



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8227 Name John King Corps .....

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>John King</u>   |
| 2. What is your full Address? .....  | 2. <u>Little Hardens Smith's Island</u><br><u>Trinity Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>   |
| 4. What is your age? .....   | 4. <u>26</u> Years <u>5</u> Months                            |
| 5. What is your Trade or Calling? .....  | 5. <u>Timberman</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, John King 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 King SIGNATURE OF RECRUIT.  
Frank J. Payne Signature of Witness.

6-5/6/17

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

I, John King 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 Grand Falls on this 6th day of June 1917

Signature of Attesting Officer H. J. Fitzgerald

### †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..... } 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 John King  
 Apparent age 26 years 5 months. Height 5 feet 4 1/2 inches

Chest Measurement { Girth when fully expanded 37 inches Weight 124  
 Range of expansion 2 inches

Distinctive marks Hair - Black Eyes - Brown Complexion - Fair  
small scars on back of left hand

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Jane Vobey  
Little Harbour Smiths Sound Relationship Mother

Trinity Bay 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 _____									
Joined at _____ on _____									
<u>Discharged May 1, 1919</u>									
Total Service forfeited as above.....									

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

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms

B 121

39

Number of Sheet *Final*Regiment of *77th Infantry Company*

Signature of O. C. Company

*H. H. H. Capt.*

Regimental No. and Name	
No.	<i>8227 John King</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>26 years 5 months</i>
Place and Date of Enlistment	<i>Ed. Falls 5/1/17</i>
Period of	<i>with Colours <math>\frac{33}{505}</math> years.</i>
	<i>with Reserve <math>\frac{1}{505}</math> years.</i>

Trade	<i>Lumberman</i>
Religion	<i>B. O. E.</i>
Place of Birth	

Good Conduct Badges, Service pay or proficiency pay

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
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*Demobilized St. Johns 15/19*

To be carried over

Army Form B. 121

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 8227 Rank Plt Name King John  
 Date of Enlistment 6-6-17 Address Lt. St. St. District St. John's  
 Occupation Lumberman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. General Hospital Disability Rating 10 1/2 3 Months

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	B.F. 1		
B 178	W 3494	B 122	Board 1st	" 2		
B 178a	D 400A	B 1915	do 2nd	" 3		2
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 15-4-19

John King  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 15-4-19

Alfred Blouster

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied

Date 15-4-19

Alfred Blouster  
O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. <sup>R1359</sup> 4-2-19 to his home at Little Hill and Release Certificate No. 2142 issued.

Date 15-4-19

J.A. Snow  
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 1-5-19

Date 15-4-19

H. M. Smith  
Depot Paymaster.

Discharge approved for 17<sup>th</sup> Apr 1919

Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
E 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		" 6
B 179c	B 120	M 93		

Date 15-4-19

J.A. Snow  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date APR. 17 1919

R.H. Sait  
O. C. Discharge Depot.

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

Date 19/4/19

A.H. Green  
for officer in records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8227 Rank Pvt Name King John  
Intended place of residence Little Hill, Ferry

2. Occupation Labourer  
Classification of soldier B Medical Category E

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

**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 ST. JOHN'S

Date APR. 15. 1919

H. M. Rust  
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

APR 15 1919

John King  
Signature of soldier

Alfred Stewart  
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

15-4-19

John King  
Signature of soldier

John O'Sullivan  
Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 6-6-17 No of days on Military Service  
Discharged from service 17-4-19 per 14 days 69 1/2

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

APR 17 1919

Date .....

R. H. Lait  
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

Date May 11, 1919

M. Howley  
Officer i/c Records  
The Royal Newfoundland Regiment

AFB 2079/2148

N.M.D. Form 98.

# The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

No. ....

All communications should be addresssd to the  
DIRECTOR OF MEDICAL SERVICES,  
DEPARTMENT OF MILITIA, NFLD.

St. John's, Newfoundland.

August 14th., 1919.

To:— **W. R. Barlow, Esq., M. D.,  
Trinity.**

From:—The Board of Pension Commissioners for Newfoundland,  
St. John's, Newfoundland.

