

Applicable to all ranks. To complete with entries on the Medical History Sheet.



Newfoundland Forestry Companies

ATTESTATION OF

No. 8418 Name Amos Stillel Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? Amos Stillel
2. What is your full Address? Post aux-Bois, Lamaloue
3. Are you a British Subject? Yes
4. What is your age? 41 Years Months
5. What is your Trade or Calling? Woodworker
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. What is your Religion? 6 of 6
10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? Yes

I, Amos Stillel 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.

Amos Stillel
STATEMENT OF THE RECRUIT

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Amos Stillel do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 8 day of Nov 1917

Signature of Attesting Officer J. J. [Signature]

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 compiled with. I accordingly approve, and appoint him to the If enlisted by special authority, such will be attached to the original attestation.

Date Nov 8/17

Place Depot St John's

Approving Officer. [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).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Amos B. Hillier
 Apparent age 41 years - months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded Weight 162 lbs
 Range of expansion _____ inches
 Distinctive marks Grey Hair Blue Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Therese Hillier
Point-aux-Coeur | Relationship Son
Lamaline
 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)
<u>Roziah Hillier</u>	<u>St. Martin 1898</u>	<u>Deceased</u>	

Particulars as to Children

Christian Names	Date and Place of Birth
<u>Therese Hillier</u>	<u>Male 1908 Point-aux-Coeur</u>

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>Deceased. St. Johns. Jan 14/1919</u>					
Total Service forfeited as above.....									

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

Medical Report on an Invalid.

Station HAZELBY DOWN, WINCHESTERDate 5 - 11 - 18.

- | | |
|--|---|
| <p>1. Unit NFLD. FORESTRY CORPS</p> <p>2. Regimental No. 8418</p> <p>3. Rank PRIVATE</p> <p>4. Name HILLIER, AMOS GEORGE</p> <p>5. Age last birthday 45 years</p> <p>6. Enlisted { on 8/11/17
at St. John's, "fld.</p> | <p>7. Former Trade }
or Occupation } PSIHERMAN</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|---|

8. Disability in respect of which invaliding is Proposed.

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

MYALGIA

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 documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

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 during the last two years he has suffered from chronic pains in back and legs, and that with the hard manual labour during last winter, his condition became progressively worse, culminating in inability to do any work during month of August as result of slight indiscretion superimposed upon previous trouble.
Vide A.F.B. 178.**

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

Aggravated by service during present war.

(b) constitutional or hereditary, and not aggravated by service during the present war.

Aggravated by serious negligence or misconduct on the man's part.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

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.

He is a well-nourished man, prematurely aged. Suffers from pains over sciatic nerve and its lower branches. Pains in joints especially left knee. Unfit to continue hard manual labour with his unit.

14. If the disability is an injury, was it caused—

- (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?

16. Was an operation performed? If so, what?

No.

17. If not, was an operation advised and declined?

No.

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?

N.A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Gastritis.

20. Do you recommend—

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

Discharge as Permanently Unfit for further war service.

(Sgd) J. St.P. KNIGHT, Capt. M.O. R.N.R.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station **HAZELY DOWN, WINCHESTER**

Officer in charge of Hospital.

Date **5-11-18**

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly ~~attributable to~~ **Aggravated by**
- (i.) Service during the present war; **Yes**
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Myalgia. As stated in Section 13. Suffered same way for past two years in legs and five years in back. Veins prominent and varicose and leg marked by old healed varicose ulcers

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent? **Yes**

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. **20%**

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

27. Do the Board recommend— **Yes**

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

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic 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 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?

Signatures:— **(Sgd.) H. S. FRASER** President.

Station **St. John's,** **J. SINCLAIR TAIT**
 Date **Dec. 2nd., 1918** **L. PATERSON, Major** Members.

Approved: **DEC 2 1918**
 Station **(Sgd.) CLUNY MACPHERSON, Major** D. M. S. NEWFOUNDLAND.
 Date **NEWFOUNDLAND.** Administrative Medical Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

 Number of Sheet *First*

 Form
B. 121
39

Regiment of _____

Signature of O. C. Company _____

Regimental No. and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No. <i>5119</i>	<i>Amo. <u>Phillips</u></i>	Age on <i>14</i> years — months	<i>Kiskadean</i>	
Joined _____	Date _____	Place and Date of Enlistment <i>S. Bank 11.11.17</i>	Religion <i>C of E</i>	
Joined _____	Date _____		Place of Birth <i>Famaline</i>	
Joined _____	Date _____	Period of ^{with Colours} <i>12</i> years.		
Joined _____	Date _____	^{with Reserve} <i>15</i> years.		

Place.	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Medically Unfit <u>Phillips</u> 14/19</i>					

To be carried over.

COPIES SENT		
To	No.	DATE
M. or M.	<i>18247/186</i>	<i>11/18 98</i>
O.C. Ist. Bn.		
by D.N.C. Bn.		

Army Form B. 121