



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5321 Name Thomas Woodfin Corps R. C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Thomas Woodfin</u> |
| 2. What is your full Address? | 2. <u>Port of Spain, St. John's, Nfld.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fire-terminator</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. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Thomas Woodfin 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.

THOMAS WOODFIN SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Woodfin 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 defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, 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 22 day of May 1915.

Signature of Attesting Officer C. S. Dickson

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 1915

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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5321 Name Thomas Woodfine Corp. R. S.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Thomas Woodfine</u> |
| 2. What is your full Address? | 2. <u>Post Office, Bay St. West, St. John's, Nfld.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Sea Cook</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. Are you willing to be enlisted for General Service? .. | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Thomas Woodfine 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.

M 22-5-18 Thomas Woodfine SIGNATURE OF RECRUIT.
W. Campbell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Woodfine 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 defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, 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 M. John's on this 22nd day of May 1915.

Signature of Attesting Officer W. J. Hicks

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.....1915

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).....

C.R. 5321

Extract from Daily Orders part 11 Depot St. John's dated Sept. 30/1918

66666666

#5321 Pte. T. Woddfine

The above mentioned soldier returned from Special duty at Bonavista
on 27/9/18

C.R. ~~5321~~

Extract from Daily Orders Part 11 from Depot St. John's August 30/18.

5321

#53²1 Pte. T. Woodfine.

The following N^s C. Os and men proceeded toSt Bonavista on Special Duty

31-7-18.

C.R. 5321

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated Dec. 10th. 1918.

STRENGTH DECREASES.

5321 Pte. Thos. Weedfine

Having been found Medically Unfit is Discharged from 29/11/18.

C.R. 5321

Extract from ~~Medical Board~~ Medical Board Held on Saturday

Nov. 16th, 1918.

5321 Pte. T. Woodfine.

Recommended Discharge-Permanently Unfit.

MM.

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 23, 1918.

#5321 Pte. Thomas Woodfine.

Attested for General Service with the Royal Nfld.
Regt. from 22.5.18

C.R! 5321

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED BY OFFICER i/c Records with effect from 3-7-19.

5821 Pte. Edward Smith.

Woodfine, Thomas

5321

Pay & sept.

Civil Re-establishment Committee.



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

I am going home & shall continue my former work of farming.

Thomas Woodfine *H. H. Mark*

Signature of Man.

W. J. Mackell

Signature of the Vocational Officer or his Representative.

Reg. No. *5321*

Place

N. York.

Date

Nov. 18

191

8

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

MEDICAL HISTORY

OF

Surname Woodfine

Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Northern Bay A.D.O. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	27 day of May 1918	St John's	day of	191
Declared Age	26 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 7 inches		feet	inches
Weight	145 lbs.		lbs.	lbs.
Chest Measure-ment	Girth when fully expanded	37 1/2 inches		inches
	Range of Expansion	4 1/2 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V =	6/6	R.E.—V =	
	L.E.—V =	6/6	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. Small</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's	at	
	on	27 day of May 1918	on	day of 191
Joined on Enlistment	Corps.		Corps	
	Regtl. No.	321	Regtl. No.	
Transferred to	<u>W. Baker</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **St. John's, Nfld.**

Date **Nov. 6th '18.**

- | | | | |
|-------------------|---------------------------|-------------------------------|----------------------|
| 1. Unit | Royal Newfoundland | 5. Age last birthday | 20 |
| 2. Regimental No. | 5321 | 6. Enlisted on | May 23rd '18. |
| 3. Rank | Pte. | at | St. John's. |
| 4. Name | WOODFINE, THOMAS | 7. Former trade or occupation | Fisherman. |
| 8. Disability | | | |

History of Fainting Attacks and Gastritis.

9. History In October 1917, whilst working on railroad one night, was seized with fainting attack, which began as pain in left side, about precordial area. Was unconscious for about fifteen minutes. Since that time has had three similar attacks to one as described above.

10. What is his present condition?

General condition good. Temp. 98.8.
Pulse 90.

