



Newfoundland Forestry Companies

ATTESTATION OF

No. 8283 Name Frederick Shistle Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Frederick Shistle</u> |
| 2. What is your full Address? | 2. <u>20 B. Charlton St</u>
<u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Teamster</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>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, Frederick Shistle 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.

Frederick Shistle SIGNATURE OF RECRUIT.

A. J. Fanning Signature of Witness.

E 16/7/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frederick Shistle 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 16th day of July 1917.

Signature of Attesting Officer A. A. Ross 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 compiled 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).....

COPY

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. <u>8283</u>	Army Rank <u>PLD</u>
Name <u>Thistle Frederick</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland Forestry Corps</u>	
Battalion, Battery, Company, Depôt, &c. <small>(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.)</small>	
Date of discharge <u>December 19th 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>19</u> years _____ months Height <u>5</u> feet <u>4</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Ruddy</u> Eyes <u>blue</u> Hair <u>brown</u> Trade <u>Seamster</u> Intended place of residence <u>20 Charlton St</u> (To be given as fully as practicable) <u>St. John's Nfld.</u>	Descriptive marks. <div style="text-align: right; font-size: small;"> <u>14</u> <u>31</u> <u>30</u> <u>31</u> <u>20</u> <u>19</u> <u>155</u> </div>
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 :— <hr/>	
4. Character awarded in accordance with King's Regulations :— <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<small>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.</small>	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to* _____	

A.S.B. 2079/126.

To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

[OVER]

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Four horizontal lines for listing campaigns, medals, and decorations.

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Port of Theobalds _____ W. Gregory Sgt (Signature of Soldier.)

(Date) 21/12/15 _____ St. John (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No Reservations

P. A. Thib

Witness W Newbury Sgt.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 8283.....

Rank Pvt......

Name Shuttle Frudewick.....
 (Surname) (Christian Names)

Unit and
Corps

N. 1. Co. 8283

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
 (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Scotland

(b) In what capacity?

Pioneer

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

I think it was caused by me doing hard work in January 1915

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Sergius Semraticent Hosp 7 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

*St Johns N F St 21 days
with Typhoid fever
Dr Beckm*

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Scamster

- (b) What was your trade before joining the Army?

do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Hazley Down Winkles* Signed (Soldier) *Histle End*

Date *29/10/18* Signed *P. Hloock*

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

MEDICAL HISTORY

OF

Surname Shistle

Christian Name Frederick

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's, Nfld. County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>18th</u> day of <u>July</u> 191 <u>7</u>		on _____ day of _____ 191	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>19</u> years <u>7 mos</u> <u>days</u>		_____ years _____ days	
Trade or Occupation	<u>Teamster.</u>		_____	
Height	<u>5</u> feet <u>4</u> inches	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches
Weight	<u>110</u> lbs.	_____ lbs.	_____ lbs.	_____ lbs.
Chest Measurement	Girth when fully expanded....		_____ inches	
	Range of Expansion..		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	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)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection	_____		_____	
Approved by (Signature)	<u>Lamm Patterson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>16th</u> day of <u>July</u> 191 <u>7</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Nfld</u>	<u>8283.</u>	_____	_____
Transferred to	<u>Forestry Coy</u>		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 191		on _____ day of _____ 191	
[Signature]	_____		_____	
[Rank]	_____		_____	

Medical Report on an Invalid.Station HAZELEY DOWN CAMP,WINCHESTER,Date 30 - 1 - - 18.

1. Unit **NFLD FORESTRY**
2. Regimental No. **8283**
3. Rank **Pte.**
4. Name **THISTLE, FREDERICK**
5. Age last birthday **19 years**
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ **July 16th 1917.**
St. John's, Nfld.
7. Former Trade } **Teamster**
or Occupation }
- 7A. If with previous service in Army, state -
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge; **N.A.**
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***V.D.H.**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. **October 1917.**
10. Place of origin of disability. **Dunkeld, Scotland.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- He states that during heavy manual work he seems to have overstrained himself. He was sent to Hospital (he says) in Dalguise, where he was for a week, and was sent back to unit, where he has been on light duty ever since.**
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.
- Attributable to service during the present war.**

13. What is his present condition?

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

He has a puffy lymphatic appearance. He breathes through the mouth, and easily becomes fatigued. The heart is not enlarged, but there is a distinct bruit over mitral area when he is lying down. Unable to continue hard manual labour of the unit.

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?

He states that teeth were decayed prior to enlistment. They have since been removed.

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.

N.A.

20. Do you recommend—

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

Discharge as Permanently Unfit for further war service.

(Sgd) J. St.P. KNIGHT, Capt. M.O.
R.N.R.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station HAZELEY DOWN, WINCHESTER

Officer in charge of Hospital.

