CHARLES



Newfoundland Forestry Companies

ATTESTATION OF

No. 3262 Name Hows Host Corps
Questions to be put to the Recruit before Enlistment.
1. What is your name? I Hams Hull
2. What is your full Address?
3. Are you a British Subject? 3
4. What is your age?
5. What is your Trade or Calling? 5 booker.
6. Are you Married? 6. 70.
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vac-
9. What is your Religion? 9
10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies?
made by me to the above questions are true, and that I am willing to fulfil the engagements made. SIGNATURE OF RECRUIT OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in du 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 question 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 enter
on this
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the
quired forms appear to have been complied with. I accordingly approve, and appoint him to the :
It enlisted by special authority, such will be attached to the original attestation.
Date
Place
† 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.

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).....

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name	H	tani	s Hil	e i				E		
Apparen	t age	27.	ears	9. mont	hs.	He	ight.		5 . i	eet // inches
Chest Me		Gir	th when fu	lly expand	ed		inch	es		(15 ble.)
Distincti	ve mar	ks	Bro	m H	ai,	egr	ay	جي	جع	
		11	IFORMA	TION S	UPPLIE	D BY	RE	CRU	ΙΤ	
Name an	d Addr	ess of next	of kin	Zha	ma	Hi	u		10	
53	m	sto	neeten.	Particula	Relatio	nship	3	at	tre	
	(a) Christ		ne of Woman to	whom marrie		spinster or	widow	. (b) P		date of marriage.
	(a)			(b)		(4)	TO SERVICE			(d)
				Particula	ars as to C	hildren				
	Chr	istian Names					1	Date	and Pla	ce of Birth
Corps in	Rgt. or		Reductions,	Army Rank	OF THE	SERVIC		Service in Re- serve not allow- ed to reckon to- wards G. C. Pay		Signature of Officers certifying correctness of
winch served	Depot	Casuai	ties, &c.			Years	Days	Years	Days	entries
Service tow	ards limit	ed engagemen	nt reckons from		9, 10					
Joined at		anvantana avaita	on			-				
	30-361	*						3		
		W 1		+ 5 15 15 15			1			
NO WES							301	W		
								1075 E (- 1	34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			ν			8 8 8		TO SEL		
						on Estate				
				t.				mileya Soyaki		
To	otal Service	ce forfeited as	above			•				
	towards E	ingagement to_			[date of disc	harge]		ars.	dayı	
-	" Pe	nsions "		3 300000		. ,				



Newfoundland Forestry Companies

ATTESTATION OF

No. 82 62 Name Ho	mis Hill Corps
Questions to be p	out to the Recruit before Enlistment.
I. What is your name?	
2. What is your full Address?	2 55 Monymeeting Rd
3. Are you a British Subject?	3. Yes.
4. What is your age?	4 2.7. Years 9 Months
5. What is your Trade or Calling?	5 bosher
6. Are you Married?	6. No.
7. Have you ever served in any Branch of jesty's Forces, naval or military, if so,*	
8. Are you willing to be vaccinated or cinated?	re-vac-} 8
9. What is your Religion?	9. R.C.
10. Are you willing to serve upon the coas embodied in this roll of service as an Forestry Companies?	oplied to 10. 14.7
NA man A MM . III	Mutting J. Ellis
bear true allegiance to His Majesty King Georg	e the Fifth, His Heirs and Successors, and that I will, as in duty, His Heirs and Successors, in the United Kingdom, according to the con-
CERTIFICATE OF	MAGISTRATE OR ATTESTING OFFICER.
The Recruit above named was cautioned be would be liable to be punished as provided it	by me that if he made any false answer to any of the above questions in the Army Act.
- The above questions were then read to t	he Recruit in my presence.
	question, and that his answer to each question has been duly entered
on this day of	signed the declaration and taken the oath before me at St. John1917 Attesting Officer
†CERTIFIC	CATE OF APPROVING OFFICER.
I certify that this Attestation of the above	e-named Recruit is correct, and properly filled up, and that the re- th. I accordingly approve, and appoint him to the:
Date191	Approxing Officer
Place	Approving Officer.
† The signature of the Approving ‡ Here insert the "Corps" for which	Officer is to be affixed in the presence of the Recruit.
* If so, Recruit is to be asked the particular	ars 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).....on the (Date)



