



Newfoundland Forestry Companies

ATTESTATION OF

No. ~~81194~~ ~~8914~~ Name Edwin Perry Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------------|
| 1. What is your name? | 1. <u>Edwin Perry</u> |
| 2. What is your full Address? | 2. <u>Port Saunders</u> |
| 3. Are you a British Subject? | 3. <u>St. Johns Bay</u> |
| 4. What is your age? | 4. <u>Yes</u> |
| 5. What is your Trade or Calling? | 5. <u>26 Years 9 Months</u> |
| 6. Are you Married? | 6. <u>Lumberman</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>C of S</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, Edwin Perry 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.

Edwin Perry with Ralph C. Pike
Signature of Recruit. Signature of Witness.

E 21/5/17.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edwin Perry with Ralph C. Pike 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. Johns on this 22 day of May 1917.

Signature of Attesting Officer R. Bullen Major

† 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 Edwin Perry
 Apparent age 26 years 9 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded _____ inches 149 lbs
 Range of expansion _____ inches
 Distinctive marks Eyes Brown, Dark Hair,

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Catherine Patey
Box Sanders | Relationship Nousin.

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 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. 1st Lieut Oct 29/1917</u>									
Total Service forfeited as above.....									

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

C.R. 8194

Extract of Daily Orders Part II Newfoundland Forestry
Companies Depot St. John's dated Nov. 1st/17.

.....

8194, Pte. E. Perry.

His services being no longer required is discharged with
effect from Oct. 29th/17.

.....



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 *October 22nd, 1917.*

- | | |
|----------------------------------|--|
| 1. Unit <i>1st, Newfoundland</i> | 5. Age last birthday. <i>27</i> |
| 2. Regimental No. <i>8194</i> | 6. Enlisted on <i>May 22nd, 1917</i> |
| 3. Rank. <i>Private</i> | at <i>St. John's, Nfld.</i> |
| 4. Name. <i>Perry, Edwin</i> | 7. Former trade or occupation <i>Fisherman</i> |

8. Disability

SPRAINED ANKLE

9. History *Patients says he sprained ankle of right foot on drill. Under treatment at boarding house for five weeks. On July 26th. admitted to General Hospital. Foot put in Plaster Paris for 10 days. Sent to Convalescent Hospital on August 15th.*

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.)

Complains of pain and stiffness in ankle. Has no difficulty about walking from this Hospital to town and back whenever he wishes to.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

as unlikely ever to become an efficient soldier.

Signature Clay Macpherson

Rank or Qualification Major

Remarks if any by Officer i/c Hospital.

Place W.M. Cow Hospital

Signature Clay Macpherson
Rank Major

Date Oct 22 1917

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:— *or*
due to
- (a) Service during this war. ✓
 - (b) Climate. ✓
 - (c) Ordinary Military Service ✓

Remarks if any:— *Complains of pain & stiffness of ankle - done
by no means in state of debilitation - cannot find
sufficient evidence to justify reduction of pension*

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, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

*nil. says he cannot walk any distance
but makes asserts that he is able
to walk 3 or 4 miles per day.*

15. Is the disability permanent? *no*

16. Has the disability been aggravated by

- (a) Intemperance. *no*
- (b) Misconduct. *no*

17. The refusal of operation sanatorium is:—

- (a) Reasonable.
- (b) Unreasonable.

Remarks if any:—

18. We recommend discharge from retention in the Army

*as unlikely to make an
efficient soldier*

Remarks if any:—

Signatures.

L. B. Atkinson, Major
President
J. P. D. J. J. J.
T. M. M. M. M.

Place *St. John's*

Date *Oct 22 1917*

APPROVED

Station

Date



Clayton Macpherson, Major
Administrative Medical Officer.