



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 81401 Name Archibald Locke Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Archibald Locke</u>                      |
| 2. What is your full Address? .....  | 2. <u>12 North Dame St</u><br><u>St John's</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                                  |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>4</u> Months             |
| 5. What is your Trade or Calling? .....  | 5. <u>Labourer</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><br><u>6 yrs.</u>                 |
| 9. What is your Religion? .....  | 9. ....  |
| 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 .....                    |
|  | { Corp   |

I, Archibald Locke 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.

Archibald Locke SIGNATURE OF RECRUIT.  
G. H. Ellis SIGNATURE OF WITNESS.

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

I, Archibald Locke do make oath, that I will be faithful and bear true allegiance to His Majesty the King 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 27 day of Oct 1917

Signature of Attesting Officer J. J. O'Leary 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 Oct 27 1917 Place Signet St John's J. J. O'Leary Capt 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:— (Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....





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 . **FEB. 26TH. 1919.**.....

- 1. Unit *Royal Newfoundland*
- 2. Regimental No **B401**
- 3. Rank **PTE.** at **ST. JOHN'S.**
- 4. Name **LOCKE A.**
- 5. Age last birthday **18.**
- 6. Enlisted on **27TH. OCT. 1917.**
- 7. Former trade or occupation **LABOURER.**

8. Disability **INFLUENZA.**

9. History  
 REMOVED TO M.I.D. HOSP. ON ARRIVAL FROM TRANSPORT, WITH INFLUENZA.  
 IN M.I.D. FROM 8/2/19. TO 18/2/19.

10. What is his present condition?

**NOW RECOVERED FROM ATTACK OF INFLUENZA.**

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

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

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

Signature

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

Rank or Qualification

**FOR M.O. DEPOT.**...

Remarks if any by Officer in Charge 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 **NO DISABILITY**, 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.

**QUITE RECOVERED.**

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:—

**N. S. FRASER.**

President

Signatures **J. S. TAIT.**

**L. PATERSON. MAJOR.**

Place **ST. JOHN'S.**

Date **FEB. 27TH. 1919.**

APPROVED OF MEDICAL SERVICES

Station **FEB. 27. 1919.**

Date No. **NEWFOUNDLAND.**

**(SGD) CLUNY. MAGPHERSON. 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 **ARCHIBALD LOCKE.**

Regiment from which discharged *Royal Newfoundland*

Regimental number **8401.**

Intended address **12 NOTRE DAME ST. C I T Y.**

Height on discharge **5 Feet 8**

Color of hair on discharge **BLACK ~~743~~**

Complexion **FAIR**

Color of eyes **BROWN**

Descriptive Marks **-----**

Figure on discharge **MEDIUM**

Christian name of Father **GEORGE**

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 **ST. JOHN'S. 20/6/1890.**

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) **HIS  
(SGD) ARCHIBALD X LOCKE.  
MARK**

(Rank) **PTE.**

Station **ST. JOHN'S.** Date **26/2/19.**

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

## DEMOBILIZATION OF

Reg. No. 4401 Rank Plt Name Locke A  
 Date of Enlistment 27-10-17 Address St Johns District St Johns  
 Occupation Labourer Classification for Discharge B Medical Category F-7  
 Recommendation S.M.B. permanently unfit Disability Rating 100  
 Passed to Demobilization Officer with following documents:—

N.F. P36	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 4-3-19 A Mens Term  
 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.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph A. Lawrence

Date 5-3-19 O i/c. Re-clothing.





# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8401 Rank Private Name Locke, A  
 Intended place of residence 12 Notre Dame 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 .....  
 Date MAR 5 1919 *for* [Signature] 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  
5-3-19  
[Signature] Signature of soldier  
[Signature] 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  
5-3-19  
[Signature] Signature of soldier  
[Signature] Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 27.10.17 No of days on Military  
 Discharged from service 5.3.19 Plus 14 days Service 509

### 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  
 Date MAR 5 1919  
[Signature] 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. Regd.  
 Date March 19/1919  
[Signature] Officer i/c Records  
 The Royal Newfoundland Regiment

*Handwritten note:* 1115