capt

† 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 16 1917

Place St. John's

Signature of Approving Officer J. J. McCreedy Capt

† 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 Auckinleck

Apparent age 19 years — months. Height 5 feet 1 1/2 inches

Chest Measurement { Girth when fully expanded inches
 Range of expansion inches

Distinctive marks One Scar Left arm. Dark hair
Blue Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jane Auckinleck
121 Cherry Meeting Rd. Relationship Mother

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	Rgt. 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 _____									
Joined at _____ on _____									
<div style="font-size: 2em; font-family: cursive; margin-bottom: 10px;"> Discharged At Home June 11/1918 </div>									
Total? Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " " " " " " " " " " " "									

Extract from Preliminary Report received from the Director
of Medical Services, ^{Depot} Lt. Colonel Commanding, St. John's, dated
May 15, 1918.

#8375 Pte. J. Auckenleck.

Did not present himself.

SECOND BOARD

Form Z179 N.M.D.

Report of Medical Board.

Station	St. John's, Nfld.	Date	May 28th., 1918
No. and Rank	8375 - Pte.	Age	18 Height 5'5½"
Name	AUCKENLECK JAMES	Complexion	Fair
Unit	Royal Nfld.	Eyes	Grey Hair Dark Brown
Address	120 Merrymeeting Road		
Former Trade	Mason		
Enlisted at	St. John's	On	Nov. 1917
Disease or Disability	Original	RHEUMATISM	

(The Board will please note how the soldier's appearance corresponds with above description.)

Subsequent

Present Condition (Compare with previous Board)

Was sent TO CONVALESCENT HOSPITAL. SAYS DID NOT LIKE THE HOSPITAL SO LEFT AND WENT HOME. DOING NOTHING SINCE.

WAS DRIVING SWEDLINS (?) HORSE BEFORE ENLISTMENT WHEN HORSE TOOK FRIGHT, KNOCKED HIM DOWN ON PAVEMENT AND HE HURT HIS LEFT LEG. DID NOT SAY ANYTHING ABOUT THIS AT THE TIME OF ENLISTMENT

Has he been employed, and by whom?

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present? **DUE TO MILITARY SERVICE NIL AS NOT DUE TO MILITARY SERVICE 49%**

Recommendation of Medical Board **DISCHARGE AS PERMANENTLY UNFIT**

Members of Board

(SGD) N. S. FRASER
ARCH TAIT for J. S. TAIT
J. G. DUNCAN for L. PATERSON, Major

Approving Medical Officer

(SGD) CLUNY MACPHERSON, Major
D. M. S. NEWFOUNDLAND.





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, Nfld.,*
Date *Feby. 22nd., 1918*

1. Unit *1st. Newfoundland*
2. Regimental No. *8375*
3. Rank. *Private* at *St. John's, Nfld.*
4. Name. *Auchenlock, James*
5. Age last birthday. *18*
6. Enlisted on *November 1917*
7. Former trade or occupation *Mason*
8. Disability

RHEUMATISM

9. History *He sailed for Overseas by "Florizel" Jan. 29th., 1918 and states he developed Rheumatism on boat He was held over at Halifax and sent back to Headquarters.*

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.)

He complains of pains in left hip and thigh. Also complains of pain in knee on walking. Tenderness on pressure over hip joint. He walks with a limp

11. Was sanatorium operation advised and refused?

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

Signature (sgd) E...W...BURDEN.....

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.

NOT 16 YEARS OF AGE YET. LEFT HIP SHOWS STIFFNESS AT JOINT,
OBLITERATION OF GLUTEAL FOLD AND TENDERNESS IN JOINT
(SYMPTOMS OF HIP-JOINT DISEASE)

ADMITTED N. & M. CONVALESCENT HOSPITAL MAY 8th., 1918

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— Total while in Hospital

16. Is the disability permanent? **No**

17. Has the disability been aggravated by (a) Intemperance. **No** (b) Misconduct. **No**

18. The refusal of operation is:— (a) Reasonable.
sanatorium (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

~~General Hospital,~~
 Naval and Military Con-
 valescent Hospital, **Yes**
~~Olsen Tuberculosis Camp.~~

with X-Ray photo left hip-joint

20. We recommend discharge from the Army
retention in

Remarks if any:—

(Sgd) N. S. FRASER
President
J. S. TAIT
Signatures. L. PATERSON, Major

Place St. John's, Nfld.,
Date February 26th., 1918

APPROVED



Station
Date

(Sgd) CLUNY MACPHERSON Major
Administrative Medical Officer.



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 *Auckenbear James*

Regiment from which discharged *1st. Newfoundland*

Regimental number *8375*

Intended address *120 Merry meeting Rd St Johns*

Height on discharge *5* Feet *5 1/2* in

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eye: *Grey*

Descriptive Marks *none*

Figure on discharge *medium*

Christian name of Father *Alexander*

Christian name of Mother *Jane*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth. *St Johns Feb 15 1900*

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) *James Auckenbear* ^{his} *lieut* (Rank)

Station *St Johns* ^{mark} *at House* Date *Feb 18/18*

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.

Sto Burden
Medical Officer i/c Hospital,
Unit, or Command Depot.

Station *St Johns N.* Date *Feb 18/18*