



Newfoundland Forestry Companies

ATTESTATION OF

No. A222 Name John Oldford Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>John Oldford</u> |
| 2. What is your full Address? | 2. <u>Salvage Bay</u> |
| | <u>B. Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>39</u> Years <u>7</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>CoFE</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 |

1. John Oldford 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 Oldford SIGNATURE OF RECRUIT.

James J. Waugh Signature of Witness.

E 11/6/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

John Oldford 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 Falls on this 1st day of June 1917 H. J. Fitzgerald Sms

Signature of Attesting Officer

†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 1917

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 John Oldford
 Apparent age 39 years 7 months. Height 5 feet 9 1/2 inches

Chest Measurement { Girth when fully expanded 39 1/2 inches Weight 170
 Range of expansion 2 inches

Distinctive marks Hair Brown. Eyes Light Blue. Complexion Fair
Scar on right arm (upper)

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Belinda Oldford
Salvage Bay | Relationship Wife
B. Bay. 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>Belinda</u> (a) <u>Canning</u> Spinster	(b) <u>Salvage Bay</u> July 2 nd 1898	(c) <u>Salvage Bay</u> B.B.	(d) <u>J. J. W</u>
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Particulars as to Children

Christian Names	Sex	Date and Place of Birth
<u>Earnest Ambrose</u>	<u>Male</u>	<u>Salvage Bay Aug 12th 1904</u>
<u>Martha Ann</u>	<u>Female</u>	<u>" " Jan 1906</u>
<u>Leander</u>	<u>Male</u>	<u>" " Sept 1908</u>
<u>Easter May</u>	<u>Female</u>	<u>" " Oct 12th 1913</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 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 at Johns. Nov. 14/1918</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days
 Pensions " " " " " "

Report of Medical Board.

Station **St. John's, Mfld.** Date **August 20th., 1918**
 No. and Rank **8222 - Pte.** Age **39** Height **5'10"**
 Name **OLDFORD, JOHN** Complexion **Dark**
 Unit **Royal Mfld. (Forestry)** Eyes **Blue** Hair **Black**
 Address **Salvage, B. B.**
 Former Trade **Lumberman**
 Enlisted at **St. John's** On **1/6/17** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **FEBLEMINDEDNESS**

Subsequent

Present Condition (Compare with previous Board)

SAYS HE HAS IMPROVED SOMEWHAT SINCE HIS RETURN HERE. STILL
"FULL OF COMPLAINTS" OFTEN IMAGINARY IN NATURE

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?
AS BELOW

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

Recommendation of Medical Board **DISCHARGE AS PERMANENTLY UNFIT 40% for 6 months**

Members of Board

(SGD) CLUNY MACPHERSON, Major

D. M. S. NEWFOUNDLAND.

(SGD) JOHN G. DUNCAN

J. SINCLAIR TAIT

ARCH G. TAIT

Approving Medical Officer.

CERTIFIED CORRECT COPY

CLUNY MACPHERSON, Major

Per *Atu-13*



Officer-in-Charge,
Murthly War Hospital,
Murthly, Perthshire.

O.1/c Records,
Newfoundland Corps,
58, Victoria Street,
London.

Chief Pmt. & O.1/c Records,
Newfoundland Contingent,
58, Victoria Street, S.W.

Officer 1/c Murthly
War Hospital,
Murthly.

10951

Pay & Record Office,

5th July, 8.

8th July, 8.

8222 Pte. Oldford, John,
Newfoundland Forestry Coy.

The above mentioned man was brought before a Medical Board on the 3rd inst. and discharged from the service. Boarding papers were sent to you immediately after the Board. I shall be glad to have instructions as to where I shall send the man for return to Newfoundland.

Reference obverse: this man, if capable of looking after himself, should be transferred to the Discharge Depot, 2nd Bn. Royal Newfoundland Regt., Hazeley Down Camp, near Winchester, station: Shawford; there to await repatriation, please.

Chief Paymaster & O. 1/c Records

(Sgt) H. BRUCE, Lieut.Col.,
R.A.M.C.
Officer in Charge.

6108

6/7/18

M.O. R. Nfld Regt.,

O.C. Records.

Hazeley Down Winchester

12/7/18

Can you trace the A.F.B.178
x of No. 8222 Private Oldford John
of Nfld Forestry Bn?

His other papers are in
order, please.

(Sgd) J. St.P. Knight.

He was in Perth War Hosp.
24/10/17 to 4/12/17.

(Sgd) J. St.P. K.

C.P. & O.1/c Records,
Newfoundland Contingent.

O.C., 2nd Bn, R. Newfoundland Regt
Winchester.
11366.

Pay & Record Office,

15th July, 8.

All this man's documents
are at this office, including
A.F.B. 178; and he is to be
included in the next Repatriation
Draft, please.

Chief Paymaster & O. 1/c Records.

N.M.D. Form 98.

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

Nc.

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT OF MILITIA, NFLD.

St. John's, Newfoundland.

September 25th., 1919.

To:—John McDonald, Esq., M. D.,
Salvage, B. D.

From:—The Board of Pension Commissioners for Newfoundland,
St. John's, Newfoundland.

Sir:—

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

Name

8222, Pte. John Oldford

You will find a form on which to record your examinations on pages 2 and 3.

Pensioner will be notified to appear before you on whatever date you will find convenient.

Address

Salvage, B. D.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar (\$1.00)~~ for each Doctor for each examination.