Newfoundland Forestry Companies

ATTESTATION OF

Questions to	o be put to the Recr	uit before Enlis	tment.	
1. What is your name?		Hami	Hill	
		55 m	enymeeti	ng. Rd
2. What is your full Address?		St	Johns.	0
3. Are you a British Subject?		yes.		
. What is your age?		2.7. Years	9 Month	s
. What is your Trade or Calling?		box	per	
i. Are you Married?		no.	<i>!</i>	
7. Have you ever served in any Bra jesty's Forces, naval or military,	nch of His Ma)	70	1	
3. Are you willing to be vaccina cinated?	ted or re-vac- } 8	ze	.	
p. What is your Religion?	9	R.		
Are you willing to serve upon as embodied in this roll of servic Forestry Companies?	e as applied to 10. 1	100.	i	
I Harris Hill ade by me to the above questions are	Marry 30	Hing to fulfil the of	Signature of	of RECRUIT
E 9/1/2 OATH TO OA	Mutting TAKEN BY RECRU	TON ATTESTAT	Signature of TON. e oath, that I will sers, and that I will	OF RECRUI' Witness. be faithful ar
OATH TO I Harris OATH TO OATH TO I Harris OATH TO OATH TO I Harris OATH TO I Harris OATH TO OATH TO OATH TO I Harris OATH TO OATH TO OATH TO I Harris OATH TO OATH TO OATH TO OATH TO OATH TO I Harris OATH TO OAT	Marting Matting Taken by recru g deorge the Fifth, His Majesty, His Heirs and S ATE OF MAGISTRATE OF	TON ATTESTATE ATTESTANG OFF	SIGNATURE SIGNAT	OF RECRUIT
OATH TO I Warner OATH TO I True allegiance to His Majesty Kin ound, honestly and faithfully serve His itions of my service. CERTIFICA The Recruit above named was cau e would be liable to be punished as pr	Marting Majesty, His Heirs and S ATE OF MAGISTRATE OF titioned by me that if he covided in the Army Act.	TON ATTESTAT do mak Heirs and Success uccessors, in the Unit ATTESTING OFF made any false an	SIGNATURE SIGNAT	OF RECRUIT
OATH TO I. Control of the service. CERTIFICA The Recruit above named was cause would be liable to be punished as property of the service. I have taken care that he understated the service of the service of the service.	TAKEN BY RECRU G George the Fifth, His Majesty, His Heirs and S ATE OF MAGISTRATE OF Litioned by me that if he rovided in the Army Act. ead to the Recruit in my ands each question, and the	TON ATTESTATdo mak Heirs and Success uccessors, in the Unit ATTESTING OFF made any false an presence. hat his answer to e	Signature of TON. e oath, that I will ores, and that I will lited Kingdom, according to the swer to any of the ach question has be	OF RECRUIT
car true allegiance to His Majesty Kin bund, honestly and faithfully serve His litions of my service. CERTIFICA The Recruit above named was cause would be liable to be punished as property. The above questions were then really in this and the said recruit has replied to, and the said recruit has replied to th	g deorge the Fifth, His Majesty, His Heirs and S ATE OF MAGISTRATE OF tioned by me that if he royided in the Army Act. ead to the Recruit in my ands each question, and the made and signed the deck	TON ATTESTATE ATTESTATE ATTESTING OFF made any false and presence. ATTESTING OFF made any false and presence. That his answer to exact the analysis of the angle of the angl	Signature of TON. e oath, that I will ores, and that I will lited Kingdom, according to the swer to any of the ach question has be	OF RECRUIT
OATH TO I. VACUATION I. VACUATION I. VACUATION I. VACUATION I. VACUATION OMATH TO I. VACUATION CERTIFICA The Recruit above named was cause would be liable to be punished as property. The above questions were then real to the punished as property of the punished as property. The above questions were then real to the punished as property of the punished as	TAKEN BY RECRU g George the Fifth, His Majesty, His Heirs and S ATE OF MAGISTRATE OF Litioned by me that if he rovided in the Army Act. ead to the Recruit in my ands each question, and the litinade and signed the declar 1917 nature of Attesting Officer	TON ATTESTAT	Signature of TON. e oath, that I will ores, and that I will lited Kingdom, according to the swer to any of the ach question has be	OF RECRUIT
OATH TO I. Warner OATH TO CERTIFICA The Recruit above named was cau e would be liable to be punished as pr The above questions were then r I have taken care that he understa s replied to, and the said recruit has r n this	TAKEN BY RECRU G George the Fifth, His Majesty, His Heirs and S ATE OF MAGISTRATE OF ATE of MAGISTRATE in my ands each question, and the made and signed the declar 1917 nature of Attesting Officer ERTIFICATE OF APPRO	TON ATTESTAT	Signature of PION. e oath, that I will ors, and that I will ors, and that I will ore. FICER. swer to any of the ach question has be the oath before me	of RECRUIT Witness. be faithful an ill, as in dut ding to the con above question en duly entere at At Jul
OATH TO I. Control of the Majesty Kin ound, honestly and faithfully serve His itions of my service. CERTIFICA The Recruit above named was cau e would be liable to be punished as pr The above questions were then r I have taken care that he understa s replied to, and the said recruit has r in this	TAKEN BY RECRU g George the Fifth, His Majesty, His Heirs and S ATE OF MAGISTRATE OF ATHORN ACT. ead to the Recruit in my ands each question, and the made and signed the declar 1917 nature of Attesting Officer ERTIFICATE OF APPRO the above-named Recruit	TON ATTESTAT ATTESTAT A TELLIA IT ON ATTESTAT A THE STATE ATTESTING OFF made any false an presence. hat his answer to exact his answer to	Signature of PION. e oath, that I will sors, and that I will sort, and the I will sort,	Witness. be faithful an all, as in dut ding to the contabove question above question at lateral at
OATH TO I VALUE OF THE STATE O	TAKEN BY RECRU g George the Fifth, His Majesty, His Heirs and S ATE OF MAGISTRATE OF ATHORN ACT. ead to the Recruit in my ands each question, and to made and signed the declar acture of Attesting Officer ERTIFICATE OF APPRO the above-named Recruit plied with. I accordingly	TON ATTESTAT AT	Signature of PION. e oath, that I will sors, and that I will little Kingdom, according to any of the sach question has be the oath before me poperly filled up, arount him to the;	OF RECRUIT Witness. be faithful ar ill, as in dut ding to the con above question en duly entere at Att Jack
OATH TO I. A CONTINUE OF THE BOTTON OF THE	g deorge the Fifth, His Majesty, His Heirs and S ATE OF MAGISTRATE OF attoned by me that if he roylded in the Army Act. sead to the Recruit in my ands each question, and the made and signed the declaration of the control of the show-named Recruit piled with. I accordingly the will be attached to the	TON ATTESTAT AT	Signature of Signature of Pion. e oath, that I will bors, and the same of the same	Witness. be faithful an all, as in dut ding to the contabove question above question at lateral at
OATH TO I CONTINUE OF THE PROPERTY OF THE PRO	TAKEN BY RECRU g deorge the Fifth, His Majesty, His Heirs and S ATE OF MAGISTRATE OF ATE of MAGISTRATE of tioned by me that if he evided in the Army Act. ead to the Recruit in my ands each question, and ti made and signed the declar mature of Attesting Officer ERTIFICATE OF APPRO the above-named Recruit piled with. I accordingly th will be attached to the	TON ATTESTATE do make Heirs and Successors, in the United Successors,	SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FOR SIGNATURE FOR SIGNATURE FOR SIGNATURE FOR SIGNATURE SIGNATURE FOR	OF RECRUIT Witness. be faithful ar ill, as in dut ding to the con above question en duly enters at St. G.

