



# Newfoundland Forestry Companies

8037

## ATTESTATION OF Archibald Reddle

No. Name Corps

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

- |  |                              |
|--|------------------------------|
| 1. What is your name? .....  | 1. <i>Archibald Reddle</i>   |
| 2. What is your full Address? .....  | 2. <i>55. babot. street.</i> |
| 3. Are you a British Subject? .....  | 3. <i>yes.</i>               |
| 4. What is your age? .....   | 4. <i>23 9</i>               |
| 5. What is your Trade or Calling? .....  | 5. <i>Labourer</i>           |
| 6. Are you Married? .....  | 6. <i>yes</i>                |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                       | 7. <i>no</i>                 |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>yes</i>                |
| 9. What is your Religion? .....  | 9. <i>6 of 8.</i>            |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... | 10. <i>yes</i>               |

*Archibald Reddle*

I.....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 Reddle* SIGNATURE OF RECRUIT.

*Walter D. Ellis* SIGNATURE OF WITNESS.

*E 24/4/17*

*Archibald Reddle*

### OATH 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 fully entered as replied to, and the said *Reddle* made and signed the declaration and taken the oath before me at *St. John's* on this.....day of.....1917

Signature of Attesting Officer *[Signature]*

### †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 } 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 Archibald Peddle  
 Apparent age 23 years 9 months. Height 5 feet 9 3/4 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Eyes - Blue. Hair - Brown. Fourth finger of left hand missing

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Isabella Peddle  
55 Babot Street | Relationship Wife  
St. Johns  
 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.

Isabella <sup>(a)</sup> Holland.	St. Johns <sup>(b)</sup> June 28/1913	55 Babot St. <sup>(c)</sup>	_____ <sup>(d)</sup>
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### Particulars as to Children

Christian Names	Sex	Date and Place of Birth
Mary A.	Female	22/4/15 St. Johns

### 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 _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [ " " ] " " "									



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 37

Name Archibald Redde Corps

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Archibald Redde</u> .....         |
| 2. What is your full Address? .....  | 2. <u>55 Saloot Street</u> .....        |
|  | <u>St. John's</u> .....                 |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                     |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>9</u> Months..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Labourer</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>Ch. of E.</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, Archibald Redde.....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 Redde.....SIGNATURE OF RECRUIT.

Walter J. Ellis.....Signature of Witness.

E 24/4/17

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

Archibald Redde.....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 25 day of April.....1917

Signature of Attesting Officer J. J. [Signature]

### † 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 7<sup>th</sup> Corps.....  
If enlisted by special authority, such will be attached to the original attestation.

Date 25/4/17.....1917

Place St. John's..... } Approving Officer. [Signature]

† 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 Archibald Peddle

Apparent age 23 years 9 months. Height 5 feet 9 3/4 inches

Chest Measurement { Girth when fully expanded ..... inches  
Range of expansion ..... inches

Distinctive marks Eyes - Blue. Hair - Brown. Fourth fingers of left hand missing.

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Isabella Peddle  
55 Babot Street | Relationship Wife  
St. Johns      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)
<u>Isabella Holland.</u> <u>spinster</u>	<u>St. Johns</u> <u>June 25/1913</u>	<u>55 Babot St.</u>	

### Particulars as to Children

Christian Names	Sex	Date and Place of Birth
<u>Mary A.</u>	<u>Female</u>	<u>22/4/15</u> <u>St. Johns</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>Dischgd.</u>	<u>St. Johns</u>	<u>July 16/1918</u>							
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [ " " ] _____ " _____ "									

ENTERED.
PAY LEDGERS <i>PA</i>
NUM. ROLL
ALLOT. INDEX
REGISTER
EXAMINED



# Newfoundland Forestry Companies.

## ALLOTMENTS

I, Archibald Leddle, Regl. No. 9037

hereby agree, until further notification by me, and in similar official form to make an Allotment of Ten Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins May 1<sup>st</sup>

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>144</u>	<u>F. Colman</u>	<u>This allotment starts May 1<sup>st</sup> until Sept 17<sup>th</sup> inclusive 140 days</u>		
			Total Allotment, \$	

**NOTE.**—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) N.A. Baird  
 Officer Commanding  
 Company  
John  
May 18<sup>th</sup> 1917.

(Sig.) Archibald Leddle  
 (Rank) Plt.