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Respiratory System.

On examination, Normal.

Circulatory System.

Cardiac dullness, slightly increased to left. Otherwise normal.

Digestive System.

Complains of pain in stomach, and vomiting after meals. (Has lost considerable weight ?). Bowels regular.

Urogenital System.

Normal.

Lymphatic System.

Normal.

Nervous System.

Normal.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Yes.

Signature **J. B. O'REILLY,**
Capt.

Rank or Qualification **... R.A.M.C.**

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **cannot** be considered as aggravated by:—
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Had same attacks three years ago from a fright.

Pulse 88.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

20%

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

Nil

Remarks if any:—

16. Is the disability permanent? **Yes**

17. Has the disability been aggravated by (a) Intemperance **No** (b) Misconduct **No**

18. The refusal of operation sanatorium is:— (a) Reasonable
(b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. **No**

20. We recommend discharge from retention in the Army **Permanently Unfit**

Remarks if any:—

..... **N. S. FRASER**
President

Signatures **J. S. TAIT**

..... **L. PATERSON, Major**

Place **St. John's**

Date **Nov. 16th '18**

APPROVED

NOV 16 1918

Station **No.**

Date

(Sig) **CLUNY MACPHERSON, Major**
Administrative Medical Officer
D. N. S. NEWFOUNDLAND.



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 *Woodfine, Thomas*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5321*
 Intended address *Northern Bay, Bay de Verde District.*
 Height on discharge *5* Feet *7"*
 Color of hair on discharge *Dark*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father *Richard*
 Christian name of Mother *Kate*
 Wife's maiden name in full ✓
 Date and place of marriage ✓
 Christian names of children ✓
 Place and date of soldier's birth. *Northern Bay, December 3, 1897*
 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) *Thomas X Woodfine*
his mark

(Rank) *Pte*

Station *St. John's, Nfld.* Date *Nov. 6, 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.

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

Station *St. John's, Nfld.* Date *Nov. 6/18.*



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Hay 22/18

Depot: Headquarters, Royal Newfoundland Regiment

Date 2nd Nov 1918

Regimental No. 5321

Name Woodfine, J

Address Northern Bay, Bay de Verde District

Disease or Disability

History of fainting attacks & febriles

Finding of last Standing Medical Board,

held on _____ 19 _____

Present Condition

Recommendation

*(Not due to Military Service)
Discharge*

S.M.P.

Category C111

To be Noted
{
Part II Orders
Card Index
Manual File
Hay

Members
of
Board

R.H. Lait Capt.
O. C. Depot

B. Paterson
D. D. M. S.

J.B. Kinley Capt.
Rice
M. O. Depot



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 64 Sent by Am Received by Am Check 20/- No. 31
 Place from Blackhead 12
 To Captain O'Grady



5321 Pte. R Woodfine fainted
 in Church this morning
 dont know if anything
 unordinary report quick
 as possible.



Rev. E. O'Brien
 P.P. Northern Bay

Advised to
 have doctor
 examine him and
 Med Dept.
 J.O.B.

To be noted
 14-10-17 H.S.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No 98

Sent by

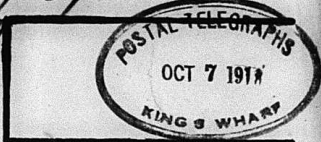
Rec'd by

Class

Western Bay / 1/31

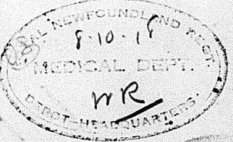
Place from

To Melita Adggs



*private Thomas woodfine
 Cannot leave here today
 impossible very ill
 report when better*

To Dunn



Messy & Blue

To be Noted

- Part II. Orders
- Card Index
- Nominal Roll

Notes Balf.