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet.

pparent age			Α,			
	27 years	9 mont	hs.	Height	5.	feet // inche
	Girth when i	fully expand	ed	inch	es	(15 bles.)
hest Measureme	ent Range of ex	pansion	j	nches		
istinctive mark	· Bro	wn H	ain.	egray	Eye.	
			,	0, 0	đ	
	INFORM	ATION S	IIDDI IED	DV DE	CRIUT	
Jame and Addres	ss of next of kin					
	nymeeta		Relation			
9	+00	Q	rs as to Ma			West of
(a) Christian	and Surname of Woman	to whom marrie	d, and whether st	inster or widow	. (b) Place an	d date of marriage.
(a)	(a) Pre	(b)	1 Initials of Office	cer verifying ent	ry.	(d)
						Typigen St.
		Particula	ars as to Ch	ildren		
Christ	ian Names				Date and Pl	ace of Birth
Corps in Rgt. or	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	SERVIC Service not al- lowed to reckon for fixing the rate of pension	Service in Re- serve not allow- ed to reckon to- wards G. C. Pay	fying correctness of
men served Depot	Casualites, &C.			Years Days	Years Days	entries
ervice towards limited	d engagement reckons fr	om				
pined at	on					
	10	1.		0.000 NO.040	CONTRACTOR OF THE PARTY	
0.	16.11		1 1			
riched.	Holis	May	7/1918			
riched.	Holis	May	7/1918			
riched.		May	7/1918			
riched	Holis	May	7/1918	1		30 5
1.9		May	7/1918	i i		A2 - \$
1.9		May	7/1918			
1.9		May	7/1918			
1.9		May	7/1918			
		May	7/1918			
	forfeited as above	May	7/1918			

H. Hill C.R. 8262 1480

MBLAND CORT



Proceedings on Discharge.

Corps Rewfound and Freshy Company. Corps Resultery, Company, Deyot, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.) Date of discharge Place of discharge 1. Description at the time of discharge. Age	No. 8262 Army Rank	Private
Corps Heursburdand Irrestry Company, Dayot, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Anny, is should be so stated.) Date of discharge Date of discharge Place of discharge Place of discharge Description at the time of discharge. Age	Titule	
It attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated. Date of discharge Place of discharge	0. 1. 0. 1. 6.	thy Companies
Place of discharge 1. Description at the time of discharge. Age	Battalion, Battery, Company, Devôt, &c. (If attached to the Regular Establishment of the Special Reserve Staff of the Army, it	or Permanent Staff of the Territorial Force, &c., or to General should be so stated.)
Age	Date of discharge May, 7	14 1918
Age	Place of discharge	olivis, Ufla
Simple September 1998 3. Military character:— 4. Character awarded in accordance with King's Regulations:— 5. Character awarded in accordance with King's Regulations:— 6. Character awarded in accordance with King's Regulations:— 7. Character awarded in accordance with King's Regulations:— 8. Character a	Age years months Height 5 feet inches Chest girth when fully expanded ins. measure range of expansion ins. Complexion 1844 Eyes 1844 Hair 1844 Trade 200 feet Intended place of residence (To be given as fully as practicable) (The measurements and description should be carefully taken home from abroad for discharge, the age and intended place of reconfirms the discharge at home.) 2. The above-named man is discharged in consequents.	Descriptive marks. Seat. Seff loc on the day the man leaves his unit, but in the case of men sent sidence should be left blank to be filled in by the Officer who
Simple September 1998 3. Military character:— 4. Character awarded in accordance with King's Regulations:— 5. Character awarded in accordance with King's Regulations:— 6. Character awarded in accordance with King's Regulations:— 7. Character awarded in accordance with King's Regulations:— 8. Character a	- for far	
Simple September 1998 3. Military character:— 4. Character awarded in accordance with King's Regulations:— 5. Character awarded in accordance with King's Regulations:— 6. Character awarded in accordance with King's Regulations:— 7. Character awarded in accordance with King's Regulations:— 8. Character a		
4. Character awarded in accordance with King's Regulations:— The property 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.	(The cause of discharge must be worded as prescribed in the certificate. If discharged by superior authority, the No. and date	King's Regulations and be identical with that on the discharge of the letter to be quoted.)
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.	8. Military character:-	
Initials of Commanding Officer.	9	Regulations:—
Initials of Commanding Officer.	de soldier qu	
Initials of Commanding Officer.	g g	
	Certified that the above is an accurate copy of the characte was aw	r given by me on Army Form B. 2067* and that Army Form D. 489 arded in this case.
Army Form B. 2088 has been issued to		Initials of Commanding Officer.
	Army Form B. 2088 has been issued to	

8. He is in possession of the following number of G.O. badg's (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
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) 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) Whus If the Starting Fill (Signature of Soldier.)
(Date) May 7 219/8 (Die) Stiglature of Witness.)
(When a soldief 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)
Further service ,, ,, (the date of confirmation of discharge) ,, ,,
Total " "
11. Confirmation of discharge.
The discharge of the abeve-named man is hereby confirmed for (date)
(Place)
(Date)
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.

i

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.)

11.12-

Proceedings on Discharge.

