



Newfoundland Forestry Companies

ATTESTATION OF

No. 8459 Name Jabez Pelley Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Jabez Pelley</u> |
| 2. What is your full Address? | 2. <u>Rattling Brook</u>
<u>Sault St. Ann N.S.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>46</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</u> |
| 6. Are you Married? | 6. <u>widower</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>sa.</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, Jabez Pelley 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.

Jabez Pelley SIGNATURE OF RECRUIT.
G. D. Ellis Signature of Witness.

Jabez Pelley OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Jabez Pelley 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 29 day of Dec 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 compiled 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 Jabez Pelley

Apparent age _____ years _____ months. Height 5 feet 9 inches weight 150

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

Distinctive marks Gray Hair Brown eyes scars left foot
scar on left thumb

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Daisy Pelley
Rattley Brook | Relationship Daughter
S.W. 2nd W.D. 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) <u>Mary Knight</u> <u>spinster</u>	(b) <u>Daisy's Hbr</u> <u>1894</u>	(c) <u>Deceased.</u>	(d)
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Particulars as to Children

Christian Names	Sex	Date and Place of Birth
<u>Albert</u>	<u>Male</u>	<u>Daisy's Hbr 1895</u>
<u>Waglan</u>	<u>"</u>	<u>" " 1896</u>
<u>Raymond</u>	<u>"</u>	<u>" " 1899</u>
<u>Eland</u>	<u>"</u>	<u>" " 1901</u>
<u>Daisy</u>	<u>"</u>	<u>" " 1902</u>

} over seas.

STATEMENT OF THE SERVICES

Corps in which served <u>Salmond</u>	Regt or Depot <u>Salmond</u>	Ambulance <u>Salmond</u>	Reserves <u>Salmond</u>	Casualties, &c. <u>Salmond</u>	Army Rank <u>Female</u> <u>Female</u> <u>Male</u>	Dates <u>1906</u> <u>1909</u>	Service not allowed to reckon for fixing the rate of pension <u>1906</u> <u>1909</u>	Service in Reserve not allowed to reckon towards G. C. Pay <u>1906</u> <u>1909</u>	Signature of Officers certifying correctness of entries <u>1906</u> <u>1909</u>
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Service towards limited engagement reckons from _____ Joined at _____ on _____					
<u>Discharged July 6/1919</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 Sheets *First*
Signature of O. C. Company *W. H. H. H.*

Regiment of

Puffa Forestry Coy's

Regimental No. and Name	
No.	<i>5459 Jabez Pelly</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>46</i> years <i>6</i> months
Place and Date of Enlistment	<i>29/12/17</i> <i>Wales</i>
Period of	with Colours <i>139</i> years. with Reserve <i>525</i> years.

Trade	<i>Lumberman</i>
Religion	<i>Sa.</i>
Place of Birth	<i>Black Mt. G.A.</i>

Good Conduct Badges, Service pay or proficiency pay

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
				<i>Demobilized</i>					<i>St John's 5-19</i>
									<i>2</i>
									<i>19</i>

To be carried over.

Army Form B. 121

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8459 Rank Cpl. Name J. Pelley
 Intended place of residence Black Bay, Brook's Bay, St. John's, Nfld.

2. Occupation Cooper
 Classification of soldier 3 Medical Category F

3. The above named man is discharged in consequence of Demobilization

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

Place JAN 20 1919
 Date

Whaley Capt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St. John's
Jan 20 19

J. Pelley
 Signature of soldier

Whaley Capt
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date St. John's
Jan 15 1919

J. Pelley
 Signature of soldier

Whaley Capt
 Signature of witness

3
31
140

STATEMENT OF SERVICE

7. Enlisted for service 29 12 17
 Discharged from service 28 1-19 plus 28 days

No of days on Military Service 419 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
 Date JAN 2 1919

R. H. Lait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's, Nfld.
 Date February 6 1919

Whaley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

20 B 2079/900

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

ST. JOHN'S JANUARY 13TH, 1920

TO MEDICAL EXAMINER
 AS SOON AS POSSIBLE
 Medical Report required; review date:—

Date.....

The Secretary, Board of Pension
 Commissioners for Newfoundland.

8459.

PRIVATE

Per.....

Regimental No.

JABEZ PELLEY.

Rank

Name

ROYAL NEWFOUNDLAND.

