



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3952 Name Frederick Moore Corps Medic

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Frederick Moore
- 2. What is your full Address? 2. Pruss Cove
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 23 Years 6 Months
- 5. What is your Trade or Calling? 5. Electrician
- 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. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Frederick Moore 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.

Frederick Moore SIGNATURE OF RECRUIT.
W. Holmes Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frederick Moore 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 defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, 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 Pruss Cove on this 17th day of June 1915
Signature of Attesting Officer W. K. [unclear] 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 complied with. I accordingly approve, and appoint him to the 1st Medic Company.
If enlisted by special authority, such will be attached to the original attestation.
Date 1915 }
Place } 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, 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 Jes. Moones
 Apparent age 25 years 6 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 56 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. John Moones
Penel Court | 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>12-12-16</u>									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at <u>M. Knis</u> on <u>December 12</u> <u>16</u>									
<u>No overseas Service</u>									
<u>Discharged Medically Dept. 15/17</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 15-1-17 [date of discharge] 35 years 35 days
 " " " Pensions " [" "] " " "

C.R. 3322

Extract from Roll of Officers and N. C. O.s and
men Discharged from the Royal Newfoundland
Regiment.

Regt #	rank	name	date	reason.
3322	Pte.	Moore Fred.	15/1/17	Med.Unfit.

C.R. 3322

Extract from list of men of the Royal Newfoundland Regiment discharged on various dates.

#3322 Pte. Frederick Moores, discharged Jan. 15th 1917,
Medically unfit.

C.R. 3322

Government House,
St. John's, Nfld.
15 December 1916.

Dear Mr. Moores,

I am directed by the Governor to inform you that he has given full consideration to your request on behalf of your son Frederick Moores.

His Excellency regrets, however, that he is unable to interfere with the attestation.

Yours sincerely,

Capt.

Private Secretary & A.D.C.

Mr. John Moores,

Pouch Cove.

Regret: point out that his other
son who has served help
him to be



C.R. 3322

Officer Commanding,
Headquarters.

Fred Moores, son of John Moores of Pouch Cove
has enlisted.

His father states that this son is his
only help and he has another son at the front.

He states that he needs the help of his
son during the winter.

For report on the circum-
stances.

14 Dec. 1916.

W. E. Anderson

Governor.

*Capt. Ayer
for report as follows
please see enclosed
over at 1/16
Moffi*

Fredrick Moores, Pouch Cove
enlisted Dec. 17th/16.
Age 22 years 6 months

This man's father told me that his other son applied for
enlistment in the Newfoundland Regiment and was rejected
by the Medical Authorities. He then left Newfoundland and
is now residing in the States. *Chas. Ayer Capt.*

As the man is of full age birth action would seem unnecessary

C.R. 3322

Extract from Daily Orders Part 11 Unit The Royal
Nfls. Regt., St. John's, Dec.13th, 1916.

3322 Pte. Fred. Moores.

Attached to the Strength from Dec.12th, 1916.

Moore, J.

9322

May Sept.

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Meares OF Christian Name Fredrick

Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>12</u> day of <u>Dec</u> 191 <u>6</u>		on _____ day of _____ 191	
	at <u>St. John's</u>		at _____	
Declared Age	<u>22</u> years <u>6</u> days		_____ years _____ days	
Trade or Occupation	<u>Telegraphist</u>		_____	
Height	<u>5</u> feet <u>4</u> inches		_____ feet _____ inches	
Weight	<u>120 1/2</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>36 1/2</u> inches		_____ inches	
	Range of expansion... <u>4 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R. E.—V	<u>6/9</u>	R. E.—V	_____
	L. E.—V	<u>6/9</u>	L. E.—V	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause Rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>D. W. Borden</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>12</u> day of <u>Dec</u> 191 <u>6</u>		on _____ day of _____ 191	
Joined on Enlistment	<u>31/1/16</u>	<u>5555</u>	Corps.	Regtl. No.
Transferred to	_____		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	



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

Date

St. John's N.Y.
Dec. 22/16

1. Unit *1st. Newfoundland*

5. Age last birthday.

*22*2. Regimental No. *3322*6. Enlisted on *12 Dec, 1916.*3. Rank. *Pte.*

at

*St. John's N.Y.*4. Name. *Moore, F.*

7. Former trade or occupation

Clk.

8. Disability

Albumenuria.

9. History *This man was treated at his home the Spring for this trouble. Said nothing about it on enlistment. On complaint of his father was examined. Albumen found.*

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.)

General Condition good.
Can do full duty. Says he doesn't
feel anything wrong with him. Urine examination showed
Albumen.

11. Was sanatorium operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit?

Yes.

Signature

Geo. Borden

Rank or Qualification

Leit. U.S.A.

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 x *cannot* be considered as aggravated by:—
due to
- (a) Service during this war.
 - (b) Climate.
 - (c) Ordinary Military Service

Remarks if any:—

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:— *Not applicable*
Not at all CM.

15. The refusal of operation sanatorium is:—
- (a) Reasonable.
 - (b) Unreasonable.

Remarks if any:—

16. We recommend discharge from retention in the Army

Remarks if any:—

Signatures. *R. S. Hasse* President
..... *L. B. Petersen major*
..... *Chindan. Laik*

Place *S. J. H. S.*
Date *Dec. 26/16*

APPROVED

Station
Date



Chas. Macpherson major
Administrative Medical Officer.