(When forwarded	for confirmation the documents named on page 4 should be enclosed.)
No. 8262	4. Army Rank Trivate
Name (The name must agree	Control of the strictly with that on enlistment, unless changed subsequently by authority.)
Corps Alew Battalion, Battery, Com (If attached to the Regular	pany, Deyôt, &c. Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff, of the Army, it should be so stated.)
Date of discharge_	
Place of discharge_	
Chest girth when measurement range of exception Eyes Blurd Trade Intended place of residence (To be given as fully as practicable) (The measurements and the measurements are the measurements and the measurements and the measurements are the measurements and the measurements and the measurements are the measurements are the measurements and the measurements are the measurements are the measurements and the measurements are	COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. ST. JOHNS, N.F.L.D. DATED MAR 1918 description should be carefully taken on the day the man leaves his unit, but in the case of men sent urge, the age and intended place of residence should be left blank to be filled in by the Officer who
(The cause of discharge	e must be worded as prescribed in the King's Regulations and be identical with that on the discharge superior authority, the No. and date of the letter to be quoted.)
(8. Military charac	ster:—
oe filled in on the soldier quitting the C	re is an accurate copy of the character given by me on Army Form B, 2067* and that Army Form D, 489
1	was awarded in this case. Initials of Commanding Officer.
Army Form B, 2088 has	
	Forms * Strike out if not applicable

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Superintendent,

Central Army Pension Issue Office,

33, Baker Street, London, W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has this day been approved. (The discharge will be confirmed for a date 14 days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname ### , Christ	ian names Ha (in fall)	vus
Regt. No. and Rank 8262 Ptc Regt. o	r Corps N.F.A.D.	Foresty logo
His address on discharge will be # Jon	his N.F.L.D	
The Soldier states that*	N.	allowance is
being issued in respect of him. *Insert "separation," "dependants," "family," of	r ''no,'' as the case may be. Th	space must not be left blank.
Station		
Date		t of Board (Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

(Approving Officer).

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria M. London 8. W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has this day been approved. (The discharge will be confirmed for a date 14-days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surn	ame Hill	, Ch	ristian names (in full)	Harris	
Regt. No. and	Rank 8262	Pt Reg	t. or Corps N. 5. F. this should be stated	L.E. Fourty	logs
His address o	on discharge wil	l be	ohno N.F	٠, ۵.۷	
This informa- tion is for the Central Army Pension Issue Office only.	peing issued in r		y," or "no," as the case n	nay be. The space mu	_allowance is
Army Form	D. 400A. and		B. 179 for the herewith.	above-named	Soldier are
Station					
Date				resident of Bo	ard

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and O of each set are not in identical terms.

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

Officer i/c Hospital N.F.L.D. Foresty logs The inapplication be struck O.C. Command Depot To O.C. (Soldier's Unit) (as the case may be) - see A.C.I. 1623 of 1916. The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has this day been approved. (The discharge will be confirmed for a date 14 days after the date on this notification, see A.C.I. 1623 of 1916.) Soldier's surname #W _, Christian names__ Havres (in full) Regt. No. and Rank & 262 Pto Regt. or Corps N. F. L. D. Freet (If T.F. this should be stated.) # Johns N.F.L.D His address on discharge will be____ This informa-tion is for the Central Army Pension Issue The Soldier states that* allowance is being issued in respect of him. ffice only. • Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank. (For O.C. Command Depot.)—You are requested to forward the Soldier's Field Conduct Sheet (Army Form B. 122) to the Officer i/c Records, without delay. (For O.C. Unit)—You are requested to forward the Soldier's duplicate Attestation with all documents pertaining thereto, to the Officer i/c Records, without delay. Station President of Board Date. (Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in dentical terms.

Medical Report on an Invalid.

Military War Hospital, Perth Station_ 8/3/18 Date

Nfld. Forestry Co. Unit

8262 Regimental No.

Private 3. Rank

Hill, Harris 4. Name

5. Age last birthday

6. Enlisted on

John's, Nfld.

7. Former Trade Cooper or Occupation J

7A. If with previous service in Army, state-

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

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

NO. 329 VARISE (BOTH LEGS AND BOTH THIGHS)

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 decuments. He will also carefully distinguish cases entirely due to venercal disease.

In 1916 (man's statement) 9. Date of origin of disability.

St. John's (Man's statement) 10. Place of origin of disability.

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 suffered from varicose veins before enlisting, and they have got worse since. His B170 shows that he was in Perth War Hospital from 11/9/17 to 25/12/17 and was operated on for varicose veins

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 condi-tion to which it is attributed should be stated, see Notes on page 3).

(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, eg, intemperance, misconduct, &c. Aggravated by ordinary military service

Constitutional and aggravated by ordinary Military service

No

His veins are not now very prominent as the result of the operation. He suffers from loss of feeling and loss of power 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. of legs. He is very easily tired 14. If the disability is an injury, was it (a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so-(a) When? (b) Where? (c) Opinion? Was an operation performed? If so, Yes, for excision of veins what? 17. If not, was an operation advised and declined? 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? Give particulars of any other disabilities existing, but not in themselves sufficient He is generally debilitated, not attribuable to or aggravated by service during the to cause invaliding, and state whether they are attributable to or have been present war aggravated by service during the present war. 20. Do you recommend-(a) Discharge as permanently unfit, or Discharge as permanently unfit for (b) Change to England? military service of any kind-(Sgd) J. W. MEADE, CAPT. R.A.M.C. Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except † not in hospital Officer in charge of Hospital. Date_

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, (λ) 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.

- 1. (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, eq., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
 - (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?
- 24. If not permanent, how soon do the Board Six months recommend re-examination?
- 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.

- 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?
- 28. If discharge is recommended it should be stated whether further medical treat-ment (including orthopædic training) is desirable in a-
 - (a) Sanatorium;
 - (b) Hospital;
 - (c) Convalescent home;
 - (d) Asylum; or
 - (e) Other institution either as an inpatient or an out-patient, and if so the period for which recommended.
- 29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

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

Constitutional

Yes, by labour service

Less than 20%

Discharge as Permanently Unfit

Signatures :-	Sign	atures	:
---------------	------	--------	---

(Sgd) P. MacLillan DEWAR, Major R. A. M. C.