JANUARY 6, 1921.

SIXTH BOARD

Form Z 179 B. P. C.

PENSION NO. 582

# Report of Medical Board.

Station	St. John's, Nfld.	Date	OCTOBER 12, 1920.	
No. and Rank	8027 PRIVATE	Age	26 YEARS	Height 5' 10"
Name	ARCHIBALD PEDDLE	Complexion	FAIR	
Unit	Royal Newfoundland	Eyes	BLUE	Hair DARK BROWN
Address	WILLS' RANGE, HEAD PLEASANT STREET			
Former Trade	LABOURER			
Enlisted at	ST. JOHN'S On 24/4/17	(The Board will please note how the soldier's appearance corresponds with above description).		
Disease or Disability	Original	<u>T A C H Y C A R D I A</u>		

Subsequent

Present Condition (Compare with previous Board)

WEIGHT 152½ LBS. PULSE 104. HEART SOUNDS, GOOD.  
 STILL ANAEMIC, BUT CONDITION IMPROVED. IS FAIRLY DEAF.

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

20%

**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?

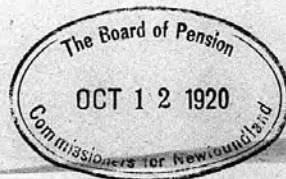
Recommendation of Medical Board

20% for 3 months

Members of Board

(SGD) CLUNY MACPHERSON, LIEUT. COL.

J. B. O'REILLY, CAPTAIN.



JANUARY 16th., 1920.

THIRD BOARD

Form Z179 N. M. D.

Report of Medical Board.

Station **St. John's, Nfld.**  
 No. and Rank **8037 PRIVATE**  
 Name **PEDDLER A.**  
 Unit **Royal Newfoundland**  
 Address **28 SOUTHSIDE**  
 Former Trade **LABOURER**  
 Enlisted at **ST. JOHN'S** On **24/4/17**  
 Disease or Disability Original **TACHYCARDIA**

Date **AUGUST 6TH., 1919.**  
 Age **25** Height **5'10"**  
 Complexion **FAIR**  
 Eyes **B:UE** Hair **DARK BROWN**

(The Board will please note how the soldier's appearance corresponds with above description).

Subsequent

Present Condition (Compare with previous Board)

**Very Anaemic. Pulse 112. Short of breath and deaf. debilitated and quite incapable of any work. hard work.**

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

**80%**

**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 60% Six Months**

Members of Board

SGD

N. S. FRASER.....

J. S. TAIT.....

J. B. O'REILLY..... 10

Approving Medical Officer

Signed **CLUNY MACPHERSON, MAJOR**

Cables and Telegrams :  
"SYNOPTICAL," London.

Telephone :  
VICTORIA 147.

Communications to be addressed to the  
CHIEF PAYMASTER & OFFICER I/O RECORDS,  
and the following No. quoted :

N. F. P/38.

**ORIGINAL.**

## NEWFOUNDLAND CONTINGENT.

### MEMORANDUM.

No 8294/<sup>3</sup>156/P&A. *C.R. 8037*

From

**PAY AND RECORD OFFICE,**

58, VICTORIA STREET,

LONDON, S.W.

To The Hon. the Minister of  
Militia,  
St. John's,  
Newfoundland.

FM/NM

25th, May

1918

**SUBJECT :**

8037. PTE. A. PEDDLE.  
ROYAL NEWFOUNDLAND REGT.,

Reference Nos.

**REPLY**

Dated July 31st. 1918.

191

Please return **ORIGINAL** and retain **DUPLICATE.**

With reference to exchange  
of telegrams:

(1)

Received 8/5/18 (4183), -  
"Synoptical. London.  
"8037 Peddle payee of  
"allotment dead ascertain  
"wishes. of Peddle re allot  
"ment fullstop.  
(Sd) Military."

(2)

Despatched 18/5/18 (650), -  
"Military. St. John's.  
"With reference to your  
"telegram 8th. May 8037  
"Peddle, see my telegram  
"21st. January.  
(Sd). Synoptical."

Copy of memorandum exchanged  
with Officer Commanding, Newfound-  
land Forestry Corps, is enclosed.

Pte. Peddle was repatriated  
to Newfoundland with Draft No. 56,  
please

*H. J. Dimmock*  
Major,  
Chief Paymaster & O i/c. Rcds.

