



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8108

Name John Hutchings Corps

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>John Hutchings</u>           |
| 2. What is your full Address? .....  | 2. <u>Bay Bulls, N.S.</u>          |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>9</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>E. 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, John Hutchings 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.

John Hutchings SIGNATURE OF RECRUIT.  
Frank C. Boyd Signature of Witness.

E-4/5/17

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

I, John Hutchings 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 Bulls on this 5th day of May 1917.

Signature of Attesting Officer A. J. [unclear]

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date..... 191.....

Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....





# Newfoundland Forestry Companies

## ATTESTATION OF

No. 108 Name John Hutchings Corps

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>John Hutchings</u>           |
| 2. What is your full Address? .....  | 2. <u>Bay Bulls Arms</u>           |
|  | <u>St. John's Bay</u>              |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>9</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>R of 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, John Hutchings 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.

John Hutchings SIGNATURE OF RECRUIT.  
Frank C. Payne Signature of Witness.

6-4/5/17

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

I, John Hutchings 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 5th day of May 1917  
H. J. Ferguson Signature of Attesting Officer CM

### † CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
 If enlisted by special authority, such will be attached to the original attestation.  
 Date ..... 191 .....  
 Place ..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....



Form 29 N.M.D.

## F I F T H      B O A R D

## Report of Medical Board.

Station	St. John's, Nfld.	Date	DECEMBER 13th., 1919.
No. and Rank	8108 PRIVATE	Age	31                      Height 5'6"
Name	HUTCHINGS JOHN	Complexion	FRESH
Unit	Royal Newfoundland	Eyes	LIGHT BLUE              Hair BROWN
Address	BAY BULLS ARM		
Former Trade	FISHERMAN		
Enlisted at	ST. JOHN'S      On 4/5/17	(The Board will please note how the soldier's appearance corresponds with above description).	
Disease or Disability	Original	VALVULAR DISEASE OF THE HEART.	

Subsequent

Present Condition (Compare with previous Board)

PULSE 112. GETS PAIN IN LEFT SIDE, DIZZY AND FEET SWELL. CANNOT UNDERGO ANY EXERTION. VALVULAR CONDITION THE SAME. NOT LIKELY TO IMPROVE.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

80%

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

40%

Recommendation of Medical Board

DISCHARGED FROM HOSPITAL.      Members of Board

SGD. N. S. FRASER

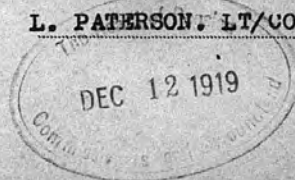
SGD. CLUNY MACPHERSON.

J. B. O'REILLY CAPT.

LT/COL.

L. PATERSON. LT/COL.

Approving Medical Officer.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
103.

Number of Sheet First

Regiment of Newfoundland Forestry Company Signature of O. C. Company W. H. Ross

Regimental Number and Name <b>8108 John Hutchings</b>		Enlistment Age on <u>18</u> years <u>9</u> months		Trade <u>Drum</u>	Good Conduct <u>198</u> , Service pay or proficiency pay
No.	Place and Date of Enlistment	Place of Birth		Religion	
Joined	Date	with Colours <u>1/25</u> years.		<u>b. of 2.</u>	
Joined	Date	with Reserve <u>3/5</u> years.			
Joined	Date				

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DATE	26 JUL 1918
IN O.C. B.	<u>1</u>
O.C. B.	<u>1</u>
IN O.C. B.	<u>1</u>
O.C. B.	<u>1</u>

