



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 5301 Name Peter Duke Corps

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Peter Duke</u>               |
| 2. What is your full Address? .....  | 2. <u>49 Cabot St</u>              |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>3</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, Peter Duke 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.

Peter Duke SIGNATURE OF RECRUIT.  
George J. R. Goodyear Signature of Witness.

2/4/17

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

I, Peter Duke 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 .....

on this 6 day of Aug 1917  
 Signature of Attesting Officer J. R. Goodyear 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 ..... 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 Peter Duke  
 Apparent age 18 years 9 months. Height 5 feet 5 inches

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

Distinctive marks Dark Brown Hair Brown eyes

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick Duke  
48 Cabot St | Relationship Father  
St John 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 _____									
<u>Discharged.</u>		<u>St John.</u>		<u>Oct. 12/1917</u>					
Total Service forfeited as above.....									

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

COPY

N.M.D. Form B 179



## 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 C. C. C. Armoury  
Date Sept. 22nd. 1917.

- |                                  |   |
|----------------------------------|---|
| 1. Unit <u>1st. Newfoundland</u> | 5. Age last birthday <u>18</u>                |
| 2. Regimental No. <u>8301</u>    | 6. Enlisted on <u>August 6th., 1917.</u>      |
| 3. Rank. <u>Private</u>          | at <u>St. John's, Nfld.</u>                   |
| 4. Name. <u>Duke, Peter</u>      | 7. Former trade or occupation <u>Labourer</u> |

### 8. Disability

DEBILITY (?)

### 9. History

This man enlisted on August 6th. last but has never been up to Duty - always complaining of weakness and continually absent from Duty, but it has been noticed that he is seldom at home and is a continual street walker. His debility appears to be from poor diet and not sufficient rest.

10. What is his present condition?

Debility

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

11. Was sanatorium advised and refused?  
operation

12. Do you recommend discharge as permanently unfit?

Signature (Sgd) J...S...TAIT.....

Rank or Qualification .....

Remarks if any by Officer in Hospital.

Place ..... Signature .....

Date ..... Rank .....



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- (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 CCC Armoys  
 Date Sept. 21. 1917

1. Unit 1st. Newfoundland
2. Regimental No. 8301
3. Rank. Private
4. Name. Duke, Peter,
5. Age last birthday. 18
6. Enlisted on Aug 6th 1917  
at St John's
7. Former trade or occupation Labourer
8. Disability Debility (?)

9. History This man enlisted on Aug. 6th. Last but has never been up to duty - always complaining of weakness and continually absent from duty. But it has been noticed that is seldom at home and is a continual street walker his debility appears to be from poor diet and not sufficient rest.



10. What is his present condition?

*debutly*

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

11. Was sanatorium advised and refused? *no*  
operation

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

Signature

*J. Anderson*

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:—

*poor physique with general debility -  
weight 108 1/2 lbs with time off*

14. 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:—

*nil*

15. Is the disability permanent? ✓

16. Has the disability been aggravated by

- (a) Intemperance. ✓
- (b) Misconduct.

17. The refusal of operation  
sanatorium is:—

- (a) Reasonable. ✓
- (b) Unreasonable.

Remarks if any:—

18. We recommend discharge from  
retention in the Army

*permanently unfit*

Remarks if any:—

*W. G. Han*

Signatures.

..... President  
.....  
..... *Chas. Macpherson, Major*

Place

*St. John's*

Date

*Sep. 22/17*

APPROVED

Station

Date



*Chas. Macpherson*  
Administrative Medical Officer. *Major*





## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
59Number of Sheet *first*Regiment of *1st Field Forestry Companies*Signature of O. C. Company *J. R. Goodyear*

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay _____
No.	<i>peter duke</i>	Age on	<i>17</i> years <i>5</i> months	<i>labourer</i>	
Joined _____ Date _____		Place and Date of Enlistment	<i>St Johns</i> <i>4/20/17</i>	Religion	
Joined _____ Date _____		Period of	with Colours	<i>66</i> years	
Joined _____ Date _____			with Reserve	<i>36 1/2</i> years.	Place of Birth <i>St Johns</i>

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 Johns 12<sup>10</sup>/<sub>17</sub></i>					

To be carried over

Army Form B. 121