

# Newfoundland Forestry Companies

ATTESTATION	OF
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V	о.	0			-

viz:-(Name)....

Nameford Manuel Corps

Questions to be put to the Recruit before Enlistment.
I. What is your name? I ford manuel
2 Few is porte
2. What is your full Address?
3. Are you a British Subject?
4. What is your age?
5. What is your Trade or Calling? 5. Lumberman.
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vac-
9. What is your Religion? 9. Meth
10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies?
JOATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  I 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 fall on this. S. day of fire 1917 H. J. H. J. G. alu, S. M. Signature of Attesting Officer H. J. H. J. G. alu, S. M. S. Signature of Attesting Officer H. J. H. J. G. alu, S. M. S. Signature of Attesting Officer H. J. H. J. G. alu, S. M. S
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired 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
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,

.....on the (Date)

### DESCRIPTIVE REPORT ON ENLISTMENT

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

Appent age 40 years 4	THE RESERVE OF THE PARTY OF THE	hs.	He	ight.			feet <b>8</b> inche
Appent age 40 years 4 Chest Measurement Range of expansion Positiontive marks	nsion	2/2	inches				
brooked hos	e "	<i>'</i>					
INFORMA Name and Address of next of kin	naha		nas	u	Chickens San Street		
n. D. Bay	STATE OF THE	rs as to Ma					
(a) Christian and Surname of Woman to (c) Presen	whom married address. (d. (b)	i, and whether Initials of Of	spinster or scer verify (c)	_	. (b) P	lace and	date of marriage. (d)
	Particula	rs as to Cl	ildren				
Christian Names			1	-	Date	and Pla	ce of Birth
	MENT	OF THE	SERVICE 1 lowed to		Service	allow-	Signature of Officers cert
Corps in Rgt. or Depot Casualties, &c.	Army Rank	Dates	for fixin rate of p	g the ension Days	ed to reckon to- wards G. C. Pay		fying correctness of entries
Service towards limited engagement reckons from							
What anged Aprils	14/	919		-	HVA (IK #		
	4	Y			( ) A-		ATT COST
			7				The state of the s
Total Service forfeited as above							
etal Service towards Engagement to	eraliy - Vi	[date of disch	arge]	уе	ars	days	



# 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

Date	25/3/19.

- 1. Unit Royal Newfoundland
- 5. Age last birthday 42.

Station .. ST .. JOHN ! S .....

2. Regimental No. 8234.

Enlisted on JUNE 7TH. 1917.

- 3. Rank
- L/C.

at ST. JOHN'S.

- 4. Name
- MANUEL FORD.
- Former trade or occupation

8. Disability

NIL.

9. History
HE STATES THAT ABOUT JUNE 1918 WAS SUFFERING FROM COLD. FOR ABOUT 5 DAYS.
OTHERWISE NO DISABILITY.



10. What is his present condition?

GENERAL CONDITION GOOD PHYSICAL EXAMINATION HEART RAPID OTHERWISE NEGATIVE.

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

LUNGS. AT HEIGHT OF MARPIRATION OVER CHEST ANTERIORLY COMPRE RALES PRESENT OTHERWISE NEGATIVE INTEGUNITY SYSTEM. MARKED MACULAR RASH PRESENT OVER BODY.

Dealers Report up the levels

THE RESERVE AND ADDRESS OF THE PARTY OF THE

sanatorium - advised and refused?

12. Do you recommend discharge as permanently unfit?

J.B.O'RIBLLY. Signature Rank or Qualification

Remarks if any by Officer ile Hospital.

· SERLER

Place Signature Date Rank

and all the state of the state



PULSE

# Opinion of the Medical Board

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

(b) Climate

be considered as

(c) Ordinary Military Service

In para. 13, the President should write "may" or "cannot" at x Erase inapplicable words

13. For pension purposes, the disability x MAY

(a) Service during this war. Remarks if any:—

		1
15. (a) THE ENTIRE DISABILITY—To ing a full livelihood in the general la	what extent is his capacity lessened at presendor market?	ent for earn-
(b) PENSIONABLE DISABILITY—T ful livelihood in the general labor ma incurred during service?	o what extent is his capacity at present for arket lessened by that portion of his disa	or earning a bility to or
(State in percentage.)	20%. 6 Months.	
Remarks if any:-		
16. Is the disability permanent?		
17. Has the disability been aggravated by	(a) Intemperence (b)	Misconduct
18. The refusal of $\frac{\text{operation}}{\text{sanatorium}}$ is: $\frac{\text{(a)}}{\text{(b)}}$	Reasonable	
Remarks if any:-		
19. If fit subject for Hospital do you recomm	mend admittance to { General Hospital, Naval and Military ( valescent Hospital Jensen Tuberculosis	Miller
20. We recommend discharge from the A	Army	
Remarks if any:-		No. 1
Remarks II ally .—	N.S.FRASER.	. I
	R.B.ERAGER.	President
Signat	tures J,S,TALT.	
	L.PATERSON MAJOR	
Place . ST. JOHN'S		
Date . MARCH .27 . TH 1919		10.5
APPROVED OF OF MEDICAL SEC		
Station		
Date		
A ENFOUNDLATO.	(SGD). CEUNY. MACPHERSON	MAJOR.
		dical Officer

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

Army Form B. 121.