(\$3.00)

I have the honour to be,

Sir,

Your obedient servant,

THE SECRETARY

BOARD OF PENSION COMMISSIONERS FOR NFLD.

DIRECTOR OF MEDICAL SERVICES

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age..... **39** Height..... **5' 10"** Colour of Eyes..... **BLUE**
Complexion..... **DARK** COLOUR OF HAIR: **BLACK** Marks of Identification

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on..... **FEB. 3rd 1919.** and other necessary information, follows:—

Condition of Pensioner:—

CLAIMS UNABLE TO WORK DUE TO WEAKNESS. CANNOT FIND ANY CAUSE FOR SAME, OR ANY MARKED WEAKNESS.

DISABILITY: FEEBLEMINDEDNESS.

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED

MEDICAL REPORT

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2?
- (2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

CLAIMS HE IS UNABLE TO DO WORK DUE TO WEAKNESS. CAN DO LIGHT WORK BUT HAS NO HOLD OUT. CANNOT FIND ANY ORGANIC DISEASE HE IS FEEBLEMINDEDNESS AND NEURASTHERIC.

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?
..... DIMINISH SLIGHTLY
- (4) Will it materially increase or diminish? WILL DIMINISH
- (5) Is the disability permanent? NO
- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated in percentages)

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability due to or incurred during service?

(State in percentage.)

- 75%
- (8) Would treatment reduce the pensioner's disability or increase his comfort?
..... 75%
- (9) If so, is pensioner willing to accept such treatment, and when? ... YES
- If not, why? YES

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place . SALVAGE J. MCDONALD. President

Date ... OCT. 13TH, 1919.,

..... Members

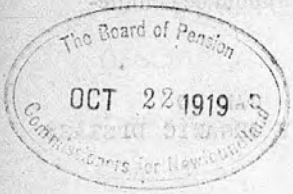
Pensioner's Signature **JOHN. OLDFOED.**

Signature of Witness **JOHN. MACDONALD.**

CONTINUATION

APPROVED FOR 10% FOR SIX MONTHS THEN NIL

CLUNY MACPHERSON. LT/COL.



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? ... **MARRIED**
- 8 (b) If so, is he receiving the additional allowance? **No**
- 9 (a) Has a child been born to pensioner since last medical re-examination?
- 9 (b) If so, is he receiving the additional allowance?
- 10 If pensioner was married, has his wife died since last medical re-examination? **No**
- 11 Have any of pensioner's children died since last medical re-examination? **No**

Place **SALVAGE**

..... **J. MACDONALD.**
Medical Examiner.

Date ... **OCTOBER 13 th.** 1919

NIL

B. P. C. No.....

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:

ST. JOHN'S, Newfoundland,

Medical Report required; review date:—

Date **MARCH 1931.**

AS SOON AS POSSIBLE, PLEASE:
- - - - -

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per **B.T.**

Regimental No. **8222**

Rank **PTE:**

Name **JOHN OLDFORD.**

Address:- **Corner Brook.**

Unit **NFLD FORESTRY CORPS.**

DESCRIPTION OF PENSIONER:

Apparent Age **53 YRS.**

Height **5'10"**

Color of Eyes **Blue.**

Complexion

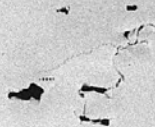
Colour of Hair

Weight

Marks of Identification:

DISABILITY TO BE REPORTED ON:-

VARICOSE VEINS
- - - - -



Disability for which pension has been awarded:—

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

Yes.

(2) Give a definite detailed description of the present condition.

March 26, 1931:

SYMPTOMS - Pain in the legs - dead-aching in character, starting mid-day.
Numbness in the legs.
Swelling of the legs.

SIGNS:- Marked varicosities both feet, calves and thigh. Linear operative scars - both calves from level of knees to feet. One linear scar - short - left saphenous opening. Swelling about ankles.

Veins re-appeared two years ago.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

VARICOSE VEINS

Special Questions:-

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:-

(If there are no complaints, it will be so stated.)

Signature of Witness..... W. J. COCHRANE.

Pensioner's Signature..... JOHN OLDFORD.

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated while on Active Service.)

VARICOSE VEINS

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?.....
FIRST EXAMINATION.

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

Increase.

5 Will disabilities materially increase or diminish?.....

6 Are the disabilities permanent?.....

Yes.

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?.....

No.

(b) Should he continue to do so?.....

(c) If so, is any alteration in the form of the present appliance recommended?.....

(d) If any appliance is necessary?.....

Yes.

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?.....

(b) Nature of treatment advised..... **Operation.**

(c) Is pensioner willing to accept treatment advised?.....

Yes.

(d) If not, is his refusal reasonable?.....

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment
(To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reason:.....

The foregoing report submitted by:

Pensioner's signature

Signature

Medical Examiner.

Place

Date

Members
(of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9 (a) Has pensioner married since last medical re-examination?..... **Married.**

(b) If so, is he receiving the additional allowance for a wife?..... **None.**

10 (a) Has a child been born to pensioner since last medical re-examination?..... **No.**

(b) If so, is he receiving the additional allowance for a child?.....

11 If pensioner was married, has his wife died since last medical re-examination?..... **no.**
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?..... **no.**
(State date of death and names of children who have died.)

Date **March 26.1931**

SGD: W.J. COCHRANE. M.D.

Place **Cornerbrook.**

Head of District Office,
(or Medical Practitioner)

Approved - NIL,

Dr. A. Campbell, Med., Adv.,