ADDRESS:-

SPRINGDALE. HALLS BAY.

Unit

DESCRIPTION OF PENSIONER:

BROWN

Apparent Age

FAIR

Height

GREY

Colour of Eyes

Complexion

Colour of Hair

Weight

JANUARY 15TH, 1919..
 Identification?

He is very debilitated anaemic and flat chested. has slight thickened arteries, and suffer from continuous headaches, he is forty-nine years of age and finds manual labour too much for him. He complains that eyesight is getting defective.

OCTOBER 21ST, 1919..

Debilitated but not severe. Rather anaemic but not severe. Slight hardened arteries. Has frequent dull headaches, with occasional sharp attacks of dizziness. Thinks part of the trouble is due to eye strain. He has glasses but states that he cannot wear them at work. He is constipated. Works at coopering but cannot keep at it steadily.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED.

DEBILITY, YE STRAIN AND CONSTIPATION.



Disability for which pension has been awarded:—

3
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.

Condition practically unchanged. Some disability. Eyestrain and constipation, Right shoulder a little stiff due to an accident but has fair motion.

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.)

NO COMPLAINTS EXCEPT AS ABOVE STATED.

Signature
of Witness.. A.. E.. LIDSTONE.....

Pensioner's signature... JABEZ PELLEY.....

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

DEBILITY EYE STRAIN AND CONSTIPATION.

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

STRAIN OF RIGHT SHOULDER

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

SLIGHTLY DIMINISHED

(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?

NO.

5 Will disabilities materially increase or diminish? NO.

6 Are the disabilities permanent? YES

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

(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?

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

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Signature

I SUGGEST NIL

Medical Examiner.

Place

Date

CLUNY MACPHERSON. LT/COL.

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 answers).

9 (a) Has pensioner married since last medical re-examination? NO.

9 (b) If so, is he receiving the additional allowance for a wife? NO.

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

10 (b) If, so, is he receiving the additional allowance for a child? NO.

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.

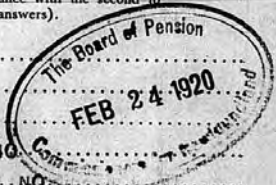
(State date of death and names of children who have died.)

Place... LITTLE BAY. N. D. B.

A. E. LIDSTONE. M. D.

Date... FEBRUARY 2ND, 1920.

Head of District Office, (or Medical Practitioner.)



The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8459 Rank Pte. Name Pelley, Felix
 Date of Enlistment 29.12.17 Address Black Head District Inverlyon
 Occupation Lumber Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanently unfit Disability Rating 20% 6 months
 Passed to Demobilization Officer with following documents:—

N.F. P <u>3094</u>	1.	B 268	1	B 121	1	N.F. Med.	D.F. 1	
B 178		W 3494		B 122		Board 1st	" 2	
B 178a	1	D 400A	1	B 1915		do 2nd	" 3	3
B 179	2	D 400B		Form L		do 3rd	" 4	
B 179a		D 400C		Form K		do 4th	" 5	
B 179b	1	B 103		ME 2	3463 A. 1		" 6	
B 179c	1	B 120		M 93	3463 B. 1			

Date 18.1.19

W. Pelley Capt.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment W.

I am not in a position to resume civilian occupation.

F. Pelley

Particulars passed to Vocational Officer for information and action.

Date 18.1.19

W. Pelley Capt.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing~~ Supplied Joseph H. Snowling

Date 20-1-19

O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R528 to his home at Reething House and Release Certificate No. 948 issued.

Date 20-1-19

R. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 20-2-19

Date 20-1-19

W. H. M. Capt.
Depot Paymaster.

Discharge approved for 23.1.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P139.4	1	B 268	1	B 121	1	N.F. Med	D.F. 1	
B 178		W 3494		B 122		Board 1st	" 2	1 Form B
B 178a	1	D 400A	1	B 1915		do 2nd	" 3	2
B 179	12	D 400B		Form L		do 3rd	" 4	
B 179a		D 400C		Form K		do 4th	" 5	
B 179b	1	B 103		ME 2		<u>2463A</u>	" 6	
B 179c	1	B 120		M 93		<u>2463B</u>		

Date 21.1.19

R. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

JAN 23 1919

Date

R. H. Sant Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Jan 25 19

R. H. Sant Capt.
W. H. M. Capt.