



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8270 Name Ralph Harvey Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Ralph Harvey</u> .....             |
| 2. What is your full Address? .....  | 2. <u>Innovations St.</u> .....          |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>1</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Lumberman</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>S. 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, Ralph Harvey 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.

Ralph Harvey SIGNATURE OF RECRUIT.  
James S. Waugh Signature of Witness.

6/13/17

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

I, Ralph Harvey 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 S. Falls on this 14 day of July 1917

Signature of Attesting Officer McEwen 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 ..... 1917  
 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 Ralph Harvey  
 Apparent age 18 years 1 months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 36 1/2 inches (Weight) 130  
 Range of expansion 1 1/2 inches

Distinctive marks Brown Hair - Blue Eyes - Complexion fair  
Scars above left Elbow Behind

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Alexander Harvey  
Invicta St | Relationship Brother

### 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>At Johns.</u>		<u>Mar. 22<sup>nd</sup> 1918</u>					
Total Service forfeited as above.....									

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

N.M.D. Form 88.

# The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

No. ....

All communications should be addressed to the  
DIRECTOR OF MEDICAL SERVICES,  
DEPARTMENT OF MILITIA, NFLD.

St. John's, Newfoundland.

September 19th., 1919.

To:— I. LeDrew, Esq., M. D.,  
Twillingate.

From:—The Board of Pension Commissioners for Newfoundland,  
St. John's, Newfoundland.

Sir:—

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

Name

8270, Pte. R. Harvey

You will find a form on which to record your examinations on pages 2 and 3.

Address

Wester n Head  
via Meretens Hr.

Pensioner will be notified to appear before you on whatever date you will find convenient.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar (\$1.00)~~ for each Doctor for each examination.

(\$3.00)

I have the honour to be,  
Sir,  
Your obedient servant,

THE SECRETARY  
BOARD OF PENSION COMMISSIONERS FOR NFLD

DIRECTOR OF MEDICAL SERVICES

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age..... 21 ..... Height..... 5' 6" ..... Colour of Eyes..... GREY  
Complexion..... PALE ..... COLOUR OF HAIR:..... DARK ..... Marks of Identification

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on JUNE 22<sup>nd</sup> 1919 and other necessary information, follows:—

Condition of Pensioner:—

**ANAEMIC. PULSE 88. NO ALBUMEN. ACCENTUATION OF SECOND SOUND AT BASE OF HEART. ACCOMPANIMENTS OVER BASES OF LUNGS ON COUGHING.**

**DISABILITY:     D E B I L I T Y**

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

**PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED**

MEDICAL REPORT

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2?
(2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

CONDITION OF PENSIONER OCTOBER 3RD, 1919.,

PULSE SITTING 60. STANDING 72. TEMPERATURE NORMAL. APPETITE GOOD. BODY WELL NOURISHED. GENERAL HEALTH GOOD. COUGH HAS ENTIRELY DISAPPEARED AND LUNGS HEALED AND ACTING NORMALLY. SOME ACCENTUATION OF SECOND SOUND VOICE. HE HAS SPENT ONE MONTH WORKING AS A LABOURER IN CANABA BAY AND FEELS NONE THE WORSE. PENSIONER HAS A HEALTHY APPEARANCE NOW.

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?

DIMINISHED 75%

- (4) Will it materially increase or diminish? ... DIMINISH

- (5) Is the disability permanent? ... NO

- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated in percentages)

10%

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

(State in percentage.)

10%

- (8) Would treatment reduce the pensioner's disability or increase his comfort?

NO

- (9) If so, is pensioner willing to accept such treatment, and when? If not, why?

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place ... President

Date ...

Members

Pensioner's Signature ..... **RALPH HARVEY** .....

Signature of Witness ..... **I. S. LEDREW.** .....

CONTINUATION

APPROVED FOR **10%/SIX MONTHS/ NIL** (B.P.C. LETTER  
(17/11/19(

**CLUNY MACPHERSON. LT/COL.**



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination?..... **NO** .....
- 8 (b) If so, is he receiving the additional allowance? .....
- 9 (a) Has a child been born to pensioner since last medical re-examination?.....
- 9 (b) If so, is he receiving the additional allowance? .....
- 10 If pensioner was married, has his wife died since last medical re-examination?  
.....
- 11 Have any of pensioner's children died since last medical re-examination?  
.....

Place **TWILLINGATE** .....

..... **I. S. LEDREW.** ..... **M. B.** .....

Medical Examiner.

Date **OCTOBER 3RD, 1919.** .....

## 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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

**A** Name in full . **HARVEY R.**  
 Regiment from which discharged **NFLD. FORESTRY COMPANYS**  
 Regimental Number **8270**  
 Where born (Parish, Town and County), and when  
 Intended address  
  
 Height on discharge **5** Feet **6** Inches  
 Colour of Hair on discharge **DARK** Colour of Eyes **GREY**  
 Descriptive marks Complexion **PALE**  
 Figure on discharge **FAIR**  
 Christian name of Father **DEAD**  
 Christian name of Mother **DEAD**  
 Wife's Maiden name in full  
 Date and Place of Marriage  
 Christian names of Children  
 Nature and locality of civil employment desired **LUMBERMAN & FISHERMAN**

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) R. HARVEY** (Rank) **PTE**  
 Station **PERTH WA# MIL. HOSPITAL** Date **NOV. 30th., 1917**

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) CAPT. R. A. M. C.** Medical Officer i/c Hospital.

Station \_\_\_\_\_ Date **30/10/17**

	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
<b>B</b> Period of Service and in what Corps ...				India S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account } of advance of pension }					
Sums due on account of public debts ...						

Rank on Discharge  
 Character (as on Certificate of discharge)  
 Where born, and on what date  
 Date and Place of first Enlistment  
 Trade on Enlistment  
 Cause of Discharge  
 Number of G.C. Badges  
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.