



Newfoundland Forestry Companies

ATTESTATION OF

No. 8362 Name Allan Yates Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>Allan Yates</u> |
| 2. What is your full Address? | 2. <u>New Bay</u> |
| | <u>N.S.B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| | 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> |
| | <u>Meth</u> |
| 9. What is your Religion? | 9. |
| 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, Allan Yates, 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.

Allan Yates SIGNATURE OF RECRUIT.
Ed. Hutchings Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Allan Yates, 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..... on this 2nd day of October 1917

Signature of Attesting Officer J. R. Goodyear 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.....

If enlisted by special authority, such will be attached to the original attestation.
 Date Oct. 2nd 1917
 Place Depot, St. John's } 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: vis:—(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 Allen Yates
 Apparent age 21 years 0 months. Height 5 feet 8 inches
 Weight 110 lb
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches
 Distinctive marks Dark hair Brown eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Walter Yates
New Bay | Relationship Father
Copper Cove
 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 | | | | | | | | | |
| Joined at _____ on _____ | | | | | | | | | |
| <u>Discharged St. John's. Mar. 12/1918.</u> | | | | | | | | | |
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| | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to _____ (date of discharge) _____ days
 " " Pensions " _____ [" "] _____ " _____

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>8262</u> | Army Rank <u>Private</u> | |
| Name <u>Allan Yatts</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.) | | |
| Corps <u>Mfld. Forestry Companies</u> | | |
| Battalion, Battery, Company, Depot, &c. _____ (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 <u>March 12th 1918</u> | | |
| Place of discharge <u>St. John's, Mfld.</u> | | |
| 1. Description at the time of discharge. | | |
| Age <u>20</u> years <u>3</u> months | Descriptive marks. | |
| Height <u>5</u> feet <u>8</u> inches | | |
| Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. | | |
| Complexion <u>fair</u> | | |
| Eyes <u>grey</u> | | |
| Hair <u>black</u> | | |
| Trade <u>Lumberman</u> | | |
| Intended place of residence { <u>New Bay</u> (To be given as fully as practicable) <u>N. B. B.</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 <u>being no longer physically fit for active service</u> | | |
| (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* | | |

To be filled in on the soldier quitting the Colours.

Foreign & Colonial Section

449

M.P.A. 17/7

Reference No. M.K.Z. 1352.

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W. 3.

Any further correspondence on this subject should be addressed to:—

THE DIRECTOR-GENERAL OF AWARDS, and the above Number quoted.

Allan YATES 8362 Pte, Newfoundland
Forestry Corps.
Your Reference

Sir,

With reference to your letter of 16-10-20

and copy of Medical Report dated 26-2-18

I am directed by the Minister of

Pensions to inform you that the award of \$1600 a month from

13-3-18 to 26-18 made by you to Mr. Yates is

hereby confirmed.

I am, Sir,
Your obedient Servant,

J Cairns

for Director General of Awards.

The Secretary,
Board of Pension Commissioners,
St. John's,
Newfoundland.

| Date | Index |
|------|-------|
| 13/5 | JWA |
| 13/2 | JWA |

pb. note in margin

Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 9 (A. F. B. 163.)

Casualty Form—Active Service.

2502—1-16

H. Q. 1773-33-200

Unit, Regiment or Corps *1st Lt. Forestry Company*
 Regimental No. *2366* Rank *1st Lt* Name *John A. [unclear]*
 C. E. F.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

| Report | | Record of promotion, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 38, or other official documents. |
|--------|--------------------|--|-------|------|--|
| Date | From whom received | | | | |
| | | <p>Taken on strength No. 8 Casualty Unit 3.1.16</p> <p>Embarked at Halifax N.S. 1.2.18</p> | | | |

John A. [unclear]
 1st Lt
 1st Lt / c Casualty Unit, M. D. 6
 LEUT.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shooting Smith, etc., etc., also special qualifications in technical Corps duties. (P.T.O.)

Despatching
Office
Stamp

Arrival
Office
Stamp



No. 17

From

Dept of Ind. & Gen. Inv.

Registered Letter Addressed—

Allen Gates
Gen. Post
Dept of Ind. & Gen. Inv.

Received by

J. J. [unclear]

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**

ST. JOHN'S, Newfoundland,

TO MEDICAL EXAMINER:

Medical Report required; review date:—

Date _____

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per _____

| | | | |
|---------------------------|----------------------------------|----------------|----------------------------|
| Regimental No. | 8362 | Rank | Rank |
| Name | Yates Allan | | |
| Unit | 1st Newfoundland. | | |
| DESCRIPTION OF PENSIONER: | Address: New Bay , N.D.B. | | |
| Apparent Age | 21 | Height | Colour of Eyes grey |
| Complexion | Fair | Colour of Hair | Black |
| | | | Weight |

Marks of Identification:

Feb. 26, 1918.