Date of award or of order containing this trial

Place	Date of Offence	Rank	OFFENCE	Names of Witnesses	Punishment awarded	By whom awarded	REMARKS
suspended	12/11/17	Pvt	① Absent from latrine until Sgt. Duran	} Sgt. Money C. M. S. Adia	} 3 days	} 14/1/18	} Lt. W. S. Crowe.
	14/1/17	"	② Insolence to N.C.O. <sup>10<sup>25</sup> pm</sup>				
suspended	10/2/18	"	① Insolence to a warrant officer	} C. M. S. Adia	} 12 hours extra work	} 11/2/18	} Lt. W. S. Crowe Capt.
			② Oversteering pass from 11 pm. to 11.30 pm.				
Suspended	11/2/18	"	① Insolence to a warrant officer	} C. M. S. Adia	} 24 hours detention	} 11/2/18	} Capt. H. H. A. Ross Maj.
01	19/3/18		① Drunk	} Cpt. Colbourne	} admonishes	} 20/3/18	} Capt. H. H. A. Ross Adj.
			② Breaking out of Guard Room				
To be carried over							
Specially Cycled St John's 25/18							

JUNE 13TH., 1921.

B. P. C. No. 762

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**

TO MEDICAL EXAMINER:  
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date Dec. 7, 1920.

The Secretary, Board of Pension  
Commissioners for Newfoundland.

AS SOON AS POSSIBLE

Per.....

Regimental No. 8106 Rank PRIVATE  
Name JOHN HUTCHINGS ADDRESS: GRAND FALLS  
Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 22 YEARS Height 5' 6" Colour of Eyes BLUE  
Complexion FRESH Colour of Hair BROWN Weight  
Marks of Identification: SCAR RIGHT LEG AND KNEE

AUGUST 22ND., 1918:

HAS PAIN AND SHORTNESS OF BREATH AND PALPITATION ON EXERTION. AUSCULTATION REVEALS A SYSTOLIC MURMUR BEAT HEARD IN AORTIC AREA. HEART'S ACTION RAPID

JANUARY 3RD., 1918:

PULSE 104. WELL NOURISHED. OTHER CONDITIONS AS AT LAST BOARD.

JUNE 17TH., 1919:

PULSE 88, 140 AFTER MODERATE EXERCISE, NOT RETURNED TO NORMAL IN FIVE MINUTES. FEELS AN IRREGULARITY OF THE HEART'S ACTION WHEN LYING DOWN. UNABLE TO UNDERGO ANY EXERTION. GETS DIZZY. CANNOT DO SLIGHTEST WORK OR WALK FAST. FEET SWELL. HEART DISEASE NOW DEVELOPED AND WILL PROBABLY REMAIN STATIONARY UNDER FAVOURABLE CONDITIONS.

OCTOBER 17TH., 1919:

WEIGHT 147½ LBS. PULSE 120. GETS A PAIN IN PRECORDIAL REGION. CANNOT LIE ON LEFT SIDE AND CANNOT UNDERGO ANY EXERTION. REQUIRES COMPLETE REST

DECEMBER 12TH., 1919:

PULSE 112. GETS PAIN IN LEFT SIDE, DIZZY, AND FEET SWELL. CANNOT UNDERGO ANY EXERTION. VALVULAR CONDITION THE SAME. NOT LIKELY TO IMPROVE.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

VALVULAR DISEASE OF THE HEART



Disability for which pension has been awarded:—



## MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?  
**YES**
- (2) Give a definite detailed description of the present condition.

COMPLAINS OF BEING WEAK AND SHORT OF BREATH, WITH SHARP PAIN OVER HEART ALMOST CAUSING HIM TO FAINT. PULSE 80. SYSTOLIC MURMUR PRESENT AT AORTIC AND MITRAL

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—  
 (If there are no complaints, it will be so stated.)

Signature

Pensioner's signature (SGD) JOHN HUTCHINGS

of Witness

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.-

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

NIL

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

NO

5 Will disabilities materially increase or diminish? NO

6 Are the disabilities permanent? YES

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? NO

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Signature (SGD) WALTER SCOTT, M. D.

Medical Examiner.

Place GRAND FALLS

Date 11/12/20

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination? NO

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination? (State date of death.)

12 Have any of pensioner's children died since last medical re-examination? (State date of death and names of children who have died.)

Place

APPROVED: 20% FOR 6 MONTHS (SGD) W. H. PARSONS.

Head of District Office, (or Medical Practitioner.)

Date