No 4681



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Thomas Woodfin*, Regl. No. *5321*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and *Sixty* Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4324</i>	<i>Father</i>	<i>Mr. Richard Woodfin</i>	<i>Northern Bay Bay de Verde</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig. *Swatson Lieut.*

Officer Commanding
E Company

(Sgd) *Thomas Woodfin*
 (Rank) *Pte*

A. J. Han
 June 12th 1918

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters May 23/08

1. Name Thomas Woodfine Age (a) Declared 20
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

3. Height 5ft 7" Weight 145
4. Eyesight (a) Left 6/6 (b) Right 6/6
5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n
Measurement (a) Expiration 33 (b) Inspiration 37 1/2

7. Examination of Heart n

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Father Richard Norman Bay
B DE VERDE DR

REMARKS--

AI

Arthur W. Carroll
W. St. John

Medical Examiners.

No 4681

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Woodpin, Regl. No. 5321
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4324</u>	<u>Father</u>	<u>Mr. Richard Woodpin</u>	<u>Northen Bay</u> <u>Bay de Verde</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.)

Watson Lieut

Officer Commanding
E Company

R. Johns

June 12th 1918

(Sig.)

Thomas Woodpin
rank of Lieut

(Rank)

Received Northern Bay
The Militia Dept
St John's
January 29, 1919

3854 Gentlemen,
I write to know if
you will send me
a service badge.
I enlisted the 22nd
May 1918. My No. is 5321.
I served as Regimental
Police for 4 months. I
was 193 days with the
colours. I was discharged
as being physically unfit
on the 30th day of Nov.
1918. You can forward
the same to
c/o Mr. Woodfine
Long Beach
Dist. Bag de Verde
Payment -
for your attention please
A. L. Curran
acty. S.O.C.

5321

February 4, 1919

Thomas Woodfin,
Northern Bay.

Dear Sir:

With reference to your letter of Jan. 27th. I beg to state that I have forwarded your badge to the above address, and no doubt you will receive it in due time.

Yours truly,

Lieut.
For Paymaster & O i/c Records.

5321 Pte. Thomas Woodfine
Civilian Clothing

ch. 6492.

\$ 60 ⁰⁰

✓

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet out

Regiment of Royal Newfoundland Signature of O. C. Company Asst. Comm. S. J. ...

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5321</u>	Age on	<u>20</u> years	<u>fisherman</u>	
	<u>Wood June Mrs</u>		months		
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>St John's</u>		<u>R.C.</u>	
Joined	Date	<u>22.5.18</u>			
Joined	Date	Period of	with Colours <u>193 days</u>	Place of Birth	
			with Reserve	<u>Northern Bay St. ...</u>	

Place	Date of Offence	Rank	Cause of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>30</u>	<u>11/18</u>		

To be carried over.

Depot
5321

Nov. 18th, 1918

From Officer Commanding
Depot

To Paymaster and Officer i/c Records,
Militia Department

5614 Pte. A. Whitehorn
5321 " T. Woodfine
5799 " J. Clarke

The marginally noted men have been recommended for discharge as permanently unfit by Medical Board held on Saturday, November 16th.

I am sending them herewith for your attention and necessary action, please. Their accounts on Company Pay Sheets have been squared up to and including 18-11-18, and they have credit balances and allotments as undernoted.

	<u>Cr. Bal.</u>	<u>Allotment</u>
5614 Whitehorn	\$121.50	None
5321 Woodfine	2.00	60¢
5799 Clarke	3.80	None

AC

Reg. No. 5321 Rank Pte Name Woodfine, J. 8
Attested 22-5-18 Address Northern Bay, B.D.V.
Allotment 60 Allotee Mr Richard Woodfine (Father)
Date of Allotment 1-7-18 Returned from Overseas
Embarked for Overseas Cause

23-5-18 Vacc

S.L. 30 5/8 to 9 6/8 R.H. 9 9/8

13-6-18, Proc no 27 6/8

23-7-18 Very ill will report as soon as possible

31-7-18 Special duty Hongkong, Relis 27-9-18

Headquarters travelling board recommends

S.M.B. history of fainting attacks

16-11-18 Rec-Dis-Per. Unfit

30-11-18

DISCHARGED - MEDICALLY UNFIT