



# Newfoundland Forestry Companies

## ATTESTATION OF

No. SH15 Name John Walter Corps .....

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>John Walter</u>              |
| 2. What is your full Address? .....  | 2. <u>Bank Head</u>                |
|  | <u>Bay St Georges</u>              |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>9</u> Months |
| 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>R. C.</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, John Walter .....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.

John Walter.....SIGNATURE OF RECRUIT.  
W. A. Nichols.....Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Walter .....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 Johns

on this 7 day of Nov 1917  
Signature of Attesting Officer W. A. Nichols

### †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 John Walters  
 Apparent age 18 years 9 months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded Weight 105 inches  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Two Stare Scars Left arm  
Blue Eyes Light Hair

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Justain Young  
Bank Head Dept St Georges Relationship Grandmother

### 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 _____					1	0	0	0	
Joined at _____ on _____									
<u>Discharged April 14/1919.</u>									
Total Service forfeited as above.....									

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

Walters J.

845

Pay Dept

19465-P

Army Form I. 1239.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
<i>Infantry</i>	<i>A</i>	<i>8415</i>	<i>Pte Walters J</i>	<i>24. 11. 17</i>
				REMARKS
<p>is suffering from Chronic Gleet. No Gonococci can be found in his Urethral discharge. He is non-contagious and quite fit for duty, and should not be re-admitted to hospital for Venereal Disease unless he develops any complications or contracts a fresh attack.</p>				

To *Co. D. Infantry*

1st. SCOTTISH GENERAL HOSPITAL  
Station and date  
ABERDEEN.

*26. 1. 18*

*Arthur*

CAPT. R. A. M. O.

M.O. VENEREAL DISEASES.

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be sent to the Commanding Officer of the Station, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

\* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

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

# MEDICAL HISTORY

OF

Surname Walter

Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Robinsons St Georges County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>7</u> day of <u>Nov</u> 191 <u>7</u>	on	day of	191
	at <u>Headquarters</u>	at		
Declared Age	<u>18</u> years <u>9</u> mths		years	days
Trade or Occupation	<u>Lumberman</u>			
Height	<u>5</u> feet <u>3</u> inches		feet	inches
Weight	<u>105</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	inches		inches
	Range of Expansion	inches		inches
Physical Development				
Vaccination Marks	Arm	<u>Two</u>		
	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) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Amund Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's</u>	at		
	on <u>70</u> day of <u>Nov</u> 191 <u>7</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>Nfld Forestry 8th 15 Companies</u>			
Transferred to				
Became non-effective by	on	day of	191	on
			day of	191
(Signature)				
(Rank)				

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 cause of syphilis, admissions and results of treatment out-
	Day	Month	Year	Day	Month	Year			
Military I.D. Hosp St. Johns N. 7.	24	11	17	7	12	17	Orchitis following Gonorrhoea	12	Discha
St. SCOTTISH GENERAL HOSPITAL ABERDEEN.	15	1	18	26	1	18	Gleet (G.O.S.)	11	Not Permanent No Urthritis Vaccine Stoe

hospital or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions 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

Discharged - Cured

*[Handwritten Signature]*

Pot Permang Irrig 1-5000. Gonococcus Negative since it is  
No Urethral Discharge Had course of Gonococcus  
Vaccine Stock 150 Millions

*[Handwritten Signature]*  
CAPT. R. A. M. O.  
M.O. IIC VENEREAL WARDS.  
26-1-18





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form

Form  
B. 121  
39

Number of Sheet

Regiment of *1st Field Forestry Companies*

Signature of O. C. Company *J. A. Good*

Regimental No. and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>John Walters</i>	Age on <i>18</i> years <i>9</i> months	<i>Lumberman</i>	
Joined _____ Date _____	Place and Date of Enlistment <i>St John's 7011.17</i>	Religion <i>R.C.</i>		
Joined _____ Date _____	Period of <i>with Colours / 159 years.</i> <i>with Reserve / 325 years.</i>	Place of Birth <i>Robinsons</i>		
Joined _____ Date _____				

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
				<i>Demobilized St John's 14-19</i>				

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. <sup>8415</sup>~~8115~~ Rank <sup>Plt.</sup> Name Walters, John  
 Date of Enlistment 7.11.17 Address Banks St District St George's  
 Occupation Lumberman Classification for Discharge 6 Medical Category BT  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93	<u>F.C. 1</u>	<u>1239 7</u>

Date 28.3.19 .....  
 O. C. Discharge Depot. H. Mans. Inuit.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am "not" in a position to resume civilian occupation.

