



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8402 Name George Best Corps .....

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>George Best</u> .....                    |
| 2. What is your full Address? .....  | 2. <u>65 Power St</u><br><u>St Johns</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                            |
| 4. What is your age? .....   | 4. <u>57</u> Years <u>5</u> Months .....       |
| 5. What is your Trade or Calling? .....  | 5. <u>Carpenter &amp; Cooper</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>S.A.</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, George Best 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.

George Best SIGNATURE OF RECRUIT.  
G. H. Ellis Signature of Witness.

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

I, ....., 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 Johns on this 27 day of Oct 1917.

Signature of Attesting Officer J. J. Olanoff

### 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 27 1917 Place Depot St Johns

Signature of Approving Officer J. J. Olanoff

† 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:—(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 George Best  
 Apparent age 37 years 5 months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches Weight 112  
                                 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Gray Hair Blue eyes Scar on  
left leg scar over left right eye one nose scar  
left arm

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Eliza Best  
65 power st | Relationship Wife  
st

#### 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.

<u>Eliza Mahony</u> <u>spinster</u>	<u>Carlson</u> <u>1882</u>	<u>65 power st</u>	(d)
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#### Particulars as to Children

Christian Names	Sex	Date and Place of Birth
<u>Semuel</u>	<u>Male</u>	<u>Carlson 1885</u>
<u>Althebert</u>	"	<u>" 1887</u>
<u>Gilbert</u>	"	<u>" 1889</u>
<u>Seebert</u>	"	<u>" 1891</u>
<u>Jouheer</u>	"	<u>" 1900</u>
<u>May</u>	<u>Female</u>	<u>" 1893</u>

### 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	
<u>Rifles</u> <u>Maund</u>			<u>Male</u> <u>Female</u>					<u>1905</u> <u>190</u>
Service towards limited engagement reckons from _____								<u>1903</u>
Joined at _____ on _____								
<u>Discharged to John's Dec 17/1918</u>								
Total Service forfeited as above.....								

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

Medical Report on an Invalid.

Station Stuyvesant Club.  
Date 2-10-18

- 1. Unit 1st Fresh Br.
- 2. Regimental No. 8402
- 3. Rank Pte.
- 4. Name BEST George.
- 5. Age last birthday 58 yrs.
- 6. Enlisted { on 29 Oct. 1917  
at St John's N.Y.
- 7. Former Trade or Occupation } Carpenter & Carpenter.
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge. } See

8. Disability in respect of which invaliding is Proposed.  
(Other disabilities should be reported upon in answer to question No. 19).

Arteriosclerosis

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. About Sept 1918.
- 10. Place of origin of disability. New York Scotland.
- 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 that he has been suffering from Pains in back neck back, with headache during cold and damp weather; becoming all right during fine weather. During last month he has been working two days and 1/2 three days alternately.
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
(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).  
Aggravated by strain of military service conditions.  
partly constitutional
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

COPIES SENT		
To	No.	DATE
M. OF M.	18249/186	11/18/18
O.C. 1st BNF		
" 2ND BNF		

Well mounted: teeth bad.  
Thickened arteries, heart sounds weak  
but pure. Engorged veins in back  
and neck. Feet swollen. His  
age is 58 yrs.

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.

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

na.

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

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

na.

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

na.

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

na.

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?

Decayed Teeth.

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.

na.

20. Do you recommend—

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

Docting as permanent unfit for military service  
W. H. [Signature] 7  
Capt. [Signature]

Officer in medical charge of case.

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

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.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
39

Number of Sheets *First*

Regiment of

*Rifles Forestry Company*

Signature of O. C. Company

*W. B. Kelly*

Regimental No. and Name	
No.	<i>George Best</i>
<i>8402</i>	
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment		Trade
Age on	<i>57</i> years <i>5</i> months	<i>Carpenter &amp; Cooper</i>
Place and Date of Enlistment	<i>St John's Oct 2/17</i>	Religion <i>S.A.</i>
Period of	with Colours <i>15 1/2</i> years.	Place of Birth <i>St Anthony</i>
	with Reserve <i>36 1/2</i> years.	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Medically unfit St John's 17 <sup>12</sup>/<sub>18</sub></i>									

To be carried over.

COPIES SENT		
To	No.	DATE
M. or M.	<i>102</i>	<i>11/18</i>
O.C. 1st Bn.		
2nd Bn.		

Army Form B. 121



## 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 **BEST, GEORGE**

Regiment from which discharged *1st. Newfoundland*

Regimental number **8402**

Intended address **65, Gower St., City.**

Height on discharge **5 Feet 6 $\frac{1}{4}$  in.**

Color of hair on discharge **Grey**

Complexion **Fair**

Color of eyes **Blue**

Descriptive Marks **Scar on leg left.**

Figure on discharge **Medium**

Christian name of Father

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children **Samuel, Ethelbert, Gilbert, Subert, Humbert, Egbert, May, Violet, Maude.**

Place and date of soldier's birth. **St. Anthony. May 24th 1860.**

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) (Sgd) **GEORGE BEST**

**PTE** (Rank)

Station **St. John's** Date **Dec. 2nd '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) **ARCH TAIT**  
Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station **St. John's** Date **Dec. 2nd 1918.**

# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>8402</u>	Army Rank <u>Pte</u>
Name <u>Brst George</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland Forestry Corps</u> Battalion, Battery, Company, Depot, &c. _____ <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>December 17<sup>th</sup> 1918</u>	
Place of discharge <u>St John's, Nfld.</u>	
<b>1. Description at the time of discharge.</b>	
Age <u>58</u> years <u>7 1/2</u> months Height <u>5</u> feet <u>7 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>blue</u> Hair <u>gray</u> Trade _____ Intended place of residence <u>65 Gower St</u> (To be given as fully as practicable) <u>St John's, Nfld.</u>	Descriptive marks.
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>being no longer</u> <u>physically fit for active service.</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :—	
4. Character awarded in accordance with King's Regulations :—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

Sillblom. P. 209/11

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

{ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John \_\_\_\_\_ Geo Bert (Signature of Soldier.)

(Date) 23/12/18 \_\_\_\_\_ W Westing Sgt (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " ..

Total ... .. " ..

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

Signature \_\_\_\_\_

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.



RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

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No Reservations

Geo Bent

~~Witness~~ W. Keohay Sgt.