Date 30-10-18.

*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.

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.

V. D. H. As Section 15

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

(i.) Service during the present war; **Yes**

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or **No**

(v.) Whether it is constitutional or hereditary.

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

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

23. Is the disability permanent?

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

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

Degrees of disablement should be expressed in the following percentages:— **20%**
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?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or **Yes**

(b) Change to England?

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.

Requires Set Artificial Teeth

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

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

Signatures:—

(Sgd) N. S. FRASER President.

Station St. John's, Nfld.,

J. SINCLAIR TAIT

Date Dec. 3rd., 1918

L. PATERSON, Major

} Members.

Approved

Station DEC 3 1918

(Sgd) CLUNY MACPHERSON, Major D. M. S. NEWFOUNDLAND.
Administrative Medical Officer.

Date

No.

NEWFOUNDLAND.

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 8283 Rank Private Name Thistle, Z. Unit Nfld Forestry Posted..... who was Repatriated
to Newfoundland on 12/11/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			s			d			PARTICULARS	£			s			d			CR.		
		£	s	d	£	s	d	£	s	d		£	s	d	£	s	d						
PERIOD: From 27/10/18 to 9/11/18	Balance Dr. from										Balance Cr. from										2	10	
	Allotment 14 days @ 40	5	60		1	3	0				Pay 14 days @ \$ 1.00	14	00										
	Cash Payments: 4/11/18						10	0				Field Allow 14 days @ \$.10	1	40		3	3	3					
	Casual 6/11/18				1	13	1				Other Allowes days @ \$												
	Other Debits:										Other Credits:												
	Total Debits				3	6	1	Total Credits							3	6	1						
	Balance due by Paymaster										Balance due to Paymaster												
					3	6	1								3	6	1						

CHECKED.
S.P. for C.P.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of Winchester

(Place) 6/11/18 (Date) 191

(Signed) M.J. NUGENT, 2/Lieut.

Made up/Checked in accordance with information received in the Pay & Record Office London O.C. "A" Company. to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

10-11 - 1918

A.O. Munnell Maj.
Chief Paymaster & Officer i/c Records.

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^a to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Thistle Christian Name Frederick

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St. John's County Wfld

Examined ... { on 18th day of July 1917
 at Headquarters

Declared Age ... 19 years 7 mos days.

Trade or Occupation ... Tramster

Height ... 5 feet, 4 inches.

Weight ... 110 lbs.

Chest Measurement { Girth when fully Expanded. _____ inches.
 Range of Expansion _____ inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
 Number _____

When Vaccinated ...

Vision ... { R.E.—V—
 L.E.—V—

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Lamont Patterson
 (Rank) Major Medical Officer.

Enlisted ... { at St. John's
 on 16th day of July 1917

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>Wfld Forestry Corps</u>	<u>8283</u>
Transferred to ...		

Became non-effective by _____
 on _____ day of _____ 1917

(Signature) _____
 (Rank) _____

**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.;
Examinations for Field or Foreign Service, Extension, Re-engagement,
or Prolongation of Service; Issue of Surgical Appliances;
Particulars of Dental Treatment, etc.**

Date	Brief details, and signature
20-7-17	<i>Vacc. St.</i>
5-11-18	<i>Boarded Hazelby Court Camp Posted E. Category V.D. H. (Authority to of the letter) J. St. P. Knight Capt. Royal Field Regt.</i>

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B. 121
39

Number of Sheet First.

Regiment of Newfoundland Forestry Companies. Signature of O. C. Company W. S. Cochrane Capt.

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>8283</u>	Age on	<u>19</u> years <u>2</u> months	<u>Teamster</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>27/11</u>	Religion	
Joined	Date	Period of	with Colours <u>15 1/2</u> years. with Reserve <u>3 1/2</u> years.	<u>Meth.</u>	
Joined	Date			Place of Birth	

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
<u>awake</u>	<u>26/12/17</u>	<u>Plt.</u>		<u>boasting food</u>	<u>C. M. Wilson</u>	<u>14 hours extra work</u>		<u>Capt. W. S. Cochrane</u>	
<u>awake</u>	<u>24/1/19</u>	<u>Plt.</u>		<u>Reporting sick without a cause</u>	<u>C. M. Wilson</u>	<u>20 hours extra work</u>		<u>W. S. Cochrane Capt.</u>	
<u>awake</u>				<u>Medically unfit</u>	<u>St. John's</u>	<u>19 12/18</u>			

COPIES SENT		
To	No.	Date
M. of M.	<u>18/1/19</u>	<u>11/19</u>
O.C. Troop, Bn.		
" 2nd, Bn.		