Noted.

Thank you.

*W. F. Rendell*

Lt. Col., C.S.O.  
for Minister of Militia

✓ 7453.  
10 AUG 1918

*H. J.*



### Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>8037</u>	Army Rank <u>Private</u>
Name <u>Archibald Peddle</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Nfld Forestry Companies</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>July 16<sup>th</sup> 1918</u>	
Place of discharge <u>St John's, Nfld</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>23</u> years <u>11</u> months Height <u>5</u> feet <u>10</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>blue</u> Hair <u>dark brown</u> Trade <u>Labourer</u> Intended place of residence <u>55 Cabot St.</u> (To be given as fully as practicable) <u>St John's</u>	Descriptive marks.
2. The above-named man is discharged in consequence of <u>being no longer physically fit for active service.</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :— <hr/>	
4. Character awarded in accordance with King's Regulations :— <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<small>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</small>	
Initials of Commanding Officer.	

To be filled in on the soldier quitting the Colours.

Army Form B. 2068 has been issued to\*

\* Strike out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Bttn. \_\_\_\_\_ Regiment.

8. 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 reservations of the claims noted on the 3rd page.

(Place) St. John's, Nfed A. Peddle (Signature of Soldier.)

(Date) July 16th 1918. M. Howley (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " \_\_\_\_\_

Total ... .. " " \_\_\_\_\_

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

---

No reservations  
A. Peddle

2

COPY.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4  
 (1464) W2627/M2529 250m 7/17a 52 56

Forms  
 B 121  
 41.

Number of Sheet *First*

Regiment of *1st New Forest Coy*

Signature of O. C. Company

Regimental Number and Name <i>1037 Siddle A.</i>		Enlistment Age on <i>23</i> years <i>11</i> months		Trade <i>Shaver</i>	Good Conduct Badge, Service Pay or Proficiency Pay
Joined _____ Date _____	Place and Date of Enlistment <i>1st New Forest Coy 20.4.17</i>	Period of with Colours _____ years with Reserve _____ years.	Religion <i>Cof. E.</i>	Place of Birth	
Joined _____ Date _____			Place of Birth		
Joined _____ Date _____					



Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with it	By whom awarded	REMARKS
<i>Launceston</i>	<i>17.6.17 12.6.17</i>	<i>Sgt.</i>		<i>Late on parade breaking barracks after retire</i>	<i>Cpl Woodford Cpl Moore Cpl Woodford</i>	<i>30 days C.D.</i>	<i>18.6.17</i>	<i>Lieut. Prodyer</i>	<i>J.H.B.</i>
<i>Dunkeld</i>	<i>13.7.17</i>	<i>Sgt.</i>		<i>1 Absent till 10 p.m. 2 Disturbance in quarters 3 Absence to an N.C.O. 4 Creating disturbance in town</i>	<i>Cpl Woodford Sgt. Pike " Grainger</i>	<i>30 days extra work 3 Day 2 Day 45 days C.D.</i>		<i>Capt Baird</i>	<i>J.H.B.</i>
<i>Dunkeld</i>	<i>24.7.17</i>	<i>"</i>		<i>Neglect of duty</i>	<i>Cpl Moore</i>	<i>15 days extra work</i>	<i>25.7.17</i>	<i>Lt. Prodyer</i>	<i>J.H.B.</i>
<i>Dunkeld</i>	<i>1.9.17</i>			<i>Wounding in trench by Cookhouse</i>	<i>Cpl Moore</i>	<i>7 days C.D.</i>	<i>1.9.17</i>	<i>Lt. Prodyer Capt</i>	<i>J.H.B.</i>

To be carried over

Army Form B 121.

THE BOARD OF  
**PENSION COMMISSIONERS**  
FOR NEWFOUNDLAND

HON. J. A. CLIFT, K.C., C.B.E.  
MAJOR W. H. PARSONS, M.C.,  
R.A.M.C.



In reply refer to

No. ....

*St. John's,*

April 10th., 1920.

To:- Paymaster.

*32*  
8027, PTE. A. PEDDIE.

Please note that the m/n man was DISCHARGED from the  
Naval & Military Convalescent Hospital APRIL 6TH., 1920.

A. M. B.

AMB.