John Walters

Particulars passed to Vocational Officer for information and action.

Date 29-3-19 .....  
J. A. Snowling

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$400.00
- (b) Clothing Supplied J. A. Snowling

Date 29-3-19 ..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1099*.....to his home at *Route 76*..... and Release Certificate No. *1893*..... issued.

Date *29-3-19*.....

*J.A. Shawford*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *4-4-19*.....

Date *29-3-19*.....

*J.A. Shawford*  
Depot Paymaster.

Discharge approved for *31-3-19*.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st.	" 2	1
B 178a	D 400A	B 1915		do 2nd.	" 3	2
B 179	D 400B	Form L		do 3rd.	" 4	
B 179a	D 400C	Form K		do 4th.	" 5	
B 179b	B 103	ME 2	<i>1329 2</i>		" 6	
B 179c	B 120	M 93	<i>206 1</i>			

Date *29-3-19*.....

*J.A. Shawford*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

MAR 31 1919

Date .....

*R.H. Jait Capt.*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date *Apr 3/1919*.....

*John S. ...*  
*2007/...*

Demobilisation Form 2.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8415 Rank Pte Name Walters, John  
 Intended place of residence Bank Rd. St. George's  
 2. Occupation Lumberman  
 Classification of soldier E Medical Category BII

3. The above named man is discharged in consequence of DEMOBILIZATION  
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place ST. JOHN'S  
 Date MAR. 29. 1919  
*J. H. Mous*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place and date ST. JOHN'S  
29. 3. 19  
*John Walters*  
 Signature of soldier  
*C. P. [unclear]*  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am <sup>NAT</sup> in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S  
29. 3. 19  
*John Walters*  
 Signature of soldier  
*E. [unclear] Sgt.*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 7-11-17 No of days on Military  
 Discharged from service 31-3-19 plus 14 days Service 524

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S  
 Date MAR 31 1919  
*R. H. [unclear] Capt*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld.  
 Date April 14/1919  
*M. Dowley Capt*  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

24  
31  
31  
34  
31  
4  
59

*A.B. 2079/1846*



## 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 *John Walters.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8415*

Intended address *St Georges*

Height on discharge *5 Feet 4*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *Thomas.*

Christian name of Mother *Mary*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Bank St. 1900 May 05*

Nature and locality of civil employment required *John*

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) *John Walters* (Rank) *Private*

Station *St John's* Date *28-3-09*

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.

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

# The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 8415 Rank MC Name Walters John  
8145  
 Date of Enlistment 7 11 17 Address Banks St District St George  
 Occupation Lumberman Classification for Discharge ..... Medical Category B II  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1.	1
B 178	W 3494	B 122	Board 1st	" 2.	3
B 178a	D 400A	B 1915	do 2nd	" 3.	
B 179	D 400B	Form L	do 3rd	" 4.	
B 179a	D 400C	Form K	do 4th	" 5.	
B 179b	B 103	ME 2		" 6.	
B 179c	B 120	M 93			

Date 28 3 19

H. Mews  
 G. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

## 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

John Walters

Particulars passed to Vocational Officer for information and action.

Date: 29-3-19

## 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable # 6000

(b) Clothing Supplied

Date: 29-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R1099 to his home at Route 36 and Release Certificate No. 1893 issued.

Date 29-3-19

*J.A. Smollett*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-4-19

Date 29-3-19

*J.A. Smollett*  
Depot Paymaster.

Discharge approved for 31-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med	D.F. 1	1
E 178	W 3494	B 122		Board 1st	" 2	1
B 178a	D 400A	B 1915		do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 93	1			

Date 29-3-19

*J.A. Smollett*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

MAR 31 1919

Date .....

*R.H. Sait Capt.*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date MAR 21 1919