Edinburgh Station. 18/3/18 Date

A. S. Mackinnon, Major ALEX F. FRASER, CAPT. R. A. M. C. Members.

Approved.

DO (SHD) P. MacLILLAN DEWAR, MAJOR, R. M. M. C. Station_ Administrative Medical Officer.

Date

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 the lilty, 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 1/a 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, Chalces converting in the description subsequent to the date of admission to pension should be noted in and interest.

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

Name in full - HARRIS HILL

Regiment from which discharged NFLD. FORESTRY CO.

Regimental Number 8262

Where born (Parish, Town and County), and when ST. JOHN'S 1889

Intended address ST. JOHN'S NFLD.

11 Height on discharge Feet Inches

Colour of Hair on discharge DARK BROWN Colour of Eyes BLUE FRESH

Descriptive marks SCAR LEFT TOE

Figure on discharge SLIM

Christian name of Father THOMAS

Christian name of Mother AMELIA

Wife's Maiden name in full

Date and Place of Marriage

Christian names of Children

Nature and locality of civil employment desired CLERK, ST. JOHN'S

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) HARRIS HILL

(Rank)

Complexion

Station PERTH

Date 8/3/18 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.

Medical Officer i'c

(SGD) J. W. MEADE, CAPT.R.A.M.C. Hospital.

Station Date DO All Service Abroad with Stations Regiment Years Days B Period of Service and in what Corps ... India S. Africa Disallowed Service towards Pension

Dateinclusiveto, which pay has been issued

Sums due on account of public debts ...

Sum due on account of advance of pension j

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

Medals

Wounds, and Actions in which received

Other distinguishing marks

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

Station Date.

Officer in Charge Records.

OVE

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178 $^{\rm A}$ to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname HILL	Chri	stran Name	HARRIS	RESERVED AND DESCRIPTION OF THE PERSON OF TH	
TABLE I.—General Birthplace (Parish 55 Mer		TABLE III. Vaccination for Field or engagement Issue of Su	.—Boards; i, Inoculat r Foreign t, or Pro	Courts of ions, etc.; Ex Service, Ext longation of pliances; Par	Enquiry, aminations ension, Re- f Service; rticulars of
County		Dental Tres	atment, et	c.	
Ju Son Sday of Ju	191 ,	Date	Bri	ef details, and Signa	iture
Examined (at St.	John's	12/7/17	Vacc.	L. P.	
Declared Age 27 years	days.				
Trade or Occupation Cooper		W			•
Height 5 feet	11 inches.				
Weight .	156 _{1ъв.}				v i e el o
(Girth when fully)	inches.				
Measurement Range of Expansion				T.	
Physical Development			-		3
(ArmRi					
Vaccination Marks Number					
When Vaccinated					
Vision { R.E.—V =	14				,
(L.E.—V =					· ·
(a) Marks indicating congenital pec	diarities or previous				
disease—	0				
					
			<u> </u>		
(b) Slight defects but not sufficient to	cause rejection—				
Hammer toe					
Slight deafness					i
Approved by (Sgd) L. PATE	RSON				
Rank	WA TOD				
Rans	Medical Officer.	4			F
(at St. John's			DT 11 TT	a m .	
Enlisted on 9 day of	July 7	-		Service Tab	
(on day of	July 191 /	Station or	Troopship	or embarkation	Date of departure or disembarkation
Corps	Regtl. No.				
Joined on NFLD. FORESTR	y 8262				
Transferred					
to /				The same	
D	A security of the property				
Became non-effective by					
on day of					
(Signature)					
(Rank)					
					•

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of	Admitted to Hospital		Admitted to Hospital			Admitted to Hospital		charged f Hospital	rom	Discase	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, tmaffers, &c., will be given in the precial syphilic sace sheet.	. Signature of
Hospital	Day	Month	Year	Day Month Year		Year		Hospital	out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer			
War Hosp., Perth	11	9	17	25	12	17	Varicose Veins	75	Complete excision. Caphen of the dorsum of	ERIC ROBERTSON			
4						4		0%-4	foot healed	R. M. O.			
	E.												
						ļ							
•										1 .			
		-											
										*			
			-						•				
Marie 1								4	- A- (A-	1 4 5 1			
•									3.0				
									* }				
					1								
•				1.			12:						
							1.			18			
					10.5								
		1=-	1		1								



Report of Medical Board.

Station

St. John's, Mild.

Date April 23rd., 1918

No. and Rank

8262 - Private

. 28

Name

Hill, Harris

Complexion Tre

Unit

Mfld. Forestry Co.

Eyes Blue

Hair Dark Brown

Height 5'11"

Address

55 Merrymeeting Road

Former Trade

Cooper

(The Board will please note how the soldier's appearance corresponds with above description.)

Enlisted at

St. John's On 9/7/17

Disease or Disability Original NO. 329 VARI (BOTH LEGS AND BOTH THIGHS)

Subsequent

Present Condition (Compare with previous Board)

LONG SCAR ALONG LINE OF THE VEIN IN BOTH LEGS. SOUNDLY HEALED. NO VARICOSE VEINS NOW VISIBLE

Has he been employed, and by whom?

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?

LESS THAN 20%

Recommendation of Medical Board DISCHARGE AS PERMANENTLY UNFIT

Members of Board

(SGD) N. S. FRASER

J. S. TAIT

L. PATERSON, Major

Approving Medical Officer

(SGD) CLUNY MACPHERSON, Major D. M. S. NEWFOUNDLAND. APR 23 1918 E.

onguide

This man is being branded according to insuchure for ments of meetra 91 holas Army Form B. 179.

Medical Report on an Invalid.

Station militing Thompeter Pall
Date 8.3.18.