No.	Rank.	Name.	Attested. St. John's. of Medical Board. S.M.B.	Report of Medical Board.
8037	Private	Peddle, Arch.	24/4/17.	19/2/18.
				<p><u>Section 10.</u></p> <p>He complains of weakness. He is anæmic. He complains of pain over cardiac region. pulse 88 - slightly irregular - no organic disease - slight hæmic murmur over base.</p> <p>Disability may be considered as due to ordinary military service.</p> <p>Rather sickly looking, complains shortness of breath and weakness. Pulse 140 murmur in both cardiac regions.</p> <p>Disability total at present..</p> <p>Tochy Cordia.</p>

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet First

Forms  
B. 121.  
28

Regiment of Newfoundland Forestry Companies Signature of O. C. Company \_\_\_\_\_

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>8037</u>	Age on	<u>23</u> years <u>9</u> months	<u>Sawyer</u>	
Joined _____ Date _____		Place and Date of Enlistment		Religion	
Joined _____ Date _____		{ with Colours } <u>St John's</u> { with Reserve } <u>24/4/17</u> <u>35</u> years.		<u>2 of 2</u>	
Joined _____ Date _____				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>Race Course, Apr.</u>	<u>17-6-17</u>	<u>Pte</u>		<u>Late on Parade</u>	<u>Gil. Woodford</u>				
	<u>18-6-17</u>			<u>Breaking Barracks</u>	<u>C. S. M. Moore</u>	<u>5 days C.B.</u>	<u>18-6-17</u>	<u>Lieut. Goodyear</u>	<u>J.A.B.</u>
<u>Dumfries, Scotland</u>	<u>13-7-17</u>	<u>Pte</u>		<u>apfel tattoo</u>	<u>Gil. Woodford</u>			} <u>Capt. Baird</u>	} <u>J.A.B.</u>
				<u>Absent from tattoo 10 to 10 p.m.</u>		<u>30 hrs. extra work</u>			
				<u>Disturbance in quarters</u>	<u>Capt. Woodford</u>	<u>3 days F. Pay</u>			
				<u>madness to an A.C.O.</u>					
<u>Dumfries, Scotland</u>	<u>24-7-17</u>	<u>Pte</u>		<u>Creating disturbance in dorm</u>	<u>Capt. Pike</u>	<u>45 days C.B.</u>		} <u>Lt. Goodyear</u>	} <u>J.A.B.</u>
				<u>Neglect of Duty</u>	<u>C. S. M. Moore</u>	<u>15 hrs. Extra Work</u>	<u>25-7-17</u>		
<u>Dumfries</u>	<u>1-9-17</u>			<u>Urinating in trench by cookhouse</u>	<u>C. S. M. Moore</u>	<u>7 days C.B.</u>	<u>1-9-17</u>	<u>W.H. Ross Capt. W.H.D.</u>	
				<u>Medically unfit St John's 16<sup>th</sup> 18</u>					

COPY SENT TO  
 O.C. H.Q.  
 ST. JOHNS, N.F.L.D.  
 N.F.P. 38, No. 9587  
 DATED 18 JAN 1918

To be carried over

Army Form B. 121.

A Seddle

C.R.

8037

8110

6



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

# MEDICAL HISTORY

Surname Peddle OF Christian Name Archibald

Table I.—GENERAL TABLE.

Birthplace:—Parish 5<sup>s</sup> Cabal St. St. John's County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>24</u> day of <u>April</u> 191 <u>7</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>23</u> years <u>9</u> mos	days	years	days
Trade or Occupation	<u>Labourer</u>			
Height	<u>5</u> feet <u>9 3/4</u> inches		feet	inches
Weight	<u>146</u> lbs.			lbs.
Chest Measurement	Grith when fully expanded	inches		inches
	Range of Expansion	inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number	<u>1</u>		
When Vaccinated				
Vision	R.E.—V=		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)	<u>W.E. Proemier</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>	at		
	on <u>24</u> day of <u>April</u> 191 <u>7</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>4th Forestry Companies 8037</u>			
Transferred to				
Became non-effective by				
	on	day of	191	on
(Signature)			day of	191
(Rank)				

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
N.F.P.38, No. 958  
DATED 19 JAN 1918

Table II.—Only for admission to hospital or to the sick list in c

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the course of syphilis, admissions and nature of treatment
	Day	Month	Year	Day	Month	Year			
Military Hospital Perth.	15	12	17.	5.	1.	18	Tachycardia.	22.	Heart's action little benefit in weeks in

tal or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Heart's action quick & irregular. Has derived very little benefit from 3 weeks in Hospital in weeks in bed. Recommend Piraberg

*J. J. Meade*  
CAPTAIN, R.A.M.C.

