



# Newfoundland Forestry Companies



## ATTESTATION OF

No. 8188 Name Alfred E Pike Corps

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Alfred E. Pike</u> .....            |
| 2. What is your full Address? .....  | 2. <u>Springdale</u> .....                |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                       |
| 4. What is your age? .....   | 4. <u>24</u> Years <u>11</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Timberman</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>meth</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, Alfred E. Pike.....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.

Alfred E. Pike.....SIGNATURE OF RECRUIT.  
Frederick C. Payne.....Signature of Witness.

Alfred E. 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. John's on this 19<sup>th</sup> day of May.....191

Signature of Attesting Officer H. J. Atkinson.....

### †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  
 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 Alfred C Pike  
 Apparent age 24 years 11 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 36 inches. Weight 136  
 Range of expansion 2 inches  
 Distinctive marks Hair - <sup>Dark</sup> Brown - Eyes - Brown Complexion - Fair

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Annie Pike  
Bard Islands | Relationship Wife  
Dirt of Fogo 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>Annie Blake</u> <u>Spinster</u>	(b) <u>Sept 21 1915</u> <u>Saldon Camp Bay</u>	(c) <u>Springdale</u>	(d) <u>F. C. P.</u>
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### Particulars as to Children

Christian Names	Sex	Date and Place of Birth
<u>Daisy Bell Betrice</u>	<u>Female</u>	<u>June 1st 1916 at Springdale</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 _____									
Total Service forfeited as above.....									

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



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8188 Name Alfred C Pike Corps .....

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

- 1. What is your name? ..... 1. Alfred C. Pike
- 2. What is your full Address? ..... 2. Springdale  
N. D. Bay
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 24 Years 11 Months
- 5. What is your Trade or Calling? ..... 5. Lumberman
- 6. Are you Married? ..... 6. yes
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
- 9. What is your Religion? ..... 9. Meth
- 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... 10. yes { Name .....  
Corps .....

I, Alfred C Pike 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.

Alfred C. Pike ..... SIGNATURE OF RECRUIT.

Frank L. Payne ..... Signature of Witness.

8-19/5/17

Alfred C Pike OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. 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 19<sup>th</sup> day of May 1917.

H. J. Fitzgerald 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).....



This space to be left blank for the Chelsea Number.



Army Form B. 268.



# Proceedings on Discharge

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

No. <u>8188</u>	Army Rank <u>Private</u>
Name <u>Pike, Alfred E.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland Forestry Companies</u> Battalion, Battery, Company, Depôt, &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>August 17<sup>th</sup> 1918</u>	
Place of discharge <u>St. John's, Nfld</u>	
1. <small>Description at the time of discharge.</small>	
Age <u>26</u> years <u>2</u> months Height <u>5</u> feet <u>6</u> inches Chest measurement { girth when fully expanded <u>36</u> ins. range of expansion <u>2</u> ins. Complexion <u>fair</u> Eyes <u>brown</u> Hair <u>dark brown</u> Trade <u>Lumberman</u> Intended place of residence <u>Burchy Bay N.A.B.</u> <small>(To be given as fully as practicable)</small>	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:— <u>Very good</u>	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
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.	
_____ Initials of Commanding Officer.	
Army Form B. 2088 has been issued to* _____	

To be filled in on the soldier quitting the Colours.

AS  
7-3-53

\* Strike out if not applicable.

[OVER.]

No 539



# Newfoundland Forestry Companies.

## ALLOTMENTS

I, Alfred E. Pike, Regl. No. 8188

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Ninety 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 19th 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
494	Wife	Annie Pike	Bard Islds 7090 Dist	90cents
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.) M. D. Sullivan  
 Officer Commanding  
St John's a Company  
May 22nd 1917.

(Sig.) Alfred E. Pike  
 (Rank) Private





# Squadron, Troop, Battery and Company Conduct Sheet.


Army Form B. 121.

Forms  
B. 121.  
32A.

Number of Sheet First

Regiment of 77th Forestry Company

Signature of O. C. Company A. H. P. Cap

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay 	PAY SENT TO: O.C. H.Q. ST. JOHNS, N.F.L.D. NO. <u>9211/12</u> DATED <u>22/2/18</u>
No.	<u>8188 Alfred E. Pilse</u>	Age on	<u>24</u> years <u>11</u> months	<u>Dumbar</u>		
Joined		Date	Place and Date of Enlistment	Religion		
Joined		Date	<u>19/5/17</u>	<u>Meth</u>		
Joined		Date	Period of	Place of Birth		
			{ with Colours <u>19</u> years. with Reserve <u>36</u> years.			

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
				<p style="font-size: 2em; font-family: cursive;">Actually drafted 17 <sup>8</sup>/<sub>18</sub>.</p>					

To be carried over



624

DEPARTMENT OF MILITIA.  
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Alfred E. Pike* ..... 2. Surname.....

3. Rank..... *Plt.* ..... *8189* ..... 4. Regtl. No. *R. Depot* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Alfred E. Pike* .....

..... *St. Charles Bay, Nfld.* .....

6. Date of enlistment in the Regiment..... *19 May 1917* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued or was being issued, immediately prior to your discharge.....

..... *Annie Pike* .....

8. Relationship of such dependents..... *wife* .....

9. Address in full of such dependents..... *Annie Pike* .....

..... *St. Charles Bay* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier..... *no* .....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *only in Nfld.* .....

..... *Scotland* .....

12. Give total length of time which you served\* on active service, whether in Nfld. or Overseas..... *coupled 7 months* .....

..... *in Scotland* .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *No any over* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *\$16.00 amount for 6 months* .....