DISABILITY: RIGHT ARM TROUBLE.

He complains of some stiffness in right arm. No sign of scabies at present. He is in good health.

Hurt his right arm a year ago at Millertown while lifting heavy log. Strained it again at Halifax when lifting heavy piece of sheet lead (clearing away after the explosion) Has been stiff and painful since.

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition.

On notice to report for this examination wired the following:-

"I have re-enlisted. Wrote Capt. Howley for further orders".

SGD. A. Yates.

17/7/18

SGD: F.H. Killam. M.D.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature

Pensioner's signature

of Witness

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PEN SIONERS.**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date _____

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per _____

Regimental No. **8362**Rank **Rank**Name **Yates Allan**Unit **1st Newfoundland.**

DESCRIPTINON OF PENSIONER:

Address: **New Bay, F.D.B.**Apparent Age **21**

Height _____

Colour of Eyes **grey**Complexion **Fair**Colour of Hair **Black**

Weight _____

Marks of Identification:

Feb. 26. 1918.DISABILITY: **RIGHT ARM TROUBLE.**

He complains of some stiffness in right arm. No sign of sores at present. He is in good health.

Hurt his right arm a year ago at Millertown while lifting heavy log. Strained it again at Halifax when lifting heavy piece of sheet lead (clearing away after the explosion) Has been stiff and painful since.

Disability for which pension has been awarded:—

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition.

On notice to report for this examination wired the following:-

"I have re-enlisted. Wrote Capt. Howley for further orders".
SGD: A. Yates.

17/7/18

SGD: F.H. Yillam. M.D.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature
of Witness.....

Pensioner's signature.....

STATEMENT OF ACCOUNT OF
 8388 ALLAN YATES.

REF. NO. H.V.Z. 1382.

FROM MARCH 13th 1918 TO JUNE 12/18.

PEN. NO. 449.

| | DR. | | CR. |
|-----------------------|--------------|---|--------------|
| April 1918 To Payment | 16.00 | 1. \$15.00 per month for 3 mos. from 12-3-18 to 12-3-18. | 48.00 |
| May " " | 16.00 | | |
| June " " | 16.00 | | |
| | <u>48.00</u> | | <u>48.00</u> |

REMITTANCE
 MADE IN U.S.A.

P no 469 # 8362 Allan Yates

Rip no. M73-1382

From 13³/₁₉ To 12⁶/₁₉

Apr 1918 To payment 16.00

May 16.00

June 16.00

\$16.00 per month for 3 mos.

48.00 from 13³/₁₉ To 12⁶/₁₉

48.00

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form 121.

Form
B. 121
39

Number of Sheet *first*

Regiment of *Rifled Forestry Companies*

Signature of O. C. Company *J. R. Goodger*

| | | | | | | | | | |
|--|-------------------------|---|--|---|--|---|--|--|--|
| Regimental No. and Name <i>8362 Allan Yates</i> | | Enlistment Age on <i>21</i> years months | | Trade <i>Lumberman</i> | | Good Conduct Badges, Service pay or proficiency pay | | | |
| No. <i>8362</i> | | Place and Date of Enlistment <i>8-10-17</i> | | Religion <i>Meth</i> | | | | | |
| Joined _____ Date _____ | Joined _____ Date _____ | Period of <i>with Colours 1/2 years.</i> | | Place of Birth <i>New Bay N.D.B.</i> | | | | | |
| Joined _____ Date _____ | Joined _____ Date _____ | <i>with Reserve 3/5 years.</i> | | | | | | | |

| 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 |
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|---------|
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|---------|

Medically Unfit St John's 12 ³/₁₈

Army Form B. 121

To be carried over

8362

New. Bay. July. 10th 1798.
N. D. B.

1794

Capt. J. M. Howley.
St. Johns.

Dear Sir,

I have been to St. Johns. and re-embarked
on the 7th of June and passed for the
Regt. and I am home on furlough. Just
got out the messages. Just able to get up

Didnt know what to do when I
got your letter. I thought the only thing
was to write you, and wait for
further orders.

P. A. Yates.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

8362

ST. JOHN'S, NEWFOUNDLAND,

June 28th., 1918.

Capt. J. M. Howley,

Secty. Pensions & Disabilities Board.

8362, Pte. A. Yates
New Bay, N. D. Bay

Dear Sir:-

The marginally noted man should report to the Surgeon in charge, St. Anthony's Hospital St. Anthony, for re-examination, on whatever date the Doctor notifies him to appear.

Yours faithfully,

Cluny Macpherson

Major, D. M. S.

July 3rd. 1918.

Private A. Tates,
New Bay, H.D.B.