- 1. Unit NALD FOR Coy.
- 2. Regimental No. 8262
- 3. Rank Broke
- 4. Name HILL , HARRIS.
- 5. Age last birthday 28
- 6. Enlisted on 9.7. 17 at St this number deared
- 7. Former Trade Cooper
- 7A. If with previous service in Army, state-
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

V.A

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

20.329. Varies [lothlegs + loth Mighs

COPY SENT TO O.C. H,Q, ST. JOHNS, N.F.L.D,

Statement of Case.

Note.—The answers to the following questions are to be filled in by the filer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and the medical documents. He will also carefully distinguish cases entirely due to renereal disease.

9. Date of origin of disability. In 1916 (mans statumed)

10. Place of origin of disability.

St. John's (main's statures)

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Heglatos that he retrict from various veins before and string, and they have gut worse ruice this 13.1785 hours that he was his 13.1785 hours that he was his Path than thoughout from 11.9.17 to 25.12.17 and was opened on for the various beins.

- 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 a tributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (e) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

(4) aggranated by overing military service

(by constructional and aggrowed by offing

(C) m.

		veins are not now very promined a Mis new
		the Morahim. He suffers from loss of &
	eight should be given in all cases when it is likely to afford evidence of the progress of the disability.	and ens of bour of legs. It is very ear
	the disability is an injury, was it used—	,
(a) In action?.	\ N.A
(b) On field service?	> N.A
	c) On duty?	
(d) Off duty?	
	as a Court of Inquiry held on the jury?	,
If	so—(a) When?	(NS A
	(b) Where?	N. A
	(c) Opinion?	
	as an operation performed? If so, nat?	425 , for of receiving veris
, Ma	\.	
	not, was an operation advised and dined?	N.A.
los	t case of loss or decay of teeth. Is the ss of teeth the result of wounds, jury or disease, directly* attributable active service?	h a.
	ve particulars of any other disabilities isting, but not in themselves sufficient	He is generally debilitated.
to	cause invaliding, and state whether ey are attributable to or have been	Same I table to an analysis to
	gravated by service during the present	Such attichelable to or approved by Survey diving the present was
16,	25	
		, , , , , , , , , , , ,
0. D	o you recommend— (a) Discharge as permanently unfit, or	prochange as bornon only while for
	(6) Change to England !	million pomer fang nud
	Jun.	Jameade Caps Rhue
		Officer in medical charge of case.
wec p	I have satisfied myself of the	general accuracy of this report, and concur therewith
Let's		
Statio	on	
		Officer in charge of Hospital.
Date_		

Nº

218





Newfoundland Forestry Companies.

ALLOTMENTS

of ident concerne	ity of, and prod	Dollars and Successive Identification of the relative Identification of the policy in the control of the control of the policy in the control of the co	ersons, such payment to be ma ty Certificates by the Person	de on proof
Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person)
572 Mother	Amelia Hill	55 Menymeeting Boad It Johns	60	
			Total Allotment, \$	100
	signed by the Office required payments	r Commanding Company and har on application.	ing Company, signed by the Volumented to the Paymaster as authority	to make the

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

		B. 121 39			•	Regiment of N	led Forest	try Cos.		Signature of O. C. Company	of Sheet
•	4	No. Solution No. Joined Joined Joined Joined	Warri Dat Dat Dat Dat	s He	W.	Place and Date of Enlistment 19/7/17	Frade Roof Letv Religion R.C. Place of Birth	Good Conduct Badges, Serv	C	OPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D.	
		Place	Date of Offence	Rank	Cases of drunk- eness	OFFENCE	Names of Witnesses	Punishment awarded	award or of order disciplant	DED 35 MAD 10	REMARKS
		Dundeld	4418	Ht.		Leglect of back	compalor	24 houndetention	1/18	Capt MA Ross	
			' -		-		1		<u></u>	· Adj.	
						Leclically Clufit	Si Shinis	17.			
						Comments they					19
									-		
							· · ·				
				-)							
						15 5 5 5 5 5 5 5	+				
	1			- 50							
						To be carried over				5	

Army Form W. 3296.

Statement of Accounts 10 . July 5. W. No. 8212 Rank Private Name Sice \$6 MAR 198 Company, etc. B. Newfoundeana Foresty Ours.

From 16" March 1918 to 26 March 1918 (dates). udy Pay 10 1 9 110. 11 day allot 6. \$ \$ 6 1 11 dy hier aller 10 10 2 9 mirallaneous Stoffage Carnac Pay Balance from keine Créditor Balance Debtor Balance Total £ Total £ Certified correct. Station Dunkerd Date 24, March 1918

10228/29./Records./HA-JC. (1008) Wt. 12893/M1408. 6,000m. 2/17. J. W. Ltd.. O. (E828.) Army Form C. 848. · Forms PAYMASTER & OFFICER IC RIMEMORANDUM. NEWFOUNDEAND CONTING From Vice From, VICTORIA STREET, LONDON, S.W. 1. ENGLAND, To Versa To Officer Commanding, Nfld Forestry Companies Dunkeld, N.B. ANSWER Dunkeld Pay & Record Office, 6 bes. 4th October, 1917 8262 Hill. 8262, Hill. The above noted man isal presen Following extract of War Hospital Serth, telegram received from Hon. Minister of Militia, please guffering from Vancose Veins. Swill, "Relatives are enquiring "8262 Hill instruct him write him visation "to write-" lim to write home. Managor landy # 2 mderson Z **经基础的**企业发现 A & RECE Chied Paymaster & 0.1/c Records 10. 5741 See cable 939/48 Min Mulitia 10 1917 - 8 OCT 1917

Station

Date

.

Officer in Charge

Records.

[OVER.