Sir:—

Name

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

You will find a form on which to record your examinations on pages 2 and 3.

Pensioner will be notified to appear before you on whatever date you will find convenient.

Address

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when **fully** completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar (\$1.00)~~ for each Doctor for each examination.  
**(\$3.00)**

I have the honour to be,  
Sir,  
Your obedient servant,

DIRECTOR OF MEDICAL SERVICES.

**8227, Pte. John King**

**Little Harbor, T. B.**



TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age.....**27**..... Height...**5' 6"**..... Colour of Eyes....**BROWN**..

Complexion. **FAIR**... COLOUR OF HAIR: ...**DARK**..... Marks of Identification

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on **APRIL 10<sup>th</sup> 1919** and other necessary information, follows:—

Condition of Pensioner:—

**PAIN IN BACK. CANNOT STOOP FREELY. HAS SYSTOLIC MURMUR IN MITRAL AREA. DOES NOT COMPLAIN OF SHORTNESS OF BREATH. PULSE 80**

**DISABILITY: PAIN IN BACK.**

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

**PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED**



MEDICAL REPORT

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2?
- (2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

**PAIN IN BACK NOT IMPROVED. SEPT 30TH, HEART ACTIVE, *action***  
**GOOD COMPENSATION. CANNOT DETECT MURMUR NOW. ON EXERTION**  
**HEART RETURNS TO NORMAL IN THREE MINUTES. DIAGNOSIS CHRONIC**  
**PLEURISY. PULSE 81. RESPIRATION 20. TEMPERATURE UNDER**  
**TONGUE. 99. 9.**

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?

..... **REMAIN ABOUT THE SAME** .....

- (4) Will it materially increase or diminish? ..... **DON'T KNOW** .....

- (5) Is the disability permanent? ..... **DON'T KNOW** .....

- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated in percentages)

..... **1/4** .....

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

(State in percentage.)

..... **1/4** .....

- (8) Would treatment reduce the pensioner's disability or increase his comfort?

..... **REST MIGHT** .....

- (9) If so, is pensioner willing to accept such treatment, and when? ..... **YES** .....

If not, why? .....

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place ..... President

Date .....

..... Members

Pensioner's Signature ..... **JOHN KING**.....

Signature of Witness ..... **J. J. SMITH**.....

CONTINUATION

WITH A LONG REST THE HEART AND BACK TROUBLE SHOULD IMPROVE.  
SEPT 30. THE PENSIONERS CONDITION HAS IMPROVED SLIGHTLY HE HAS  
EASY WORK, AND ONLY LOOSES FIVE TO SIX DAYS IN THE MONTH, WHICH HE  
SAYS IS ON ACCOUNT OF HIS DISABILITY.

APPROVED FOR 10% FOR SIX MONTHS

**CLUNY MACPHERSON. LT-COL.**



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? ..... **NO**.....
- 8 (b) If so, is he receiving the additional allowance? .....
- 9 (a) Has a child been born to pensioner since last medical re-examination? .....
- 9 (b) If so, is he receiving the additional allowance? .....
- 10 If pensioner was married, has his wife died since last medical re-examination?  
.....
- 11 Have any of pensioner's children died since last medical re-examination?  
.....

Place ..... **BISHOP'S FALLS**.....

..... **JAMES J. SMITH**.....

Medical Examiner.

Date ..... **SEPT 6TH. 1919**.....



## 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 **JOHN KING.**

Regiment from which discharged *Royal Newfoundland*

Regimental number **8227.**

Intended address **LITTLE HR. T.B.**

Height on discharge **5 Feet 6**

Color of hair on discharge **DARK**

Complexion **FAIR**

Color of eyes **BROWN**

Descriptive Marks **-----**

Figure on discharge **MEDIUM.**

Christian name of Father **-----**

Christian name of Mother **MARY JANE**

Wife's maiden name in full **-----**

Date and place of marriage **-----**

Christian names of children **-----**

Place and date of soldier's birth **NEW BONAVENTURE. 23RD. JAN. 1892.**

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) JOHN KING.**

(Rank) **PTE.**

Station **ST. JOHN'S.** Date **2/4/19.**

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