

# Newfoundland Forestry Company

## ATTESTATION OF

No. 8406 Name Charles G. Hann Corps .....

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Charles G. Hann</u> .....          |
| 2. What is your full Address? .....  | 2. <u>Bay Roberts</u> .....              |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>26</u> Years <u>3</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Edgecutter</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>Method</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 .....                              |

Charles G. Hann 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.

Charles G. Hann SIGNATURE OF RECRUIT.  
James J. Wang Signature of Witness.

E 17/10/17

Charles G. Hann 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 Bay Roberts on this 18th day of Oct 1917.  
 Signature of Attesting Officer H. J. Stogrood S.M.

### †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 24/17 1917  
 Place Detpt 3rd Bn } Approving Officer. J. J. [Signature]

† 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) .....





## 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 N.F.L.D.**

Date ..... **MARCH 12th., 1919**

- |                   |                           |                               |                          |
|-------------------|---------------------------|-------------------------------|--------------------------|
| 1. Unit           | <i>Royal Newfoundland</i> | 5. Age last birthday          | <b>29</b>                |
| 2. Regimental No. | <b>8406</b>               | 6. Enlisted on                | <b>17TH OCTOBER 1917</b> |
| 3. Rank           | <b>PRIVATE</b>            | at                            | <b>GRAND FALLS</b>       |
| 4. Name           | <b>HANN GRESLEY</b>       | 7. Former trade or occupation | <b>EDGERMAN</b>          |
|                   |                           | 8. Disability                 |                          |

#### **INJURY LEFT SIDE**

#### 9. History

**WITH FORESTRY BATT. IN SCOTLAND DECEMBER 6, 1917 to Jan. 1919. WAS NOT IN HOSPITAL WHILST WITH BATTALION BUT TREATED ON SICK PARADES FOR INJURY TO SIDE. FELL ON A LOG AND DEVISED SIDE. SIDE PAINTED WITH IODINE ONLY**

10. What is his present condition?

**COMPLAINS OF PAIN LEFT SIDE AND TENDERNESS  
ON PRESSURE**

(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

**NO**

12. Do you recommend discharge as permanently unfit?

**YES**

Signature **(SGD) A. C. TAYLOR**.....

Rank or Qualification **FOR M.O. DEPT**.....

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 **MAY** 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.

**YES. NOTHING IN LUNGS. PULSE 104. HAS TENDERNESS IN INTERCOSTAL SPACE**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- 10%**
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
- (State in percentage.) **10% for 3 months**

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperence (b) Misconduct
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,  
Jensen Tuberculosis Camp.
20. We recommend discharge from the Army  
retention in.

Remarks if any:—

**(SGD) H. S. FRASER**  
.....  
President

**J. S. TAIT**  
Signatures.....

**L. PATERSON. MAJOR**  
.....

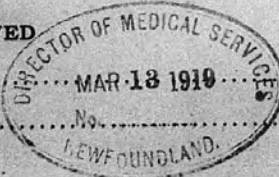
Place **ST. JOHN'S**.....

Date **MARCH 13th., 1919**.....

APPROVED

Station **DEPARTMENT OF MEDICAL SERVICES**  
**MAR 18 1919**.....

Date **No.**.....



**(SGD) CLUNY MACPHERSON. MAJOR**  
.....  
Administrative Medical Officer





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 8406 Rank Pfc Name Charles G. Hann  
 Date of Enlistment 17-10-17 Address Bay Roberts District H. Grace  
 Occupation Lumberman Classification for Discharge B Medical Category F  
 Recommendation S.M.B. permanently unfit Disability Rating 10% 3 months  
 Passed to Demobilization Officer with following documents:—

N.F. F36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915		do 2nd	" 3	3
B 179	2 D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	E 103	ME 2			7C 6	1
B 179c	B 120	M 93				

Date 15-3-19

*H News H*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

*Charles G. Hann*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied *Joseph A. Snow*

Date 15-3-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. K 76 57 766 to his home  
 at Grand Falls and Release Certificate No. 1538 issued.

Date 15-3-19

R. J. Sait Capt.  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to .....

Date 15-3-19

R. J. Sait  
 Depot Paymaster.

Discharge approved for 16. 3. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
F 178a	D 400A	B 1915		do 2nd	" 3	1
B 179	D 400B	Form L		do 3rd	" 4	1
B 179a	D 400C	Form K		do 4th	" 5	1
B 179b	B 103	ME 2	2		" 6	1
B 179c	B 120	M 93				

Date 15-3-19

R. J. Sait Capt.  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date MAR 16 1919

R. J. Sait Capt.  
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date March 21 1919

R. J. Sait  
 O. C. Discharge Depot.



## 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 **CHESLEY HANN.**

Regiment from which discharged *Royal Newfoundland*

Regimental number **8406.**

Intended address **BAY ROBERTS.**

Height on discharge **5 Feet 7**

Color of hair on discharge **BLACK**

Complexion **FAIR**

Color of eyes **BROWN**

Descriptive Marks

Figure on discharge **MEDIUM**

Christian name of Father **JOSIAH**

Christian name of Mother **MARY**

Wife's maiden name in full **MARTHA**

Date and place of marriage **GRAND FALLS MARCH 1ST. 1910.**

Christian names of children **ETTIE, DORCAS, MARY, IDW.**

Place and date of soldier's birth **LEWISPORTE 1890. JULY 18TH.**

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) CHESLEY HANN.**

(Rank) **PTE.**

Station **ST. JOHN'S.** Date **10/3/19.**

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.

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

Station

Date

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8496 Rank Pte Name Hann Chesley G.

Intended place of residence Grand Falls

2. Occupation Paper maker

Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of **DEMOBILIZATION!**

### Eligible for War Service Gratuity

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

Place .....

Date MAR 15 1919 *H. Munsie*  
Commanding Discharge Depot  
The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S *Charles G. Hann*

15-3-19

Signature of soldier

*Joseph A. Broughton*  
Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S *Charles G. Hann*

15-3-19

Signature of soldier

*E. Wilcox Sgt.*  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 17-10-17

Discharged from service 16-3-19 plus 14 days

No of days on Military Service 530

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S *R. H. Sait Capt*

Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment

Date MAR 16 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place *A. Jones Tgd*

Officer i/c Records

Date March 30/1919 *M. Bowley Capt*  
The Royal Newfoundland Regiment

*203207 9/1537*

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