



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8442 Name Yusey Lagatchu Corps

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

- 1. What is your name? ..... 1. Yusey Lagatchu
- 2. What is your full Address? ..... 2. Cape St. George
- 3. Are you a British Subject? ..... 3. no
- 4. What is your age? ..... 4. 18 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Lumberman
- 6. Are you Married? ..... 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. no
- 9. What is your Religion? ..... 9. R.C.
- 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... 10. yes { Name .....  
Corps .....

I, Yusey Lagatchu ..... 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.

Yusey Lagatchu ..... SIGNATURE OF RECRUIT.

[Signature] ..... Signature of Witness.

Yusey Lagatchu ..... 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 St John on this 20 day of Nov 1917

Signature of Attesting Officer [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 complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.

Date St John 1917 .....  
Place St John Nov 20/17 ..... 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 OF ENLISTMENT

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

Name Yusey Lagatche

Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 3 inches weight 110

Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches  
 Range of expansion \_\_\_\_\_ inches

Distinctive marks Black Hair Blue eyes  
2 vane scars left arm

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Yusey Lagatche  
Capt St Georges 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 _____									<u>Discharged July 18/1919</u> 
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days

Pensions " [ " " ] " " "



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8442 Rank Plt Name Sergeant Y  
 Intended place of residence Cape St George

2. Occupation Superman  
 Classification of soldier F Medical Category A

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, ST. JOHN'S  
 Date JUL 2 1919  
*H. M. S. Lant*  
 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, St. John's Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date 2-7-19  
*Eve X. Fagatdu*  
 Signature of soldier  
*M. McLeod*  
 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, ST. JOHN'S  
 Date 2-7-19  
*Y. Fagatdu*  
 Signature of soldier  
*James Newman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 20-11-17 No. of days on Military Service 606  
 Discharged from service 4-7-19 Plus 14 days

### 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  
 Date JUL 4 1919  
*R. H. Lant Major*  
 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  
 Date July 18/1919  
*M. Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*2730791209*

17  
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 21  
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 31  
 20  
 18  
 7



# 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 *Lagatote, J. Err.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *84430*

Intended address *Capt. H. George*

Height on discharge *5 feet 4*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Wid.*

Christian name of Father *Err.*

Christian name of Mother *Mary*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Capt. H. George, 11 Nov. 1900.*

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

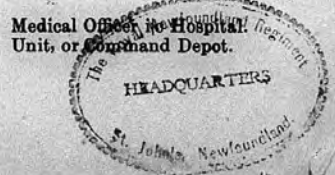
(Soldier's signature in full) *J. Err. Lagatote* *Winters, W. D. Walsh* (Rank) *W.*

Station *St. John's* Date *30-6-19*

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.

Station

Date



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. *8442* Rank *Plt* Name *Lagatdu Coy*  
 Date of Enlistment *30-11-17* Address *Cape St. John* District *Albion*  
 Occupation *Lumberman* Classification for Discharge *E* Medical Category *A*  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	N. F. Med	D. F. 1
B 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 *30-6-19* O. C. Discharge Depot. *H. M. W. H.*

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am *his* in a position to resume civilian occupation. *Lagatdu*  
*Thresh*  
*Threshman*

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 *Amulbrush*

Date *2-7-19* O. i. c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>42104</sup> to his home at base sturge and Release Certificate No. 3088 issued.

Date 2-7-19

*J.A. Newbapt*  
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 18-7-19

Date 2-7-19

*H. J. ...*  
Depot Paymaster.

Discharged approved for 4-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	2 Form B
B 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	<u>706-1</u>	" 6	
B179c	B 120	M 93			

Date 2-7-19

*J.A. Newbapt*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity.**

Date JUL 4 1919

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

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

Date .....