*June and July 1918*

15. Have you been issued with a War Service Badge?.....

*Yes*

16. Have you, during the present war, served in the Imperial Forces.....

*No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

*No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

*No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

*No*

19. Are you now serving in the Regt.?..... If not give? - (a) date of discharge..... (b) Reason for discharge.....

*No*

*Aug 1918*..... *in acct of bad legs*.....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

*No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee,.....

*No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

*Alfred E Pike*

Signature of Applicant: *alfred e Pipe*  
 Place of Residence: *North Bay*  
 Declared before me at: *Camp St. Chris*  
 This *5* day of *July* 19*49*.....

Signature of Barrister of the  
 Supreme Court, Stipendiary Legis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

*Geo Robert J.P.*

POST DISCHARGE PAY.				Net amount
Date paid	to	Paid	War Service	due
	Soldier.	Dependent	Gratuity.	
.....	.....	.....	<i>1 month</i>	<i>7.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	<i>[Signature]</i>





## 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 *Pike Alfred E*

Regiment from which discharged *1st. Newfoundland*

Regimental number *8188*

Intended address *Breech Bay N D Bay*

Height on discharge *5* feet *6* in

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eye *Brown*

Descriptive Marks *none*

Figure on discharge *medium*

Christian name of Father *Samuel*

Christian name of Mother *Annie*

Wife's maiden name in full *Annie Blake*

Date and place of marriage *Seldom, home by Sept 25/15*

Christian names of children *Marjwell Alfred*

Place and date of soldier's birth *Seldom Come by June 5 1892*

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) *Alfred E Pike*

Station *S. James* Date *March 27/18* Pte (Rank)

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.

*W. B. Burden*

Medical Officer i/c Hospital,  
Unit, or Command Depot.

Station *Johns*

Date *Mar. 27, 18*







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	..... March 27th., 1918....
1. Unit	<i>1st. Newfoundland</i>
2. Regimental No.	8188
3. Rank.	Private
4. Name.	Pike, Alfred Edward
5. Age last birthday.	25
6. Enlisted on	May 19th., 1917
	at Grand Falls
7. Former trade or occupation	Lumberman
8. Disability	NEURITIS

9. History Was working in Scotland with Forestry Co. for four months when he states he got a "chill" and had pains in hips afterwards. He was in Hospital 13 days for this trouble Was turned down for Regiment owing to defective vision and history of Rheumatism



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 pains in hips and knee  
Cannot walk without stick. He had  
Rheumatism before enlistment

ADMITTED NAVAL & MILITARY CONVALESCENT HOSPITAL JUNE 24th., 1918

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 in Hospital.

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

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

# Opinion of the Medical Board.

34593

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

Yes

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. (b) Misconduct.

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to  
General Hospital, Naval and Military Convalescent Hospital, Yes  
Lensen Tuberculosis Camp.

20. We recommend discharge from the Army  
retention in

Remarks if any:—

(Sgd) N. S. FRASER, SO  
President

Signatures. J. S. TAIT  
L. PATERSON, Major

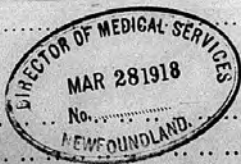
Place St. John's,

Date March 28th, 1918

APPROVED

Station

Date



(Sgd) CLUNY MACPHERSON, Major

Administrative Medical Officer.  
D. M. S. NEWFOUNDLAND.

Extract of Nominal Roll "Forestry" embarked for overseas  
Aug. 4th, 1917.

8188 Pte. A.E. Pike .

C.R.

34593

8/88

Extract of Daily Orders part 11, from Unit The Nf d.  
Forestry Companies, St. John's, dated March 26.1918.

#6188 Pte. Pike.

Reports at Depot on 25/3/18 from Overseas.

34593

C.R.

8188

Forestry Co.

Extract from Daily Express part 11 with  
St. John's. dated August 17-8-18.

Newfoundland

8188 Pte. Alferd Pike,

Having been found Medically unfit is discharged from  
17-8-18.

34593

C.R.

8188

Extract of Preliminary Report From The Director of  
Medical Services, To O.C. Depot, dated March 30, 1918.

#8188 Pte. A.E. Pike.

Recommended admission to Naval & Military  
Convalescent Hospital.

21503

C.R. 8188

Extract from Nominal Roll of repatriation Draft  
No. 57, received from Pay and Record Office,  
February 25th., 1918.

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#8188 Pte. A.E. Pike

FORESTERS

FROM DUNKELD

FOR DISCHARGE. D.O. Embarked Liverpool 23/2/18.

34593  
Medical Officer's Report on men who have been Recommended Discharge

Pte Pike. A. Reg No 8188

This man is incapacitated by  
neuritis of both legs not improved  
by treatment in hospital

J. Taylor M.D.  
acting M.O.



COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
FILE NO. 2911/12
DATED 22/2/18

Included on AFD 178



DEPARTMENT OF VETERANS AFFAIRS

P.A.

To Copy for H.O. File

Ottawa, Ont.  
Date March 8, 1966

Attention of

NAME PIKE, Alfred E.

SERVICE NUMBER 8188 Nfld FORESTRY CORPS JMWL C.P.C. No. 290300 W.V.A. No. 202476

NAVY  
ARMY  
R.C.A.F.

The DEPARTMENT has received information from

Senior Pension Medical Examiner, C.P.C. St. John's, Nfld. d/March 2, 1966

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Feb. 8, 1966  
Cause of Death  
Place of Death not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
~~PIKE~~  
~~DOX~~  
H.O.

} Destroy form if advice of death already received.

*C.O. Richards*  
for  
Chief, Central Registry