



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8/31 Name Edmund Pelly Corps .....

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Edmund Pelly</u> .....              |
| 2. What is your full Address? .....  | 2. <u>Laurenceston</u> .....              |
|  | <u>W &amp; Bay</u> .....                  |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                       |
| 4. What is your age? .....   | 4. <u>29</u> Years <u>3</u> Months .....  |
| 5. What is your Trade or Calling? .....  | 5. <u>Lumberman &amp; Carpenter</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>Method</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, Edmund Pelly ....., 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.

Edmund Pelly ....., SIGNATURE OF RECRUIT.  
James Waugh ....., Signature of Witness.

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

I, Edmund Pelly ....., 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 11<sup>th</sup> day of May ....., 1917

A. J. J. G. G. G. ....., 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 ....., } 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 Edmund Peley  
 Apparent age 49 years 3 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35 inches Weight 115  
 Range of expansion 2 inches  
 Distinctive marks Hair - black mixed with grey - Eyes, grey - Complex. dark - Scar on left cheek at corner of mouth -

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Suey Peley  
Lauravetown | Relationship Daughter  
W. D. 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.

(a)	(b)	(c)	(d)
<u>Deceased</u>	-	-	<u>J. J. W.</u>

## Particulars as to Children

Christian Names	Sex	Date and Place of Birth
<u>William J. (1st Nya Reg)</u>	male	<u>Aug 24<sup>th</sup> 1892</u> <u>St. Exploits</u>
<u>Suey</u>	female	<u>Nov 24<sup>th</sup> 1893</u> " "
<u>Donnan - 1st Nya Reg)</u>	male	<u>Jan 1895</u> <u>Lauravetown</u>
<u>Eliza</u>	female	<u>Feb 11<sup>th</sup> 1903</u> <u>North arm</u>
<u>Alice</u>	" "	<u>" " " "</u> <u>St. Exploits</u>
<u>Susan</u>	" "	<u>May 24<sup>th</sup> 1905</u> <u>Jewisport</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. Nov. March 5/1918</u>									
Total Service forfeited as above.....									

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



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 <i>1st. Newfoundland</i> | 5. Age last birthday. 50                |
| 2. Regimental No. 8131           | 6. Enlisted on May 11th., 1917          |
| 3. Rank. Private                 | at Stand Falls                          |
| 4. Name. Pilley, Edmund          | 7. Former trade or occupation Lumberman |
| 8. Disability                    |   |
| STRAINED SIDE (?)                |   |

9. History States he was lifting heavy piece of timber when a sudden pain came on in left side below ribs near spine - He has had pain more or less since

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.)

Examination negative. He complains of pain in side below ribs near spine - worse some days than others

11. Was sanatorium advised and refused?  
operation

12. Do you recommend discharge as permanently unfit?

Signature (sgd) F. W. BURDEN.....

Rank or Qualification .....

Remarks if any by Officer in Hospital.

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

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

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Rank or Qualification .....

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 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.

NORMAL PULSE AND TEMPERATURE. STATES THAT THE PAIN  
WAS STARTED BY A STRAIN IN LIFTING A LOG. NO PHYSICAL  
EVIDENCE OF DISEASE

15. Through Disability Aggravated by or Due to Less than 20%  
Military Service.

Through Disability neither Aggravated by nor  
Due to Military Service.

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 sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to. } General Hospital,  
Naval and Military Con-  
valescent 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

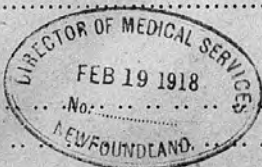
Place St. John's

Date February 19th., 1918

APPROVED

Station .....

Date .....



(Sgd) CLUNY MACPHERSON, Major

Administrative Medical Officer.

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Remarks if any:—

(Sgd) N. S. FRASER ..... President  
J. S. TAIT .....  
Signatures. L. PATERSON, Major .....

Place .. St. John's, .....  
Date .. February 19th., 1918 .....

APPROVED

Station .....  
Date .....



(Sgd) CLUNY MACPHERSON, Major .....

Administrative Medical Officer.