Army Form B. 121

To be carried over

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *N/57 Frigate Bn.*
2. Regtl. No. *8783* 3. Rank. *Private*
4. Name *THISTLE* *Federick*
(Surname) (Christian Names)
5. Age last birthday. *19 3/4*
6. Posted for duty on *16.7.17* at *S. John N/5*
in category (or grade).....
7. Former Trade or Occupation } *Seaman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos. *na.*
8. If the disability is an injury was it caused
(a) in action (b) on field service *na.*
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When *na.* (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *Oct. 1917*
12. Place of origin of disability. *Dunkirk Scotland.*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

He states that during heavy manual work he seems to have over-stressed himself - he was sent to hospital (he says) in Dalquharn, where he was for a week; and was sent back to unit, where he has been on light duty ever since.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | yes | |
| (ii.) Previous active service | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. } | no | |
| 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } | na | |

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He has a puffy, hypostatic appearance; he breathes thru the mouth, and easily becomes fatigued. The head is not enlarged, but there is a distinct bruit heard over the head, when he is typing down. Unable to continue hard manual labour of the unit.

16. Was an operation performed? If so, when and what was its nature?

n.a.

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

n.a.

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

His state teeth were decayed prior to enlistment. They have since been removed.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

n.a.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Discharge as permanently unfit
no further war service.

Station

Hazelton Woodstock

Date

30-10-18

Medical Officer in charge of case.

* 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



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 *Mistle Fredrick*

Regiment from which discharged *1st. Newfoundland*

Regimental number *8283*

Intended address *20 Charlton St City*

Height on discharge *5* Feet *4 in*

Color of hair on discharge *Reddish*

Complexion *Ruddy*

Color of eye *Blue*

Descriptive Marks */*

Figure on discharge *Medium*

Christian name of Father *Lewis*

Christian name of Mother *Catherine*

Wife's maiden name in full */*

Date and place of marriage */*

Christian names of children */*

Place and date of soldier's birth. *St. Johns 8th Dec 1899*

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) *Mistle X Fredrick*
Non Eng. Inf. (Rank)

Station *St. Johns* Date *2nd Dec 1918*

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.

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

Station *St. Johns* Date *2nd Dec 1918*

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Thistle Frederick (Surname) (Christian names in full)

Unit from which discharged Mfld, Forestry Corps,

Regimental Number 8283 Rank on discharge Pte Age on discharge 20

Married, widower with children, or single Single

Occupation before enlistment Teamster

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } 20 Charlton St. St Johns Mfld.

Name of Approved Society (if any) _____

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
}			India		
			South Africa		
Disallowed					
Service towards pension					

PART C. Number of G.C. badges _____ medals _____

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date St Johns, 8 Dec. 1898

Colour of hair on discharge Brown Colour of eyes Blue Complexion Very Red

Christian name of father Levi

Christian name of mother Esther

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full _____

Date and place of marriage _____

Christian names
of children and
dates of birth _____

Date and place of 1st enlistment

St Johns 18 July 1917

Figure on discharge _____

Descriptive and other distinguishing marks _____

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) *Sgt. Fredrick Thistle*

Rank *Plc*

Station *Azley Row Winchester*

Date *29.10.18*

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank) _____

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out
whichever
inapplicable.

Military character _____

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station _____

Date _____ 191

* Insert P., or P.(T).

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961C has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961C is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961C has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to O.C. Discharge Centre, <i>R. N. F. Lp Winchester</i>	The Officer i/c Records, <i>58 Victoria St London</i>	A.F. W. 3961C has been sent to The Regimental Paymaster, <i>58 Victoria St London</i>
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Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
(b) Discharge as surplus to military requirements
(c) Discharge as*
(d) Transfer to the Reserve
(e)† Claims repatriation to *St John's N. F. Lp*

Strike out whichever inapplicable.
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (Country) *St John's* (Place) *18th July 1917*
(i) Where enlisted
(ii) Date of arrival in United Kingdom
(iii) Port of arrival
(iv) Ship on which arrived
(v) Name of Shipping Line or Agent

(vi) Names and addresses of two references who can verify the above particulars

No. *5285* Rank *Plt*
Name *Thos Eudwich*
(Surname) (Christian names in full)
Unit and Corps *N. F. Lp Emergency Batta*
Authority *B. 179 & B*

Station *Handydown Winchester*
Date *30-10-18* 191__ O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE.—† If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 4 Oct 73

NAME THISTLE Frederick
NOM

Service No. 8283 WW1
Matricule No

CPC No. 290301
CCP No

WVA No. 233914
AAC No

Information Received from:

Information reçue de: S.P.M.E. "NF" Dist.

Date of Death


Date du Décès 3rd Oct 73

Place

Endroit N/S

Distribution: WSR-DASG ✓

VI - ASS
DO - BD
HO - BC

Pour le chef

for Chief, Central Registry Division.
Dépôt central des dossiers.