



Wfoundland Forestry Companies

ATTESTATION OF

160

Name David Powell Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>David Powell</u> |
| 2. What is your full Address? | 2. <u>Happy Adventure Sts.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</u> |
| 6. Are you Married? | 6. <u>no</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, David Powell 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.

David Powell SIGNATURE OF RECRUIT.

G. H. Ellis Signature of Witness.

7 16/5/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, David Powell 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 on this 16 day of May 1917

Signature of Attesting Officer H. S. Sullivan 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

He 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 David Powell
 Apparent age 19 years months. Height 5 feet 4
 Chest Measurement { Girth when fully expanded inches (105)
 { Range of expansion inches
 Distinctive marks Dark Brown Hair Gray eyes
scar on left foot

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr J. Wicks
Port Blandford | Relationship sister
 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 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>Recd. at Halifax Dec 27/1918</u>									
Total Service forfeited as above.....									

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

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

MEDICAL HISTORY

1526

Surname Powell

OF Christian Name David

Table I.—GENERAL TABLE.

Birthplace:—Parish Hoppy Adventure County Bona Vista Bay

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	16 th day of May 1917	St John's	day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	Lumberman			
Height	5 feet 4 inches		feet	inches
Weight	105 lbs.		lbs.	lbs.
Chest Measurement	Grith when fully expanded	inches		inches
	Range of Expansion	inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)			
(b) Slight defects but not sufficient to Cause rejection	(b)	Scar on left foot		
Approved by (Signature)	<u>Samuel Petersen</u>			
(Rank)	Major			
		Medical Officer.		Medical Officer.
Enlisted	at St John's		at	
	on 16 th day of May 1917		on	day of 191
Joined on Enlistment	Corps. <u>NFD Foresters</u>	Regtl. No. <u>Company 8160</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

COPIES SENT

To	No.	DATE
M. OF M.	851464	30 MAY 1918
O.C. 1st BN.		
" 2ND BN.		

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the syphilis, admissions and of treatment
	Day	Month	Year	Day	Month	Year			
1/ Newfld.	4	9	14	13	12	14	Tuberculosis of L. Lung	100	Admission Large Trans Apr on
3rd London General Hospital, WANDSWORTH, S.W.							Tuberculosis.		Board Disability Cause Disability

ok list in case of Warrant Officers treated in quarters.

ring on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of missions 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

and phthisis of left lung
 upper cavity T.B. never formed
 refer to Heathfield Sanatorium
 on 13/12/14

Ernest Robertson
 R.M.O.

should see overleaf.
 city
 Tuberculosis
 still dulness over upper
 of left lung
 Has a cough, appetite good
 Quite normal.
 Exposure to infection
 been a livelihood
 lessened by 60%

Ernest Robertson
 3rd London General Hospital,
 WANDSWORTH, S.W.

NINETEENTH BOARD

21-11-'25

Pension No. 1080

Report of Medical Board

Station	St. John's, Nfld.	Date	MARCH 22, 1927
No. and Rank	8160--PRIVATE	Age	29 YEARS
Name	DAVID POWELL	Complexion	DARK
Unit	FORESTRY Royal Newfoundland	Eyes	BROWN
Address		Hair	DARK
Former Trade	LUMBERMAN	(The Board will please note how the soldier's appearance corresponds with above description).	
Enlisted at	ST. JOHN'S	On	16/8/17
Disease or Disability	Original	<u>PULMONARY TUBERCULOSIS</u>	

Subsequent

Present Condition (Compare with previous Board)

Wt. 129 lbs. Pulse 120. Complains of some cough in mornings. At left apex breathing bronchial. Crepitations present in axillary region and posteriorly. Towards base cavernous breathing. Over right chest breathing exaggerated, but no accompaniments present.

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

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? **60%--6 months.**

Recommendation of Medical Board

Members of Board

N.S. FRASER

J.B.O'REILLY.

2205

Jensen Camp.
Aug. 11th, 1918.

Capt. Bowley.

Dear Sir

I have not received
any pay since coming to Jensen Camp, June 25th.
Would you ~~be~~ kindly see about please
and oblige

yours Truly

David Powell
Regt. No 2788.

OK
WM

Check sent in

8160



THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1080

Regt. NO. 8160 Rank: PTE Name: DAVID POWELL

Corps served with... ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board _____ Disability 60% PERMANENT

Pension for self \$45.00 per month, for LIFE months.

Allowance for wife _____ per month, for _____ months.

ALLOWANCE FOR CHILDREN:

1st. Child _____ per month, for _____ months.

2nd. Child _____ per month, for _____ months.

_____ children, _____ per month, for _____ months.

(@)

TOTAL MONTHLY PENSION \$45.00 per month, for LIFE months.

TOTAL authorized amount _____ PERMANENT from 28-3-28.

Pension granted to:

DAVID POWELL

BREWLEY, P.B.



W. P. P. P. CHAIRMAN.

Chas COMMISSIONER.

_____ COMMISSIONER.

W. J. SECRETARY.

Date of Marriage _____ Name of Wife _____

Name of Child _____ Sex _____ Date of Birth _____ Date Allice exp. _____

M. M. M.
4/4/28