



Newfoundland Forestry Companies

ATTESTATION OF

No. 8294

Name Stanley Ingram Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Stanley Ingram</u> |
| 2. What is your full Address? | 2. <u>Harbour Buffett</u>
<u>Placentia Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Laborer</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>C. of E.</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, Stanley Ingram 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.

Stanley Ingram SIGNATURE OF RECRUIT.
D. Shiple Lead Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Stanley Ingram 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. Johns on this 3rd day of August 1917

Signature of Attesting Officer

J. R. Goodyear capt

† 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 191 } Approving Officer.
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.

* 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 Stanley Ingram

Apparent age 19 years 6 months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches

Distinctive marks No 4989

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Ingram
Harbor Buffett P.R. Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									<div style="margin-bottom: 10px;"> Joined at _____ on _____ </div> <div style="font-size: 2em; font-family: cursive; margin-bottom: 10px;"> <i>Discharged April 14/1919</i> </div> <div style="margin-bottom: 10px;"> Total Service forfeited as above..... </div>
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____ "									

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form

B. 121

39

Number of Sheet *First*Regiment of *Newfoundland Forestry Company*

Signature of O. C. Company

J. R. Goodyear capt

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>S. Ingram</i>	Age on	<i>19</i> years <i>2</i> months	<i>Labourer</i>	
Joined	Date	Place and Date of Enlistment	<i>d. John</i> <i>3/5/17</i>	Religion	
Joined	Date	Period of	with Colours <i>1²⁵⁵</i> years.	<i>C of E</i>	
Joined	Date	with Reserve	<i>1³⁶⁵</i> years.	Place of Birth	

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>Dunkeld</i>	<i>8/1/14</i>	<i>Plg.</i>		<i>Reporting sick without cause</i>	<i>C. M. L. L. L.</i>	<i>10 hours extra work</i>	<i>19/1/18</i>	<i>W. S. Crook Capt.</i>	
<i>Do</i>	<i>9/6/14</i>	<i>Plg.</i>		<i>Overstaying pass from 11 pm until 9 am 17/14</i>	<i>C. M. L. L. L.</i>	<i>4 hours extra work</i>	<i>10/6/14</i>	<i>W. S. Crook Capt.</i>	
				<i>Demobilized</i>	<i>St John's</i>	<i>14</i>	<i>19</i>		

To be carried over

Army Form B. 121



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **ST. JOHN'S**.....

Date **MARCH 19TH. 1919.**.....

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 21 |
| 2. Regimental No. 8294 | 6. Enlisted on 3RD. AUGUST. 1917. |
| 3. Rank PTE. | at ST. JOHN'S. |
| 4. Name INGRAM STANLEY | 7. Former trade or occupation LABOURER |
| 8. Disability | |

V.D.G.

9. History

IN MILITARY HP. ST. JOHN'S. 17/9/17 TO 1/10/17. V.D.G. DISCHARGED TO DUTY. ADMITTED TO 1ST. SCOTTISH GEN. HP. ABERDEEN 8/11/17 TO 4/12/17. V.D.G.

10. What is his present condition?

COMPLAINS OF PAIN IN CHEST ON WALKING. BREATH SOUNDS NORMAL. P.R. 72.
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

HYPERTROPHY LOUWEE L.

11. Was sanatorium advised and refused? **NO.**
operation

12. Do you recommend discharge as permanently unfit? **YES.**

STATEMENT OF CASE

Signature **ARCH. C. TAIT.**

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

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **CANNOT.** be considered as aggravated by:—
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

YES.

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

NIL.

NIL.

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperence (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
- | | |
|---|---|
| { | General Hospital, |
| | Naval and Military Convalescent Hospital, |
| | Jensen Tuberculosis Camp. |

20. We recommend discharge from retention in the Army

Remarks if any:—

..... **N. S. FRASER.**
President

Signatures **J. S. TAIT**

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

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

Date ... **MARCH 20TH. 1919.**

APPROVED

Station

Date



(SGD) **CLUNY MACPHERSON. MAJOR.**

Administrative Medical Officer



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full	STANLEY INGRAM
Regiment from which discharged	<i>Royal Newfoundland</i>
Regimental number	8294.
Intended address	HR. BUFFETT.
Height on discharge	5 Feet 6
Color of hair on discharge	LIGHT
Complexion	FAIR
Color of eyes	GREY
Descriptive Marks	-----
Figure on discharge	MEDIUM
Christian name of Father	GEORGE
Christian name of Mother	ELLEN
Wife's maiden name in full	-----
Date and place of marriage	-----
Christian names of children	-----
Place and date of soldier's birth	HR. BUFFETT. 1898 JAN. 22ND.
Nature and locality of civil employment required	

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) **(SGD) STANLEY INGRAM.**

(Rank) **PTE.**

Station **ST. JOHN'S.** Date **18/3/19.**

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

Station

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8294 Rank Plt Name Ingram Stanley
 Intended place of residence Mr. P. Buffett, Placentia

2. Occupation Labourer
 Classification of soldier B Medical Category E

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

Eligible for War Service Gratuity

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

Place

Date MAR 24 1919 H. Mus H.
 for Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S Stanley Ingram
 Signature of soldier

24-3-19

Joseph A. Snowbird
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S Stanley Ingram
 Signature of soldier

22.3.19

E. Wilson Sgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3.8.17 No of days on Military

Discharged from service 31.3.19 plus 14 days Service 620

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S! R.H. Lant Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

Date MAR 31 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place A. Jones, M.D. W. Bowley Capt
 Officer in Charge

Date April 14/1919 The Royal Newfoundland Regiment

A.D.B. 297/1966

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The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8294 Rank PL Name Ingram Stanley
 Date of Enlistment 3-8-17 Address H. Buffett District St. Lawrence
 Occupation Laborer Classification for Discharge B Medical Category E
 Recommendation S.M.B. Peru unfit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	B 1915		do 2nd	" 3	3
B 179	2 D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	76.6 1	" 6	" 6	
B 179c	B 120	M 93				

Date 22-3-19

H. News It
 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action. Stanley Ingram

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 22-3-19

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 862* to his home
 at *W. Buffell Placentia Bay* and Release Certificate No. *1624* issued.
 Date *24-3-19*
[Signature]
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to *14-4-19*
 Date *24-3-19*
[Signature]
 Depot Paymaster.

Discharge approved for *31.3.19*
 Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<i>F.C.6.1</i>	" 6
B 179c	B 120	M 93		

Date *24-3-19*
[Signature]
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratuity

Date *MAR 31 1919*
[Signature]
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
 Date *Apr 3/1919*
[Signature]