



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8454 Name Robert G Learning Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Robert G Learning</u>                |
| 2. What is your full Address? .....  | 2. <u>396 Southside Rd W.</u>              |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                              |
| 4. What is your age? .....   | 4. <u>34</u> Years <u>2</u> Months         |
| 5. What is your Trade or Calling? .....  | 5. <u>Lumberman</u>                        |
| 6. Are you Married? .....  | 6. <u>yes</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>Meth</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 .....<br>Corps ..... |

I, Robert G Learning 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.

Robert G Learning SIGNATURE OF RECRUIT.

9.13/14/12 Signature of Witness.

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

I, Robert Learning 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 14 day of Dec 1917

Signature of Attesting Officer W. J. [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. Dec. 14 1917 } Approving Officer.  
Place. St John's

† 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 Robert G Learning  
 Apparent age 34 years 2 months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches 37 1/2  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Dark Brown Gray eyes

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Learning  
396 South Side 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>Mary Jamison</u> Spinster	<u>St John</u> 1909	<u>396 South Side St.</u>	
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## Particulars as to Children

Christian Names	Sex	Date and Place of Birth
<u>Bessie M</u>	<u>Female</u>	<u>1910 St John</u>
<u>Winnie</u>		<u>1904</u>
<u>Alexander G Learning</u>	<u>Male</u>	<u>1917</u>
<u>Charles M Learning</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 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>St Michaels Church 22/1919</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 ... **MARCH 3RD. 1919.** .....

1. Unit <i>Royal Newfoundland</i>	5. Age last birthday	<b>36.</b>
2. Regimental No. <b>8454.</b>	6. Enlisted on	<b>14TH. DEC. 1917.</b>
3. Rank <b>PTE.</b>	at	<b>ST. JOHN'S.</b>
4. Name <b>LEARNING ROBERT</b>	7. Former trade or occupation	<b>LUMBERMAN.</b>

8. Disability

**PNEUMONIA.**

9. History

**WAS TAKEN ILL ON BOARD TRANSPORT. SEEN IN BILLETTS AFTER LANDING & SENT TO**

**M.I.B. HOSP 19/2/19 TO 22/2/19.**

10. What is his present condition?

**RECOVERED EXCEPT FOR SLIGHT COUGH & DEBILITY.**

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

Department of Medicine  
Medical Department

Medical Report on an Inmate

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

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

Signature **ARCH. C. TAIT...**

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

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....

ON A: GREAT BRITAIN (1917) DEPARTMENT OF MEDICINE

## 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.

**NO DISABILITY NOW.**

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 Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.
20. We recommend discharge from retention in the Army

Remarks if any:—

..... **H. S. FRASER.** .....  
President

Signatures ..... **J. S. TAIT.** .....

..... **L. PATTERSON, MAJOR.** .....

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

Date ... **MARCH 6TH. 1919.** .....

APPROVED

Station .....

Date .....



(SGD) **CLUNY MASPHERSON, MAJOR.** .....  
Administrative Medical Officer

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
39

Regiment of

*19th Forestry Coy's*

Signature of O. C. Company

Number of Sheets

*Justy*  
*W. W. W. W.*

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>8454 Robert G. Leamy</i>	Age on	<i>37</i> years	<i>2</i> months		<i>Landman</i>
Joined	Date	Place and Date of Enlistment		Religion		
Joined	Date	Period of with Colours <i>100</i> years. with Reserve <i>50</i> years.		Place of Birth		
Joined	Date			<i>Sandwich Bay</i> <i>Tahiti</i>		

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>Demobilized 22</i>			<i>3</i>		<i>19</i>

To be carried over



## 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	<b>ROBERT LEARNING.</b>
Regiment from which discharged	<i>Royal Newfoundland</i>
Regimental number	<b>8454.</b>
Intended address	<b>396 SOUTHSIDE CITY.</b>
Height on discharge	<b>5 Feet 6</b>
Color of hair on discharge	<b>BLACK</b>
Complexion	<b>FAIR</b>
Color of eyes	<b>BROWN</b>
Descriptive Marks	-----
Figure on discharge	<b>MEDIUM</b>
Christian name of Father	-----
Christian name of Mother	-----
Wife's maiden name in full	<b>MARY JAMISON.</b>
Date and place of marriage	<b>ST. JOHN'S. 1900. APRIL.</b>
Christian names of children	<b>BESSIE WINNIE CHARLIE.</b>
Place and date of soldier's birth	<b>LABRADOR. 1883 OCT. 17TH.</b>
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) **ROBERT LEARNING.**

(Rank)

Station **ST. JOHN'S.** Date **MARCH 3RD. PTE.**

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. 8454 Rank Pvt Name Robert Learning  
 Intended place of residence 396 South Side Street  
 2. Occupation Sawyer  
 Classification of soldier B Medical Category F  
 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 8 1919 .....  
 for H. Mearns  
 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  
8-3-19  
Robert Learning  
 Signature of soldier  
P. B. Hicks Capt.  
 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  
8. 3. 19  
Robert Learning  
 Signature of soldier  
H. J. D. [Signature]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 14 12 17 No of days on Military  
 Discharged from service 8 3 19 per 14 days Service 461 days

### 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  
R. H. Lait Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date MAR 8 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St John's, Nfld  
 Date March 22/1919  
M. Howley Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment

fb  
31  
28  
42  
99

[Signature] 2079/16/19



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4454 Rank Private Name Leanning Robert A.  
 Date of Enlistment 11.12.17 Address Sandwich Bay District Labrador  
 Occupation humberman Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. permanently unfit Disability Rating 100

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	1 D 400A	1 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	<u>St. H. 6-1</u>	" 6	
B 179c	B 120	M 93			

Date 5-3-19

H. M. S. H.  
for O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Robert Leanning

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 Robert A. Leanning

Date 8-3-19

O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
at \_\_\_\_\_ and Release Certificate No. 1426 issued.

Date 8-3-19

*C. S. Dinko 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 22-3-19

Date 8-3-19

*H. M. News Jr.*  
Depot Paymaster.

Discharge approved for 8.3.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	N.F. Med.	D.F. 1.	<i>Frank</i>
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 8.3.19

*C. S. Dinko Capt.*  
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 8 1919

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

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

Date .....