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 subseque					
Name in full Harris Hill					trala de
Regiment from which discharged	FINE	resty le	y's		
Regimental Number 8262			/		
	~ 51 5		. 0	, ,	
Intended address & Johns	County	suther-	Sr jo	has herefound	and
	Feet #	Inch			- 1
Colour of Hair on discharge	Lear-leg	le Toe.	Colour o	f Eyes Blue.	
Christian name of Father Thom	es			5	
Christian name of Mother	lia .			3	
Wife's Maiden name in full	- west	t	00.00000		
Date and Place of Marriage -		phor	ann	creable	
Christian names of Children	mens. De	ines	clear	e, Sr Johns,	
		/	000.0	, - 6 ,	
I declare that I am the soldier referre are, to the best of my knowledge, correct.	***	nd that all	the particu	nlars contained in the above	Statement
(Soldier's Signature in full) A arris	fell	200	0	· to	
		(Ran	6) Por	vace	
Station Resth)		Date	8/3/	18	
I certify that the above-named soldier	er signed the	foregoing	declaration	in my presence, and that	the above
description and details are, to the best of my	y knowledge,	correct.	93	Summer Cay of	1. Officer 2/0
2.00				meare	al Officer i/c
Station per military Hos	futas	14	Date 8	3.18	Par Par
Station •			Date D	3 / 0	
	no to a				- Dame
D : 1 (G : 1: 1: 1: C	Regiment	Years		Service Abroad with Stations Year	rs Days
Period of Service and in what Corps	Regiment	Years	Days Al	Service Abroad with Stations Yes	rs Days
Period of Service and in what Corps	Regiment	Years	Days Al	I Service Abroad with Stations Year COPY SENT TO O.C. HQ.	
Period of Service and in what Corps	Regiment	Years	Days Al	Service Abroad with Stations Yes	
	Regiment	Years	Days Al	India COPY SENT TO O.C. HQ. S. Arice T. JOHNS N.	
Period of Service and in what Corps Disallowed	Regiment	Years	Days Al	I Service Abroad with Stations Year COPY SENT TO O.C. HQ.	
	Regiment	Years	Days Al	India COPY SENT TO O.C. HQ. S. Arice T. JOHNS N.	
Disallowed Service towards Pension		Years	Days Al	India COPY SENT TO O.C. H.Q. S. Arrics T. JOHNS N.	
Disallowed Service towards Pension Date inclusive to which pay has been issued		Years	Days Al	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. MAR. DATED . \$5. MAR.	
Disallowed Service towards Pension		Years	Days Al	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive to which pay has been issued Sums due on account of public debts		Years	Days Al	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive towhich pay has been issued Sums due on account of public debts Rank on Discharge		Years	Days Al	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive to which pay has been issued Sums due on account of public debts Rank on Discharge Character (as on Certificate of discharge)		Years	Days Al	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive to which pay has been issued Sums due on account of public debts Rank on Discharge Character (as on Certificate of dischar Where born, and on what date		Years	Days Al	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive to which pay has been issued Sums due on account of public debts Rank on Discharge Character (as on Certificate of dischar Where born, and on what date Date and Place of first Enlistment		Years	Days Al	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive to which pay has been issued Sums due on account of public debts Rank on Discharge Character (as on Certificate of dischar Where born, and on what date Date and Place of first Enlistment Trade on Enlistment		Years	Days Al	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive to which pay has been issued Sums due on account of public debts Rank on Discharge Character (as on Certificate of dischar Where born, and on what date Date and Place of first Enlistment Trade on Enlistment Cause of Discharge			Sum du of advar	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive to which pay has been issued Sums due on account of public debts Rank on Discharge Character (as on Certificate of dischar Where born, and on what date Date and Place of first Enlistment Trade on Enlistment Cause of Discharge Number of G.C. Badges	 	Meda	Sum du of advar	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive to which pay has been issued Sums due on account of public debts Rank on Discharge Character (as on Certificate of dischar Where born, and on what date Date and Place of first Enlistment Trade on Enlistment Cause of Discharge	 		Sum du of advar	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive to which pay has been issued Sums due on account of public debts Rank on Discharge Character (as on Certificate of dischar Where born, and on what date Date and Place of first Enlistment Trade on Enlistment Cause of Discharge Number of G.C. Badges	 		Sum du of advar	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed	 		Sum du of advar	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed Service towards Pension Date inclusive to which pay has been issued Sums due on account of public debts Rank on Discharge Character (as on Certificate of dischar Where born, and on what date Date and Place of first Enlistment Trade on Enlistment Cause of Discharge Number of G.C. Badges	 		Sum du of advar	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Arrice T. JOHNS N. N.F.P.38. No. 16 DATED 25.MAR.	
Disallowed	 rge)	Meda	Sum du of advar	I Service Abroad with Stations Yes COPY SENT TO O.C. H.Q. S. Africs T. JOHNS N. DATED . \$5. MAR. Lee on account ace of Pension }	F.L.D.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 8262	Rank	Private
Name (surname first) Hill Harris		
Regiment N. F. L. D. Foresty lay's		

1. State what special qualifications you have for employment in civil life.

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.

DATED 25. MAR 1918

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

2 Cooper 3 7 months

3. What is the nature and locality of the employment you desire?

Elerh # Johns N.F.L.D.

4. What is the name of your Approved Society?

none

5. Have you been employed whilst with the Colours? If so, in what capacity?

yes as a fruster

Date_ 8/3/18

Signature Harris Hell

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Nº 218



Newfoundland Forestry Companies.

ALLOTMENTS

concerne	d. viz. :	July 9 ta/12		Certificates by the Person	or Persons
	Whether Wife, Child, other Relative or Friend	Name (in full)		Address	AMOUNT (each person)
572	Mother	Amelia Hil	<u>.</u>	55 Menymeeting	60
	-				
				1	
	igned by the Officer equired payments of	Commanding Company an application.	mmanding nd handed (Sig.	60 11-to	teer, counter- to make the

Newfoundland Forestry Companies.

No 8262 Rank Me. Name	voice ~. M.
I recommend the above noted ma	boarded n to be Mississipped for the reasons
herein stated:- Wir war had en - Tepterular -	the due no work
mie tory	be is not oble.
Dunkeld, Perthshire, 3et. 20 - 1918.	Actg. M. O.

