



Newfoundland Forestry Companies

ATTESTATION OF

No. 8247 Name baywood Rideout Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>baywood Rideout</u> |
| 2. What is your full Address? | 2. <u>Moncton's Hr</u> |
| | <u>N. D. R.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Summerman</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>S. A.</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, baywood Rideout 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.

baywood Rideout SIGNATURE OF RECRUIT.

W. J. Ellis Signature of Witness.

E 19/6/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, baywood Rideout do solemnly swear, 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 19th day of June 1917

Signature of Attesting Officer M. J. 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

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 Raywood Rideout 1
 Apparent age years months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded inches (138 lbs)
 { Range of expansion inches
 Distinctive marks Brown Eyes Brown Hair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Albert Rideout, "Albert"
Moncton N.H. | Relationship Father
N.D. 10. 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 <u> </u>									
Joined at <u> </u> on <u> </u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u> </u> (date of discharge) <u> </u> years <u> </u> days									
" " Pensions " <u> </u> [" "] " " "									

Report of Medical Board.

Station **St. John's, Nfld.**Date **SEPT. 29th 1922**No. and Rank **8247 PTE.**

Age _____ Height _____

Name **CAYWOOD RIDEOUT**

Complexion _____

Unit **Royal Newfoundland**

Eyes _____ Hair _____

Address *Moncton, N.B.*

Former Trade _____

(The Board will please note how the soldier's appearance corresponds with above description).

Enlisted at _____ On _____

Disease or Disability _____ Original _____

Subsequent

Present Condition (Compare with previous Board)

PRACTICALLY TOTAL BLINDNESS PRESENT. CAN DISTINGUISH LIGHT ONLY WITH LEFT EYE. NOT ABLE TO GET ABOUT WITHOUT HELP OF ANOTHER PARTY. COMPLAINS OF SEVERE PAINS OVER LEFT TEMPORAL REGION EVERY TWO OR THREE DAYS.

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?

Recommendation of Medical Board

TOTAL DISABILITY

Members of Board

J. B. O'REILLY.

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER :

ST. JOHN'S, Newfoundland,
APRIL 1928.

Medical Report required; review date :—

Date

AS SOON AS POSSIBLE:

The Secretary, Board of Pension
Commissioners for Newfoundland.

B. T.

Per

8247.

PTE:

Regimental No.

Rank

GAYWOOD RIDEOUT.

Address; Grand Falls.

Name

Nfld. Forestry Corps.

Unit

DESCRIPTION OF PENSIONER :

27 years.

Apparent Age

Height

Color of Eyes

Complexion

Colour of Hair

Weight

Marks of Identification:

April 26th., 1927:

Complains of considerable pain in back of sound eye, this radiates to back of head (occiput) and over left temple and supra orbital region. The vision, he states, is not so good this three weeks back. He has considerable pain in orbit of artificial eye.

.....

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DEFECTIVE VISION.

BOARD OF PENSION COMMISSIONERS FOR THE UNITED STATES



Disability for which pension has been awarded :—

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.

Right eye enucleated - wearing glass eye which is very much worn and roughened, causing an irritation of the upper lid-a blephoritis. Has a purulent conjunctivitis-complains of pains in left eye and around orbit, which is the good eye, wearing a - 10 lens. Complains of some pain in socket of eye enucleated. Physical condition normal.

Deductions: Right eye- will soon need another glass eye. Pains complained of in socket due to local irritation which I believe is caused by the eroded surface of the glass eye.

Left Eye: Pains complained of not serious. wearing a 10 D now. Full correction of the high myopia he has would be 11-D. Would not advise full correction this year.

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.)

Gaywood Rideout

Signature
of Witness

A.J. Wood, M.D.

Pensioner's Signature

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

Loss of right eye.

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

none

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

(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?

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?

Wearing a glass eye.

(b) Should he continue to do so? yes

(c) If so, is any alteration in the form of the present appliance recommended? new glass eye.

(d) If any appliance is necessary? Yes, some time in the near future.

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? no

(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 (To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reasons :

The foregoing report submitted by:

Pensioner's signature

Raywood Rideout

Signature

A.J. WOOD, M.D.

Medical Examiner.

TWILBINGATE.

Place

MAY 11, 1923.

Date

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 answer.)

9 (a) Has pensioner married since last medical re-examination?

(b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

(b) If so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination? Wife in England
(State date of death.) does not hear from her.

12 Have any of pensioner's children died since last medical re-examination?

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

Place

Date

Head of District Office,
(or Medical Practitioner)

Approved - 30% for 12 months, (Aggravation)
Dr. W. H. Parsons, Med., Adv.,