*J. J. Meade*  
acting (in O.)  
R.F.D. 1st Co.

7

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname PEDDLE

Christian Name ARCHIBALD

TABLE I.—General Table.

Birthplace { Parish 55 Cabot Street  
County St. John's

Examined { on 24 day of April 1917  
at St. John's

Declared Age 23 years 9 mos days.

Trade or Occupation Labourer

Height 5 feet 9<sup>3</sup>/<sub>4</sub> inches.

Weight 146 lbs.

Chest Measurement { Girth when fully Expanded \_\_\_\_\_ inches.  
Range of Expansion \_\_\_\_\_ inches.

Physical Development \_\_\_\_\_

Vaccination Marks { Arm \_\_\_\_\_ RIGHT | LEFT  
Number \_\_\_\_\_ | 1

When Vaccinated \_\_\_\_\_

Vision { R.E.—V = \_\_\_\_\_  
L.E.—V = \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by (Sgd) W. E. PROCUNIER

Rank Lieut.  
Medical Officer.

Enlisted { at St. John's  
on 24 day of April 1917

Joined on enlistment Corps Nfld. Forestry Regl. No. 8037

Transferred to

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_

(Signature) \_\_\_\_\_

(Rank) \_\_\_\_\_

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation





## 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 **PEDDLE ARCHIBALD**

Regiment from which discharged *1st. Newfoundland* **FORESTRY CO.**

Regimental number **8037**

Intended address **55 CABOT ST.**

Height on discharge **5** Feet **10**

Color of hair on discharge **DARK BROWN**

Complexion **FAIR**

Color of eye **BLUE**

Descriptive Marks

Figure on discharge **MEDIUM**

Christian name of Father **DEAD**

Christian name of Mother **DEAD**

Wife's maiden name in full **ISABEL**

Date and place of marriage **ST. JOHN'S JUNE 28th., 1913**

Christian names of children **MARY AGNES**

Place and date of soldier's birth. **ST. JOHN'S JULY 29th., 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) **(Sgd) A. PEDDLE**

(Rank) **PTE**

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

Date **FEBRUARY 16th., 1918.**

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.

*6th., 1918.*



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 February 19th., 1918.

1. Unit 1st. Newfoundland
2. Regimental No. 8027
3. Rank. Pte. at St. John's
4. Name. Peddle, Archibald
5. Age last birthday. 25
6. Enlisted on April 24th., 1917
7. Former trade or occupation Labourer
8. Disability  
TACHYCARDIA

9. History
- He was subject to fainting spells before enlistment. He was at work in Scotland about 8 months when these weak turns came on him again. He was in Hospital, Perth, for 22 days. Was discharged 5-1-18 very little improved.

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.)

He complains of weakness - he is anaemic  
He complains of pain over cardiac region  
Pulse 88 - slightly irregular - no organic  
disease. Slightly hemic murmur over base

11. Was sanatorium advised and refused?  
operation

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

Signature (Sgd) F. W. BURDEN .....

Rank or Qualification .....

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....



# Opinion of the Medical Board.

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

13. For pension purposes, the disability x may 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.

**Pale sickly looking. Complains of shortness of breath  
and weakness. Pulse 140. Murmur in both cardiac  
regions**

ADMITTED ST. JOHN'S GENERAL HOSPITAL JUNE 25th., 1918

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:-  
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:-

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance No (b) Misconduct No

18. The refusal of operation in sanatorium is:- (a) Reasonable.  
(b) Unreasonable.

Remarks if any:-

19. If fit subject for Hospital do you recommend admittance to

General Hospital, Yes  
Naval and Military Con-  
-alescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from  
retention in the Army

Remarks if any:-

(SGD) N. S. FRASER

J. S. Tait President

Signatures.

L. PATERSON, Major

Place ST. JOHN'S

Date FEBRUARY 19th., 1918

APPROVED

Station



(SGD) CLUNY MACPHERSON, Major

Administrative Medical Officer.