



Newfoundland Forestry Companies

ATTESTATION OF

No. 8359 Name Benjamin Squires Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Benjamin Squires</u> |
| 2. What is your full Address? | 2. <u>9 Patrick St</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>34</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Mechanic</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>yes 13 years in Navy</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>CoC</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, Benjamin Squires 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.

Benjamin Squires SIGNATURE OF RECRUIT.
Geo Hutchings Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Benjamin Squires 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 1 day of Oct 1917
 Signature of Attesting Officer J. P. Goady, Capt.

† 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 Co

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 Benjamin Squires
 Apparent age 34 years 5 months. Height 5 feet 1 1/2 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches
 Distinctive marks one scar left arm Light Hair
Blue Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Rose Squires
 | Relationship Wife
 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.

<u>Rose Porter</u> (a)	<u>St John's St</u> (b)	<u>9 Patrick St</u> (c)	
<u>Spinster</u>	<u>1913</u>	<u>St John's St</u>	(d)

Particulars as to Children

Christian Names	Date and Place of Birth
<u>Retha</u>	<u>Female 1914 St John's St</u>
<u>Alma</u>	<u>Female 1915 St John's St</u>
<u>Raymond Charles</u>	<u>Male 1917 St John's St</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 _____									
<u>Accepted St John's May 7/1918</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 Sheet first

Regiment of 1st/4th Forestry Companies

Signature of O. C. Company J. R. Goddard

Regimental No. and Name
No. 7359 Benjamin Squirs
Joined _____ Date _____
Joined _____ Date _____
Joined _____ Date _____
Joined _____ Date _____

Enlistment
Age on 34 years 5 months
Place and Date of Enlistment St Johns 17/11/17
Period of with Colours 2 1/2 years.
with Reserve 3 1/2 years.

Trade Mechanic
Religion Cap E
Place of Birth Tiptail

Good Conduct Badges, Service

COPY SENT TO
 O. C. H. Q.
 ST. JOHNS, N.F.L.D.
 N.F.P. 36, No. 11111111
 DATED 05 MAR 1918

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
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Medically unfit St Johns 7⁵/₁₈

To be carried over

Army Form B. 121

Originals

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

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

No. 1259 Army Rank Plt.

Name Squires Benjamin
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Med. Troop Coy

Battalion, Battery, Company, Det., &c. 1
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

Age <u>25</u> years _____ months	Descriptive marks. <u>Notes Left & Right Forearm</u>
Height <u>5</u> feet <u>7</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>fair</u>	
Eyes <u>blue</u>	
Hair <u>brwn</u>	
Trade <u>Mechanic</u>	COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. P.38. No. <u>1642</u> DATED <u>25</u> MAR 1918
Intended place of residence (To be given as fully as practicable) <u>Topsail Conception Bay Newfoundland</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Sickness

(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.)

3. Military character:—

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. 2068 has been issued to*

* Strike out if not applicable.

[OVER.]

Original

This man is being boarded, according to instructions from the staff of the Militia

Army Form B. 179.

Medical Report on an Invalid.

Station Military Hospital Perth

Date 9. 3 - 18

- 1. Unit N.F.L.D Coy
- 2. Regimental No. 8359
- 3. Rank Private
- 4. Name SQUIRES, BENJAMIN
- 5. Age last birthday 35
- 6. Enlisted { on 1. 10. 17
at St John's

- 7. Former Trade or Occupation } Mechanic
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

N.A

8. Disability in respect of which invaliding is proposed.

(Other disabilities should be reported upon in answer to question No. 19)

no. 931. Myalgia.

COPY SENT TO
G.C. H.Q.
ST. JOHNS, N.F.L.D.
No. 1162
DATED 25 MAR 1918

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. About two years ago.
- 10. Place of origin of disability. Harbour Grace, Newfoundland.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

It states that he suffered from Myalgia before joining the Army and has been worse since.

His B.L.T. shows that he was in Perth Military Hospital suffering from Myalgia from 7. 1. 18 to 1. 3. 18

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

(a) Not attributable to or aggravated by service during the present war, climate or ordinary military service

(b) Constitutional

(c) no.

13. What is his present condition? *He still complains of pain in his back and has no energy. He cannot march any distance, without being tired.*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?

} N.A.

15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?

} N. A.

16. Was an operation performed? If so, what?

N. A.

17. If not, was an operation advised and declined?

N. A.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

N. A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

He suffers from Tachycardia. not attributable to or aggravated by service during the present war.

20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) ~~Discharge to England~~

J.M.

Discharge as permanently unfit for military service of any kind

J. J. M. C. B. M. S.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
except J.M. not in hospital

Station _____

Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

No.
No.
No.
No.
Constitutional.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Not applicable.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

No.

23. Is the disability permanent?

Yes.

24. If not permanent, how soon do the Board recommend re-examination?

Not applicable.

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Nil.

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

Not applicable.

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) ~~Change to England?~~

Discharge as permanently unfit.

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

No.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?



Signatures:—

Station

Date

Approved

Station

Date

Edinburgh
18 March 1918.
Edinburgh
18 March 1918.

P. Macleod Dewar President.
Members.
A. J. ...
A. J. ...

P. Macleod Dewar Administrative Medical Officer.