Dear Sir,-

Kindly present yourself to
the Surgeon in charge, St. Anthony's Hospital,
St. Anthony, for re-examination, on whatever
date the Doctor notifies you to appear.

Yours faithfully,

Secretary.

J/H.

(COPY)

M.V.Z./1382

MINISTRY OF PENSIONS

Burton Court,

King's Road,

London, S.W.3.

March, 1921.

Sir,

YATES, Allen, Private 8362
Newfoundland Forestry Corps.

With reference to the case of the above named man who was discharged from the service on 12th March 1918 on account of Injury to Arm, I am directed by the Minister of Pensions to inform you that the following award has been made to Mr Yates by the Board of Pension Commissioners, St. John's, and confirmed by this Department. \$16.00 a month from 13th March 1918 to 12th June 1918.

I am, Sir,

Your obedient Servant,

(SGD) T. Cairns.

For Director General of Awards.

The High Commissioner
for Newfoundland,
58, Victoria Street,
S.W.1.

DMW/CSA



The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT, OF MILITIA, NFLD.

No.

St. John's, Nfld.,
June 28th., 1918.

To:— The Surgeon in charge.
Pilley's Island Hospital,
Pilley's Island.

From:—The Board of Pension Commissioners for Nfld., St.
John's, Nfld.

Sir:—

Name 449
8362 Pte. A. Yates.

The Board of Pension Commissioners requiring a report on
the Pensioner named in the margin, kindly notify him to appear be-
fore you AS SOON AS POSSIBLE.

You will find a form on which to record your examinations on
pages 2 and 3.

Pensioner will be notified to appear before you on whatever
date you will find convenient.

Address
New Bay, N.D.B.

If another Registered Medical Practitioner is in your neigh-
bourhood, or likely to be there during the week, it is preferable that
you should both examine the Pensioner at the same time, and both
sign report.

The form when *fully* completed, signed and dated, is to be re-
turned by the president of the Board of Medical Examiners to the
undersigned.

If the pensioner neglects to present himself for examination
within a reasonable period, you will please telegraph the fact to the
undersigned.

If it is necessary for the pensioner to travel, in order to present
himself for examination, bills for Transport should be certified by
you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for
such examination is One dollar (\$1.00) for each Doctor for each
examination.

I have the honour to be,
Sir,
Your obedient servant,

DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age... 21 on Oct. 2/17. Height..... Colour of Eyes.. Grey ...

Complexion.. FAIR Colour of Hair... BLACK..... Marks of Identification

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on 26/2/18. and other necessary information, follows:—

Condition of Pensioner:— TROUBLE RIGHT ARM. He complains of some stiffness in right arm. No sign of scabies at present time. He is in good health.

Hurt his right arm a year ago at Millertown lifting a heavy log. Strained it again at Halifax when lifting a heavy piece of Sheetlead. (Clearing away after the explosion). has been stiff and painfull since.

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED.

MEDICAL REPORT.

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2?
(2) Give a DEFINITE, DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperence or improper conduct?

- (4) Will it materially increase or diminish?

- (5) Is the disability permanent?

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

(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

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

(State in percentage.)

- (8) Would treatment reduce the prisoner's disability on increase his comfort?

- (9) If so, is pensioner willing to accept such treatment, and when?

If not, why?

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place President

Date

.....Members

Pensioner's Signature

Signature of Witness

CONTINUATION.

(1) Are you satisfied that the pensioner is receiving the maximum amount of pension to which he is entitled?
(2) Give a BRIEF DEFINITE DESCRIPTION of the PRESENT STATE of the DISABILITY CONDITION, showing time and cause of any appreciable change in the extent of the DISABILITY. If there is a new attack, location, or description on page 5, it is essential that a complete history of its onset, and if arranged to review the records in this question should be definitely stated.

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

(3) Is there any other disability which is not mentioned in the above questions?
(4) Will it materially increase or decrease the disability percentage?
(5) Is the disability permanent?

The answers to the following questions are to be filled in by the medical examiner.

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

8 (b) If so, is he receiving the additional allowance?

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

9 (b) If so, is he receiving the additional allowance?

10 If pensioner was married, has his wife died since last medical re-examination?

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

Place

Date **F. H. Killam M. D.** Medical Examiner.

HAMMERMILL
BOND
449

UNIT 1st Newfoundland. Age last birthday 21
 REGT. NO. 8362 Enlisted on Oct. 2/17 at St. John's, Nfld.
 RANK Pte. Former trade or
 NAME Yates Allan Occupation: Lumberman
 Address New Bay, N.D.B.

DISABILITY: TROUBLE RIGHT ARM.

