



Newfoundland Forestry Companies

ATTESTATION OF

No. 8122 Name Adam Andrew Corps Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Adam Andrew
2. What is your full Address? } 2. Imperial Harbour
H. D. Bay
3. Are you a British Subject? 3. yes
4. What is your age? 4. 26 Years 9 Months
5. What is your Trade or Calling? 5. Lumberman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. What is your Religion? 9. C. of E.
10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? 10. yes { Name
Corps

I, Adam Andrew 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.

Adam Andrew SIGNATURE OF RECRUIT.

Francis H. Reynolds Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Adam Andrew 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 Imperial Harbour

on this 8th day of May 1917

Signature of Attesting Officer H. H. [Signature]

†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.....1917

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).....

8-4/5/17

C.R. 8122

Extract of Daily Orders Part II Newfoundland Forestry Coys.
dated 3-7-18. Depot St. John's.

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Having been found medically unfit is discharged from
25-6-18.

8122, Pte. A. Andrews.



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 **ANDREWS ADAM**

Regiment from which discharged *1st. Newfoundland*

Regimental number **8122**

Intended address **NIPPERS HARBOR**

Height on discharge **5** Feet **7**

Color of hair on discharge **BLACK**

Complexion **FAIR**

Color of eye **BR OWN**

Descriptive Marks

Figure on discharge ~~WILLIAM~~ **MEDIUM**

Christian name of Father **WILLIAM**

Christian name of Mother **DEAD**

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. **NIPPERS HARBOR AUGUST 4th., 1891**

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) **ADAM ANDREWS**

(Rank) **PT**

Station **ST. JOHN'S NFLD.** Date **MARCH 27th., 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.

(SGD) **F.W. BURDEN**

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

Station **DO**

Date

DO

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
 Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date May 25th 1920

The Secretary, Board of Pension
 Commissioners for Newfoundland.

AS SOON AS POSSIBLE

Per.....

Regimental No. 8133

Rank **PRIVATE**

Name **ADAM ANDREWS**

ADDRESS: **BISHOP'S FALLS.**

Unit **ROYAL NEWFOUNDLAND REGIMENT**

DESCRIPTION OF PENSIONER:

Apparent Age **28 YEARS** Height **5' 8"** Colour of Eyes **BROWN**

Complexion **FAIR** Colour of Hair **BLACK** Weight

Marks of Identification:

MARCH 28TH., 1918:

COMPLAINS OF PAINS IN LEGS AND HANDS. BOTH HANDS ARE SWOLLEN AND
 TENDER AND STIFF. HEART RAPID AND SLIGHTLY IRREGULAR AT TIMES. PULSE
 100 UP TO 120. SYSTOLIC MURMUR AT HEART. A SICK LOOKING MAN.
 OEDEMA OF ANKLES. WALKS LAME.

JUNE 11TH., 1918:

BEEN IN HOSPITAL SINCE LAST REPORT. FEELING BETTER OF RHEUMATISM.
 PULSE 100. NO OEDEMA AND WALKS BETTER BUT HEART CONDITION WILL REMAIN
 AS IT IS.

JANUARY 7TH., 1920:

PULSE 108. COMPLAINS OF STITCHES OVER HEART. PALPITATION OF HEART
 FOLLOWED BY GENERAL WEAKNESS. SWELLING OF FINGERS WHEN WORKING.

APEX BEAT HALF INCH EXTERNAL TO NIPPLE IN FIFTH SPACE. SYSTOLIC
 APEX TRANSMITTED TO AXILLA. SOFT SYSTOLIC AT AORTIC. ANKLE AND HANDS
 ARE NOT SWOLLEN AT PRESENT. HEART VERY IRREGULAR AT TIMES WHEN
 EXAMINING.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

R H E U M A T I S M

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.

TEMPERATURE NORMAL. PULSE 106. HANDS AND ANKLES SWELL AFTER WORKING. MOST OF THE TIME THE PENSIONER FEELS WEAK.

ALL THE HEART SYMPTOMS HAVE INCREASED SINCE LAST EXAMINATION.

THE RHEUMATISM IS ABOUT THE SAME AS AT LAST EXAM.

THE PENSIONER GETS QUITE GIDDY AND SHAKY AND VERY WEAK AFTER THE LEAST EXERTION.

THE HEART CONDITION DOES NOT PERMIT THE PENSIONER TO DO BUT VERY SLIGHT WORK.

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 (SGD) J. J. SMITH

Pensioner's signature. (SGD) ADAM ANDREWS

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.-

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons:

Pensioner's signature

The foregoing report submitted by

Signature

Medical Examiner.

Place

Date

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

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

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

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

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination? (State date of death.)

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

(State date of death and names of children who have died.)

Place

Date

35% FOR 3 MONTHS

(SGD) J. B. O'REILLY, CAPTAIN

Head of District Office, (or Medical Practitioner.)

