



# Newfoundland Forestry Companies

## ATTESTATION OF

No. *SH13*

Name *William Kent Corps*

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <i>William Kent</i> .....             |
| 2. What is your full Address? .....  | 2. <i>34. Spencer St</i> .....           |
| 3. Are you a British Subject? .....  | 3. <i>yes</i> .....                      |
| 4. What is your age? .....   | 4. <i>32</i> Years <i>—</i> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <i>Labourer</i> .....                 |
| 6. Are you Married? .....  | 6. <i>yes</i> .....                      |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                       | 7. <i>no</i> .....                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>yes</i> .....                      |
| 9. What is your Religion? .....  | 9. <i>R.C.</i> .....                     |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... | 10. <i>yes</i> { Name .....              |
|  | { Corps .....                            |

I *William Kent* ..... 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.

*William Kent* SIGNATURE OF RECRUIT.  
*Geo Hutchings* Signature of Witness.

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

I *William Kent* ..... 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 *6* day of *Nov* 191*7*

Signature of Attesting Officer *Worley*

### †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 *7th* .....

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

Date ..... 191*7* }  
 Place ..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Kent  
 Apparent age 32 years — months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded Weight 115 lbs inches  
 { Range of expansion \_\_\_\_\_ inches  
 Distinctive marks One scar left arm. Brown hair  
dark hair

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Kent  
34 Spencer St. | Relationship Wife

### 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.	
<u>Elizabeth Kavanagh</u>	<u>St Johns St.</u>	<u>34 Spencer St.</u>	
<u>Spinster</u>	<u>1909</u>		

### Particulars as to Children

Christian Names	Sex	Date and Place of Birth
<u>Peter Kent</u>	<u>Male</u>	<u>1911 St Johns St.</u>
<u>Mellie</u>	<u>Female</u>	<u>1912 do</u>
<u>Marquess</u>	<u>do</u>	<u>1913 do</u>
<u>Fredrick</u>	<u>male</u>	<u>1916 do</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>Discharged</u> <u>Feb 11 19</u>
Total Service forfeited as above.....									

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





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 **Jan. 13th. 1919**.....

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. **8413.**
- 3. Rank **Pte.** at **St. John's.**
- 4. Name **Kent? William**
- 5. Age last birthday **35 Years.**
- 6. Enlisted on **Nov 6th 1917.**
- 7. Former trade or occupation **Labourer.**

8. Disability

**Neurion.**  
**Frequent Micturition.**

- 9. History **For the last Six months has had pain Previous to Micturition This condition does not exist all the time and now has improved says he makes water Five times during the day.**

10. What is his present condition? **General Condition Good says he is improving**

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

**No albumen present in Urine.**

**Pulse 88 No headaches.**

Medical Department

Medical Report on an Inmate

11. Was sanatorium advised and refused?  
operation

12. Do you recommend discharge as permanently unfit?

**Yes.**

Signature

**L. Paterson.**

Rank or Qualification

**Major.**

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 **may**, 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? **Less than 20%.**

(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? **Less than 20%.**  
(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance **no** (b) Misconduct **no.**

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 Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army **Permanently.**

Remarks if any:—

**H. S. Fraser**.....  
President

Signatures **J. Sinclair Tait**.....

**L. Paterson. Major**.....

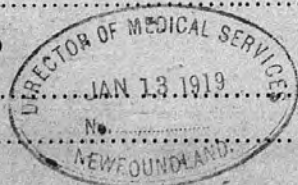
Place .....

Date .....

APPROVED

Station .....

Date .....



(Sgd) **CLUNY McPHERSON. MAJOR**.....  
Administrative Medical Officer

# Squadron, Troop, Battery and Company Conduct Sheet

Forms  
B. 121  
39

Regiment of *Nfld Forestry Companies*

Signature

Regimental No. and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>SH13 William Kent</i>	Age on <i>32</i> years - months	<i>Labourer</i>	
Joined _____	Date _____	Place and Date of Enlistment <i>St John's 8 Nov. 17</i>	Religion <i>R.C.</i>	
Joined _____	Date _____	Period of with Colours <i>188</i> years. with Reserve <i>365</i> years.	Place of Birth <i>St John's</i>	
Joined _____	Date _____			

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By
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*Demobilized St John's 1 <sup>2</sup>/<sub>19</sub>*

To be carried over

*inf*  
**The Royal Newfoundland Regiment**

## DEMOBILIZATION OF

Reg. No. *8413* Rank *Pte* Name *Kent W*  
 Date of Enlistment *6.11.17* Address *St Johns* District *St Johns*  
 Occupation *Labourer* Classification for Discharge *B* Medical Category *PC*  
 Recommendation S.M.B. *permanently unfit* Disability Rating *Less than 20%*  
 Passed to Demobilization Officer with following documents:—

N.F. P <i>3694</i>	<i>1</i>	B 268	B 121	<i>1</i>	N.F. Med.	D.F. 1	
B 178		W 3494	B 122		Board 1st	" 2	
B 178a	<i>1</i>	D 400A	B 1915		do 2nd	" 3	<i>3</i>
B 179	<i>2</i>	D 400B	Form L		do 3rd	" 4	
B 179a		D 400C	Form K		do 4th	" 5	
B 179b		B 103	ME 2			" 6	
B 179c		B 120	M 93				

Date *18.1.19*

*Wm Kent Capt*  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment *W*I am *W* in a position to resume civilian occupation.

*Wm. Kent. Pte.*

Particulars passed to Vocational Officer for information and action.

Date .....

## 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *\$60.00*(b) Clothing Supplied *Joseph H. Snow*Date *18-1-19*

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *716* to his home at *G. Johns* and Release Certificate No. *842* issued.

Date *19-1-19* ..... *OS Dick Capt*  
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 *15-2-19*

Date *18-1-19* ..... *W. H. King Capt*  
Depot Paymaster.

Discharge approved for *18-1-19* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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		" 6
B 179c	B 120	M 93		

Date *18-1-19* ..... *OS Dick Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

JAN 18 1919

Date ..... *R. H. [Signature]*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date *Jan 21/1919* ..... *[Signature]*  
i/c Records



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8.H.13 Rank Private Name Kent W.  
 Intended place of residence 34 Spences St. St. John's  
 2. Occupation Labourer  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of Demobilization

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place JAN 18 1919 W. H. Lacey Capt  
 Date JAN 18 1919 Comanding 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 Wm. Kent  
18-1-19 Signature of soldier  
W. J. Balou R. G. No 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 18-1-19 Wm. Kent Pte  
St. John's Signature of soldier  
W. J. Balou R. G. No Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 6-11-17 No of days on Military  
 Discharged from service 18-1-19 Plus 28 days Service 467 days

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S R. H. Lait Capt  
 Date JAN 18 1919 Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld. W. H. Lacey Capt  
 Date February 1st 1919 Officer in Charge Records  
The Royal Newfoundland Regiment

QB 20791 787