



Newfoundland Forestry Companies

ATTESTATION OF

No. F. 221 Name John Mc Askill Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>John Mc Askill</u> |
| 2. What is your full Address? | 2. <u>Whitney pier</u> |
| | <u>C. B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>3.0</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Boilermaker</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>yes</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>R. C.</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 Mc Askill 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 Mc Askill SIGNATURE OF RECRUIT.
 B. H. Ellis Signature of Witness.

John Mc Askill OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Mc Askill 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 4th day of June 1917.

Signature of Attesting Officer McBullman Major

† 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 Mc Askill
 Apparent age 33 years 1 months. Height 5 feet 11 inches

Chest Measurement { Girth when fully expanded _____ inches Weight 17
 Range of expansion _____ inches

Distinctive marks Fair Hair Blue eyes two blue marks in centre forehead
left Great toe amputated

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Mary Mc Askill
Whitney Rein | Relationship Mother
Sydney C.B. 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. Hobart Nov 24/1917</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 First

Regiment of 77th Forestry Companies

Signature of O. C. Company H.A. Ross Capt

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>John Mc Ardill</u>	Age on <u>33</u> years <u>1</u> months	<u>Kailermala</u>		
Joined _____ Date _____		Place and Date of Enlistment	<u>St. John's 4/9/17</u>		
Joined _____ Date _____		Period of	with Colours <u>174</u> years.	Religion	
Joined _____ Date _____			with Reserve <u>365</u> years.	Place of Birth	

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
<u>Annouies</u>	<u>7/8/17</u>	<u>Pte.</u>		<u>Absent from 9.15 AM 7/8/17 until 7.30 AM 8/8/17</u>	<u>Serg. May</u>	<u>3 days CB</u>	<u>8/8/17</u>	<u>Major G. S. Larty</u>	<u>forfeit 2 days pay R.W.</u>
<u>Dunkeld</u>	<u>24/8/17</u>	<u>Pte.</u>		<u>Absent from Lattos till apprehended by Civil Police at Dunkeld 31/8/17</u>	<u>Cpl Woodford</u>	<u>168 hrs. F.P. #2</u>	<u>1/9/17</u>	<u>H.A. Ross Capt.</u>	<u>forfeit 5 days pay Sgt. Col. J. G. ...</u>
<u>Dunkeld</u>	<u>20/9/17</u>	<u>Pte.</u>		<u>Absent from 8.2 AM till 12 noon 22/9/17</u>	<u>C.S.M. Munn</u>	<u>3 days CB</u>	<u>25/9/17</u>	<u>H.A. Ross Capt.</u>	<u>forfeit 3 days R.W.</u>
<u>Dunkeld</u>	<u>24/9/17</u>	<u>Pte.</u>		<u>Under</u>					

Medically unfit 24/9/17

COPY SENT TO
 O.C. H.Q.
 PENS. N.F.L.D.
11089/129
 24 OCT 1917

To be carried over

Army Form B, 121



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, Nfld.
Date November 6th., 1917

- | | |
|----------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. 33 |
| 2. Regimental No. 8221 | 6. Enlisted on |
| 3. Rank. Private | at St. John's, Nfld. |
| 4. Name. McAskell, John | 7. Former trade or Boiler Maker
occupation |

8. Disability

SORE FEET

9. History Had both feet frost bitten 8 years ago in the State of Maine Was in Hospital four months. Then came home to Sydney, C.B. Worked in Steel Works there. Feet got bad again and was in the General Victoria Hospital at Halifax, N. S. for 15 days. Worked here in steam boat

10. What is his present condition?

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

Good - only condition being his feet which he says inflame at times and become painful

11. Was sanatorium operation advised and refused?

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

Signature (Sgd) J. SINCLAIR TAIT...

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank





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, this 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 *McArdell John*

Regiment from which discharged *1st. Newfoundland*

Regimental number *3221*

Intended address *Sydney C.B.*

Height on discharge *5-Feet 11*

Color of hair on discharge *Grey*

Complexion *Cher*

Color of eye *Grey*

Descriptive Marks *Blue mark on forehead*

Figure on discharge *Erect*

Christian name of Father *Rob. McArdell*

Christian name of Mother *Mary McDonald*

Wife's maiden name in full *Mary McDonald*

Date and place of marriage *? Sydney*

Christian names of children

Place and date of soldier's birth *Pictou Co. April 14th 1885*

Nature and locality of civil employment required *Engineer*

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)

Station *Sydney*

Date *Nov. 6 1917*

(Rank)

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.

L. Paterson
Medical Officer i/c Hospital,
Unit, or Command Depot.

Station *Sydney*

Date *Nov 6. 17*



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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 **McASKELL JOHN**

Regiment from which discharged *1st. Newfoundland*

Regimental number **8221**

Intended address **SYDNEY C. B.**

Height on discharge **5** Feet **11**

Color of hair on discharge **GREY**

Complexion **CLEAR**

Color of eye **GREY**

Descriptive Marks **BLUE MARK ON FOREHEAD**

Figure on discharge **ERECT**

Christian name of Father **ROD. McASPELL**

Christian name of Mother **MARY McDONALD**

Wife's maiden name in full **MARY McDONALD**

Date and place of marriage **? SYDNEY**

Christian names of children

Place and date of soldier's birth. **PICTOU CO. APRIL 14th., 1885**

Nature and locality of civil employment required **ENGINEER**

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 McASKILL**

(Rank) **PTE**

Station **NOVEMBER 6th., 1917** Date **ST. JOHN'S NFLD.**

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.

(SGD) F. W. BURDEN

Medical Officer i/c Hospital
Unit, or Command Depot.

Station **ST. JOHN'S NFLD.**

Date **NOVEMBER 6th., 1917.**