Number of Sheet Vist
Signature of O. C. Company HANSOSCAPE Porms B. 121 Regiment of 97-ld Foresty Companil Regimental No. and Name Good Conduct Badges, Service pay or proficiency pay

•	8234 Joined Joined Joined	Dat Dat Dat Dat	yanu	.L	Age on 40 years 4 months  Place and Date of Enlistment 7 16/17  Period of with Colours 12 years.  with Reserve 75 years.	Religion  Mett  Place of Birth				
	Place	Date of Offence	Rank	Cases of drunk- eness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order 4 dispensing with trial	By whom awarded	REMARKS
				1	11 61	4				
				2	emobilized St. Sh	no 14 79			• 4	
			100							
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,				138						В.
										121
			100000		To be-carried over					

# The Royal Newfoundland Regiment

		DEMOBILI	ZATION OF		2 (
Reg. No. No. 200.	A. Rank	1.10	Name	Consised	ere)
Date of Enlistme	nt. 8 6 - 1/	Address	Cocp	loutaDistrict	Swellyon &
		11 12 1			. / /
Recommendation	S.M.B. Sperm	unen Ellingto	Disability Ratio	ng . 30.74 . 6.21	tellus
Passed to Demob	ilization Officer with	following docume	ints:—	1	
N.F. P 36	В 268	В 121	N.F. Med	D.F. 1	
В 178	W 3494	B 122	Board 1st	" 2	
	D 400A		Mark Control of the C		
В 179.:	D 400B	Form L	do 3rd	" 4	
В 179а	D 400C	Charles I will be a line of the late of th	1001	" 5	
В 179b	В 103	ME 2	.7.0.0	···· 6	
В 179с	В 120	М 93			
Date2.		RTICULARS FO	1	O. C. Distharge Dep	ot.
	PA	RIICULARS FO	K DEMOBILIZ	ZATION	
1. Civil Re-Estab	lishment.				
I am	in a	position to resum	e civilian occupa	ation.	
		es especial	A.	o Mound	
Particula	rs passed to Vocat	ional Officer for in	formation and	action.	
Date					
2. Clothing.		·			
	ed that Clothing Rep	gulations have been	complied with	0 -	
	(a) Clothing Allow		\$ ,0,1 -	1990	<i>l</i>
	(b) Clothing Suppl	ied	ID 0	man fol	
Date. 29-	3-19			O i c. Re-clothing	

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No
at
1
/24.3 .6
Date Demobilization Officer
Ray and Allowances.
The herein named soldier's accounts have been correctly balanced and all matters in connection
$\mathcal{H}_{i} = \mathcal{H}_{i} = \mathcal{H}_{i}$
therewith settled. He has received pay and allowances to
Date
Depot Paymaster.
31216
Discharge approved for
Forwarded with following documents to O.C Discharge Depot.
Totalaca with following documents to 0.0 Discharge Deposit
N.F. P 36 B 268 B 121 I. N.F. Med D.F. 1 I
Б 178 W 3494 В 122 Board 1st " 2
B 178a D 400A J 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 179c B 120 M 93
B 1/36
1 3 2 19 Il Sminificent
Date
Demponization Oncer.
APPROVED.
Documents as above forwarded to:—
Officer ilc Records.
Board of Pension Commissioners.
with following additional documents.
with following additional documents.  Eligible for War Service Gratuity
Eligible for Wal 30 mos of
P. H. Sait Call
Date
O, C. Discharge Depot
Received the above noted documents from O. C. Discharge Depot.
and the above noted documents from o. o. Discharge Depot.
Jume trans
Date April 12, 1919 for Telecondo
Date

The Ro	nyal F	2ewfour	ndland	Reg	iment
			THE RESERVE OF THE PERSON NAMED IN		THE RESERVE OF THE PERSON NAMED IN

PROCEEDINGS ON DISCHARGE
1. No. 8234 Rank L/Chl Name Manuel, Ford.  Intended place of residence. Exclosition
2. Occupation
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 prought before me, in accordance with Regulations.  Place .ST. JOHN'S.  Date MAR 29 1919
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  Signature of soldier  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  Signature of soldier  29-3-19  Signature of witness
STATEMENT OF SERVICE  7. Enlisted for service 8-6-17 No of days on Militar  Discharged from service 31-3-19 flus 14 days. Service 676
APPROVAL OF DISCHARGE  8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ilc Record The Royal Newfoundland Regiment, twenty-eight days from date.  Place ST. JOHN'S.  Officer Commanding Discharge Depot The Royal Newfoundland Regiment.  Date
9. The discharge of above mentioned soldier is hereby confirmed Moorley Capo  Place Mus. Uged  Office ile Records  The Royal Newtonnelland Regiment