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DISCHARGE.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservation of the claims noted on the 3rd page.

Place St John's - Fredericton (Signature of Soldier)
Date Jan 31/17 C. H. Hea (Signature of Witness)

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No.

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full I hereby solemnly declare that my name is Frederick Moore and that I was

Fill in rank and force a (rank) Private (1st. Nfld. Reg.) 1st Nfld Reg. in or ~~(R. N. R.)~~

and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address I am residing at (Street and number) Truck house

Town of

and request my next pension cheque be sent to this address.

Frederick Moore SIGNATURE or mark of Pensioner.

Witness G. P. Shea

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 19....., and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman,

..... Signature.
..... Rank or position.
..... Postal Address.

Add any Remarks

.....

.....

.....

.....

\$



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 *Fred Moores.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *3322*
 Intended address *Pouet Cove.*
 Height on discharge *5* Feet *4*
 Color of hair on discharge *Brown.*
 Complexion *fair*
 Color of eyes *blue.*
 Figure on discharge *Medium*
 Christian name of Father *John.*
 Christian name of Mother *Selena.*
 Wife's maiden name in full }
 Date and place of marriage }
 Christian names of children }
 Place and date of soldier's birth. *Pouet Cove, 23 Aug. 1894.*
 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) *Fred Moores*

Station *St Johns Infld* Date *Dec 22/16* (Rank) *plc.*

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.

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

Station *St Johns Infld* Date *Dec. 22/16*



1st Newfoundland Regiment

HEADQUARTERS

St John's, Newfoundland,

January 11th-17. 191

From Officer Commanding,

Depot,

To Deputy Paymaster,

City.

No 3322 Pte Fred Moores.

This man was recommended for discharge by medical board on December 26th. It will be in order to confirm this discharge from the 15th inst.

Alauymerie

MAJOR

Commanding Depot,
First Newfoundland Regiment,
ST. John's, Nfld.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Frederick Moore*

aged *22 yrs 4 months* conducted at *S.F.B.*

Date: *Dec 12/16* Recruiting Officer:

NO OF TEST	FINDING
------------	---------

1 *no*

2 *no*

3 *no*

4 *no*

5 *no*

6 *no*

7 *yes*

8 *yes*

9 *no*

10 *n*

11 *n*

12 *n*

13 *test to be attached to.*

14 *n*

15 *n*

16 *n*

17 *n*

18 *n*

19 *by book.*

20 *n*

21 *n*

22 *n*

23 *n*

24 *n*

25 *n*

26 *n*

27 *n*

28 *n*

29 *n*

30 *n*

31 *n*

32 *n*

33 *at 5:4"*

34 *123 1/2*

35 *32: 36 1/2"*

36 *100 per year*

37 *Parents John Moore Bondi love*

38 *above*

39

22 21 11

21 August 1916

Signature of Medical Examiner:

Geo Boden *Leut.*



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3322 Name Fred. Moon Corps Mech.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Fred. Moon
- 2. What is your full Address? 2. Prud'homme Cove
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 35 Years 6 Months
- 5. What is your Trade or Calling? 5. Black H.
- 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. yes
- 9. Are you willing to be enlisted for General Service? 9. yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Fred. Moon 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.

..... SIGNATURE OF RECRUIT.

S. Deane 12/16 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Fred. Moon 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 defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, 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 12 day of Dec 1915

Signature of Attesting Officer Charles R. Aye 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 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.....
Place } 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, 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 Des. Moore
 Apparent age 23 years 6 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 36.5 inches
 Range of expansion 4.5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. John Moore
Beach Court | 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 _____									
Joined at _____ on _____									
				<u>Discharged</u>					
				<u>at</u>					
				<u>Beach Court</u>					
				<u>Jan 15 1917</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " " Pensions " _____ [" "] _____ " _____ "

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Moore OF Christian Name Federick

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 12 day of Dec 1916	at St. John's N.F.	on _____ day of _____ 191	at _____
Declared Age	22 years	22 months	_____ years	_____ days
Trade or Occupation	Clerk			
Height	5 feet 4 inches		_____ feet	_____ inches
Weight	123 1/2 lbs.			_____ lbs.
Chest Measurement	36 1/2 inches			_____ inches
	4 1/2 inches			_____ inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated	never			
Vision	R.E.—V=	6/9 6/9	R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)				
(Rank)				
Enlisted	at St. John's N.F.		at _____	
	on 12 day of Dec 1916		on _____ day of _____ 191	
Joined on Enlistment	Corps	Regtl. No.	Corps,	Regtl. No.
	1st Newfoundland Regiment. 3322			
Transferred to				
Became non-effective by				
(Signature)	on _____ day of _____ 191		on _____ day of _____ 191	
(Rank)				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
11-1-17	<u>T.A.B.</u>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

J. J. 5/17

Billington a/c.

To Mrs J. Shettle
Cabot St.

To 3 weeks board

\$ 15⁰⁰

3322 Pte. F. Moore

CERTIFIED CORRECT

J. J. Shettle
BILLING OFFICE
C. H.