

No. 380

ENTERED
 PAY LEDGERS
 NUM. ROLL
 ALLOT. INDEX
 REGISTER
 EXAMINED



Newfoundland Forestry Companies.

I, John J. Cangel, ALLOTMENTS 8383
83
 , Regl. No. _____

hereby agree, until further notification by me and in similar official form to make an Allotment of _____ Dollars and _____ 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 oct 12/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
303	Wife	Anastacia Cangel		80
Total Allotment, \$				80

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

(Sig.) J. J. Mackay
 For John J. Cangel Officer Commanding
St John Company
oct 12/17
 191

(Sig.) John J. Cangel
 (Rank) pl

Medical Report on an Invalid.

Station Dunkeld PerthshireDate 27/6/18

1. Unit **NEWFOUNDLAND FORESTRY CO.**
2. Regimental No. **8383**
3. Rank **PRIVATE**
4. Name **ANGEL, JOHN F.**
5. Age last birthday **37**
6. Enlisted { on **3/10/17**
at **GRAND FALLS NEWFOUNDLAND**
7. Former Trade or Occupation } **BAKER**
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (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).***ATTACK OF HEADACHE. SICKNESS AND LOSS OF MEMORY**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. **HAD THE ATTACKS ALL HIS LIFE BUT WORSE SINCE SEVERE MACHINERY ACCIDENT TO RIGHT ARM TEN YEARS AGO**
10. Place of origin of disability. **ST. JOHN'S NEWFOUNDLAND**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **HAS HAD THE ATTACKS OF SICKNESS AND VOMITING EVERY FOUR OR FIVE WEEKS ALL HIS LIFE. THE LOSS OF MEMORY IS AN ADDED FEATURE. IMPROVEMENT DURING THE LAST TWO OR THREE WEEKS**

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).

NO

(b) constitutional or hereditary, and not aggravated by service during the present war.

YES

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

NO

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.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

16. Was an operation performed? If so, what?

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

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?

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.

THESE ATTACKS INCAPACITATED HIM FOR WORK OF ANY KIND. WHILST UNDER THESE INFLUENCES HE DOES NOT KNOW WHAT HE IS DOING

HIS RIGHT ARM IS SOMEWHAT IMPROVED IMPAIRED IN ACTION AND POWER OWING TO INJURY TEN YEARS AGO

20. Do you recommend—

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

(SGD) J. A. TAYLOR, M. D.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, 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.

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

(i.) Service during the present war ;

(ii.) Climate ;

(iii.) Ordinary military service ;

NO

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or

(v.) Whether it is constitutional or hereditary.

YES

(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:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

NIL

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

YES

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.

29. With reference to Army Council Instruction No. 144 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

J. SINCLAIR TAIT

Date JAN. 6th., 1919

L. PATERSON, Major

Members.

Approved

Station JAN 6 1919

(SGD) CLUNY MACPHERSON, Major

Administrative Medical Officer.

Date

No.

NEWFOUNDLAND

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
30

Number of Sheet *First*

Regiment of *Rfld Forestry Companies*

Signature of O. C. Company *J. R. Leadgar capt*

Regimental No. and Name	Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No. <i>1385 John Jangell</i>	Age on <i>31 1/2</i> years <i>10</i> months	<i>Baker Cook</i>	
Joined <i>_____</i> Date <i>_____</i>	Place and Date of Enlistment <i>Leith</i>	Religion <i>R. C.</i>	
Joined <i>_____</i> Date <i>_____</i>	Period of <input type="checkbox"/> with Colours <i>1 1/2</i> years.	Place of Birth <i>St John's</i>	
Joined <i>_____</i> Date <i>_____</i>	<input type="checkbox"/> with Reserve <i>5 1/2</i> years.		

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
Demobilized St John's 28-19									
To be carried over									

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8353 Rank LC Name J. Angel
 Intended place of residence 30 Balfour St
2. Occupation Baker
 Classification of soldier B Medical Category F1
3. The above named man is discharged in consequence of Demobilization
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place JAN 14 1919 W. Bowley Capt
 Date JAN 14 1919 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 Johns John Angel
14-1-19 Signature of soldier
W. Bowley Capt
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date Jan 9th 1919 John Angel
 Signature of soldier
W. Bowley Capt
 Signature of witness

STATEMENT OF SERVICE

- Enlisted for service 12. 10. 17. No of days on Military
 Discharged from service 14-1-19 blu 78 Days Service 77 Days
488

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S R. H. Sait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
- Date JAN 14 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St Johns, Nfld W. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment
- Date January 20/1919

W. B. 2079/724

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8383 Rank Otc Name Angel J. J.
 Date of Enlistment 12.10.17 Address St. John's District St. John's
 Occupation Book Classification for Discharge B Medical Category SE
 Recommendation S.M.B. permanently unfit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

N.F. P. <u>94</u> 1	B 268	B 121	1	N.F. Med.	D.F. 1
B 178	W 3494	B 122		Board 1st	" 2
B 178a	1 D 400A	2 B 1915		do 2nd	" 3
B 179	2 D 400B	Form L		do 3rd	" 4
B 179a	D 400C	Form K		do 4th	" 5
B 179b	1 B 103	ME 2	3463A	1	" 6
B 179c	1 B 120	M 93	3463B	1	

Date 9.1.19

W. H. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

John Angel

Particulars passed to Vocational Officer for information and action.

Date 9.1.19

W. H. C. Discharge Depot.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) ~~Clothing Supplied~~ Joseph A. Snow Print

Date 14-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. Nil to his
 at St Johns and Release Certificate No. 703 issued.

Date 14-1-19

Arthur C. Capt
 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 11-2-19

Date 14-1-19

Arthur Capt.
 Depot Paymaster.

Discharge approved for 14-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 26	11	B 268	B 121	11	N.F. Med.	D.F. 1	11	Form B
F 178		W 3494	B 122		Board 1st	" 2	11	
R 178a	11	D 400A	B 1915	21	do 2nd	" 3	21	
B 179	12	D 400B	Form L		do 3rd	" 4		
B 179a		D 400C	Form K		do 4th	" 5		
B 179b	11	B 103	ME 2		<u>3463A</u>	" 6	11	
B 179c	11	B 120	M 93		<u>3463B</u>		11	

Date 14-1-19

Arthur Capt.
 Demobilization Officer.

APPROVED: h.

Documents as above forwarded to:—
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

JAN 14 1919

Date

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

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

Date Jan 21/1919

Arthur Capt.
 Demobilization Officer.