History:-

This man was taken off "Florizel" at Halifax with Mumps. He was under treatment at Dartmouth Hospital for 16 days. He then developed Scabies and was sent back to Military Hospital in Halifax for 8 days. He states that he had trouble with his right arm before enlisting.

Present Condition:

No sign of Scabies at present time. He is in good health at present. He complains of some stiffness in right arm.

SGD: W.F. Burden.

For Pension purposes the disability MAY be considered as AGGRAVATED BY ORDINARY MILITARY SERVICE.

S.M.B. Feby. 26, 1918.

Hurt his right arm a year ago at Millertown lifting a heavy log. Sprained it again at Halifax when lifting heavy piece of sheet bed (Clearing away after the explosion) Has been stiff and painful since.

RECOMMENDED: 40% for 3 months.

Discharge from the Army.

HAMMERMILL
BOND

SGD: N.S. Fraser, Pres.
 J.S. Tait
 L. Paterson, Major.

Place St. John's, Nfld.

Date Feby. 26, 1918.

SGD: CLUNY MACPHERSON, MAJOR.
 Admin. medical officer.

REGIMENTAL NO. 8362.

PENSION NO.

NAME. A. YATES

FEBRUARY 26TH, 1918

NO sign Of scabies at present time. He is in good health at present time. He complains Of some stiffness at present time in right arm.

17-7-18

On notice to, report for this examination wire the enclosed telegram.

I have reenlisted. Wrote Capt HOWLEY for further Orders.

DISABILITY:

REGIMENTAL NO. 8362.

PENSION NO.

NAME. A. YATES

FEBRUARY 26TH, 1918

NO sign of scabies at present time. He is in good health at present time. He complains of some stiffness at present time in right arm.

17-7-18

On notice to report for this examination wire the enclosed telegram.

I have reenlisted. Wrote Capt Howley for further orders.

DISABILITY:



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

*Review 70
449*

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 February 22nd., 1918

- 1. Unit *1st. Newfoundland*
- 2. Regimental No. *8362*
- 3. Rank. *Private* at *St. John's, Nfld.*
- 4. Name. *Yates, Allan*
- 5. Age last birthday. *21*
- 6. Enlisted on *October 2nd., 1917*
- 7. Former trade or occupation *Lumberman*
- 8. Disability

9. History This man was taken off "Florizel" at Halifax with Mumps. He was under treatment at Dartmouth Hospital for 16 days. He then developed Scabies and was sent back to Military Hospital in Halifax for 8 days. He states he had trouble with his right arm before enlisting.

10. What is his present condition?

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

No sign of scabies at present time
He is in good health at present
time. He complains of some stiffness
in right arm

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as
permanently unfit? **No**

Signature (Sgd) F. W. BURDEN.....

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board.

19551-1

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

13. For pension purposes, the disability x ~~may~~ 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.

HURT HIS RIGHT ARM A YEAR AGO AT MILLERTOWN LIFTING A HEAVY LOG, STRAINED IT AGAIN AT HALIFAX WHEN LIFTING HEAVY PIECE OF SHEET-BED (CLEARING AWAY AFTER THE EXPLOSION) HAS BEEN STIFF AND PAINFUL SINCE

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

40% for 3 months

16. Is the disability permanent? No

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

Remarks if any:—

(Sgd) ... N. S. FRASER
..... J. S. TAIT
..... L. PATERSON, Major
President

Signatures.

Place ... St. John's, Nfld.,

Date ... February 26th., 1913.

APPROVED

Station ... St. Jc

Date



(SGD) OLUNY MACPHERSON, Major

Administrative Medical Officer.

Jates, A

8362

Receipt.

195517



ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS.

ST. JOHN'S, NEWFOUNDLAND.

February 28th. 1918.

From Officer Commanding,
Depot.

To Paymaster and Officer i/c Records,
Department of Militia.

8362 Private A. Yates.

Above mentioned man was recommended for discharge
as permanently unfit by Medical Board held on February
26th. 1918.

I am sending him herewith for your attention and
necessary action, please.

W. H. A. A. A.
Adjutant
Depot, First Newfoundland Regiment,
St. John's, Nfld.

Ok. [Signature]
Discharged.
Mar. 12th 1918



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 *Jates Allan*
 Regiment from which discharged *1st Newfoundland Forestry Co*
 Regimental number *8362*
 Intended address *Spatter Cove N B Bay*

Height on discharge _____ Feet
 Color of hair on discharge *Black*

Complexion *Fair*

Color of eye *Grey*

Descriptive Marks *none*

Figure on discharge *medium*

Christian name of Father *Walter*

Christian name of Mother *Aunice*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *New Bay Dec 9 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) *Allan Jates*

Station *S. Lomas*

Date *Dec 18/18*

Plc (Rank)

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.

T. W. Burden

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

Station *S. Johns N*

Date *Dec 18/18*