



Newfoundland Forestry Companies

ATTESTATION OF

No. 8220 Name William Brickard

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>William Brickard</u> |
| 2. What is your full Address? | 2. <u>32 plank Rd</u>
<u>St John's</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>2</u> Months |
| 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>R C</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, William Brickard 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.

William B. Brickard SIGNATURE OF RECRUIT.
G. H. Ellis Signature of Witness.

E 2/6/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, William Brickard 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 2nd day of June, 1917
Signature of Attesting Officer Robbuewan Major

†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.....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 William Bickard
 Apparent age 18 years 2 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded _____ inches weight 142
 Range of expansion _____ inches
 Distinctive marks Light Brown Hair Gray eyes
scar on left side of face

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Bickard
31 Plank Rd | Relationship Father
St Johns 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 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 _____									
Joined at _____ on _____									
<u>Discharged St Johns Dec. 14/1918</u>									
Total Service forfeited as above.....									

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

JUNE 4th., 1920.

THIRD BOARD

Form Z179 N.M.D.

Report of Medical Board.

Station	St. John's, Nfld.	Date	DECEMBER 18th., 1919.	
No. and Rank	8230 PRIVATE	Age	19	Height
Name	CRICKARD WILLIAM	Complexion	PALE	
Unit	Royal Newfoundland	Eyes	BLUE	Hair DARK BROWN
Address	32 PLANK ROAD			
Former Trade	SADDLER			
Enlisted at	On	(The Board will please note how the soldier's appearance corresponds with above description).		
Disease or Disability	Original	VALVULAR DISEASE OF THE HEART. MITRAL.		

Subsequent

Present Condition (Compare with previous Board)

WEIGHT 126 LBS. PULSE 84. MURMUR STILL PRESENT. PULSE NOT MUCH QUICKENED BY EXERTION (GOOD COMPENSATION)

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

40%

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

20% for 6 months

Recommendation of Medical Board

Members of Board

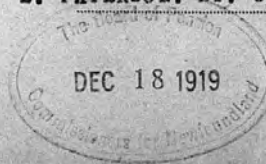
(SGD) N. S. FRASER

(SGD) CLUNY MACPHERSON. LT. COL.

J. B. O'REILLY. CAPT.

L. PATERSON. LT. COL.

Approving Medical Officer.



To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Brickard OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>2nd</u> day of <u>June</u> 191 <u>7</u>		on _____ day of _____ 191	
	at <u>St. John's</u>		at _____	
Declared Age	<u>18</u> years		_____ years	_____ days
Trade or Occupation	_____		_____	_____
Height	<u>5</u> feet <u>11 1/2</u> inches	_____	_____ feet	_____ inches
Weight	<u>112</u> lbs.		_____ lbs.	_____ lbs.
Chest Measurement	Girth when fully expanded		_____ inches	_____ inches
	Range of Expansion		_____ inches	_____ inches
Physical Development	_____		_____	_____
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	_____
Vision	R. E.—V=		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)	<u>L. M. St. John</u>		_____	_____
(Rank)	<u>major</u>		_____	_____
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>2nd</u> day of <u>June</u> 191 <u>7</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Infantry Co. 8820.</u>		_____	_____
Became non-effective by	_____		_____	_____
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	

Squadron, Troop, Battery and Company Conduct Sheet.

Forms
B 121
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Number of Sheet 1

Regiment of 17th Forestry Company

Signature of O. C. Company A. A. Co. Capt.

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>B 220 Wm. Brickard</u>	Age on	<u>18</u> years <u>2</u> months	<u>Labourer</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<u>R.C.</u>	
Joined		Date	Period of	Place of Birth	
Joined		Date			with Colours <u>106</u> years.

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
<u>Bankfield Station</u>	<u>25/10/17</u>	<u>Pte.</u>		<u>Absent for defaulting Call</u>	<u>1st Station</u>	<u>7 days C. B.</u>	<u>2/1/17</u>	<u>Wg. C. H. Hiden's file #</u>	
				<u>Rectivally Unfit</u>	<u>14</u>	<u>12</u>	<u>10</u>		

To be carried over

COPIES SENT		
To	No.	DATE
M. of M.	<u>1824/156</u>	<u>11/17/17</u>
O.C. 1st En.		
2nd En.		

ARMY FORM B 121

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 invalided, 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 pre-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.

**Rapid action of heart. Weight 124½
Pale and thin. Pulse 110. Heart
sounds weak. Systolic murmur at apex**

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

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

Yes

See Sect. 13

(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? **No**

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

6 months

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.

40% for 6 months

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

27. Do the Board recommend—

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

Yes

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

No

- (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. 1275 of 1917, is any surgical appliance recommended?

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

Signatures:—

(Sgd) N. S. FRASER

President.

Station St. John's,

J. S. TAIT

Date Nov. 30th 1918

L. PATERSON, Major

Members.

APPROVED BY MEDICAL SERVICES

Station NOV 30 1918

(Sgd) CLUNY MACPHERSON, Major

Administrative Medical Officer.

Date No.

D. M. S. NEWFOUNDLAND.

NEWFOUNDLAND.