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

MEDICAL HISTORY

14 n K(C)

		11 .1
Surname	1	lill
CCC1 10001100		

Christian Nane Harris,

	Table I.—GE		DELTA CONTRACT	he + G	
Birthplace:—Parish St	ahre . 5.		Inty	Meeting 9	7
\mathcal{O}	All the Particular Section 1	RESERVE.	Marin DV	REGULA	R ARMY.
Examined {	on 9th day at St So	hers .	/	on da at	y of 191
Declared Age	year	8	days	year	s , days
Trade or Occupation	600	frer.		COPY SELL T	0
Height	5 sect	"	inches	O fee	t,Q, inches
Weight	15	6.	lbs.	ST JO'HN	S. N.F.L.D
Chest Measure-Range of Expansion	•		inches inches	15.58, NO	MAR 1919 inches
Physical Development				MATED	
Vaccination Marks Arm Number	Right	Left /.		Right	Left
When Vaccinated					
Vision	R.EV= L.EV=			R, E. – V = L. E. – V =	
(a) Marks indicating congenital peculi- arities or previous disease	(a)			(a)	
(b) Slight defects but not sufficient to cause rejection	(1) Hammer Slight de	toe.	,	(b)	
	left ear	•	-		
Approved by (Signature)	Lamons	Paterso	~		r
(Rank)	24	-Ja	-		
		Medical 6	Officer.		Medical Officer.
Enlisted	at st John	2 11.		nt	
	on Corps.	ny of fally	1917.	THE RESERVE TO A STATE OF THE PARTY OF THE P	y of 191
Joined on Enlistment	The Forestry	842.		Corps.	Regtl. No.
Transferred to			1		
			-		
Became non-effective by					
	on di	ny of	191	on di	ny of 191
[Signature]					
[Rank]		V Strom Med S			
Notice that the second of the second			150000	Marie A Marie II	[PTO

Table II.—Only for admission to hospital or to the sick li

	Ac	lmitted Hospita	ta 1	Disc	charged Hospita	from	Please	Number Days in	Remarks bearing on syphilis, admissions of treatm																	
Name of Hospital											Day Month Year										Month	1000000	Disease	Hospital	of treatm	
Was Stockital							Varieure Veins:		e Ut																	
Perch	_//	9	14	25	12	19.	- Varicos Peins	45	The state of																	
									e of a																	
THE HALF TO																										
		7.0																								
					1																					
Vision in the second		1,1																								
			19																							
		N.																								
		5		10					•																	
									4																	
			1		P																					
									•																	
		, i																								
									1																	
and the state of			DNU		Vice.																					
	-																									
				1																						
				113																						
							•																			
							15. 1.																			

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. Signature of Medical Officer and Cather of to down yfort has Relighed P.T.O.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date		Br	ief Details, and Signature		AL S
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Arris Arrient
ly 12 11/12	Vace.	LP			
					-
A STATE OF THE STA					
					1708180
	and the same and				
			Note November Salar Script		CARSON CONTRACTOR
	iteral and				
	1	able IV.—SER	VICE TABLE.	u ned	
	Date of	Date of Departure or		Date of	Date of

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	
				that the		
No.						
9						
					india a marin di sa	
					•	
					The Section Co.	

Opinion of the Medical Board.

Norss.—(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 Ponsions 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, (n) 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.

- 1. (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, eg., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
 - (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?
- 24. If not permanent, how soon do the Board recommend re-examination?
- 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.

- 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 Faraland?
- 28. If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a-
 - (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 recom-mended.
- With reference to Army Council In-struction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attend ance of another person?

260 20

200

Constitutual

Us. apreciable

y. & labor service

gho

los thin 20% ((Wing he cat)

Us. appereale

Descharge as hermanule, augit.

Signatures :-

Members.

I deubrugh

en Dower Administrative Medical Officer.

Date.

Nº 218



Newfoundland Forestry Companies.

ALLOTMENTS

Ι,	Hanis	de Education de la Company		, Reg	
nereby a	agree, until turther			ar official form to make	
to, and	for the benefit of th	> 1.70(2) OH PEPS EMICHED HIS HIS HIS HIS SPEEDE	COURT EDITOR STREET TO STREET	rsons, such payment to	
of iden	tity of, and prod	uction of the relat	ive Identity	Certificates by the P	erson and Persons
Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in ful		Address	AMOUNT (each person)
572	Mother	Amelia H	ill	55 Merrymen Road St fol	tug 60'
10					
V				Total Allotm	· · · · · · · · · · · · · · · · · · ·
1	signed by the Officer required payments of	Commanding Compan	y and hande	Company, signed by the d to the Paymaster as aut Aarvis a Representation of the paymaster as aut	Volunteer, counter- hority to make the

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 8262	Rank Private
No. 8262 Name (surname first) Shil! Harris Regiment Newfoundland Foresty	
Regiment New foundland Foresty	Cos

1. State what special qualifications you have for employment in civil life.





2. State the name and address of your last, or any other employer before enlistment, etc. the nature of employment and how long you were employed?

11 Bishop Sonsaco St Johns
(2) Cooper. 13 7 months

3. What is the nature and locality of the employment you desire?

Clerk St Johns Afld.

4. What is the name of your Approved Society?

flone

5. Have you been employed whilst with the Colours? If so, in what capacity?

Iles as a fooster.

Date 8/3/18

Signature Manis Hill

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



THE ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS

St. John's, Newfoundland,

April 24th. 1918.

191

From Assistant Adjutant. Depot.

To Paymas ter and Officer i/c Records, Department of Militia.

8262 Private Hill, H.

Above mentioned man was recommended for discharge as permanently unfit by Medical Board held on April 23rd. 1918.

I am sending him herewith for your attention and necessary action, please.

Depot The Royal Newfoundland Regiment

St. John's, Wild.