



Newfoundland Forestry Companies

ATTESTATION OF

No. 8229 Name Benjamin Baker Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Benjamin Baker</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>11</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>S. A</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, Benjamin Baker 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.

Benjamin Baker SIGNATURE OF RECRUIT.

Francis H. Paine Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Benjamin Baker 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 Grand Falls on this 6th day of June 1917.

H. F. Tuberville Signature of Attesting Officer Sms

† 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 1st Newfoundland Forestry Company.

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).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Benjamin Baker
 Apparent age 18 years 11 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 32 1/2 inches Night 100
 Range of expansion 2 1/2 inches
 Distinctive marks Hair & Boots Blue hoop. Fair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Baker Baker
Charmville | Relationship Father
Trinity Bay 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					<u>England</u>				
Joined at <u>Grand Falls</u> on <u>5-6-17</u> for <u>Newfoundland</u> .					<u>Hospitals</u> - <u>Perth. 26-9-17.</u> <u>Scotland</u> <u>Embarked</u> <u>Tilbury Docks</u> <u>England</u> <u>draft. no. 78</u> <u>20-1-19</u> <u>nominal bill. late 8.</u>				
<u>Discharged</u> <u>Admiral</u> <u>Jan 11, 1919</u>									
Total Service forfeited as above.....									

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

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on the 4th page.)

No. <u>9309</u>		Army Rank <u>1 Plt</u>	
Name <u>Baker, Benjamin</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps of Regular Forces <u>Newfoundland Forestry Corps</u>			
Battalion, Battery, Company, Depot, &c. <small>(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.)</small>			
Date of Discharge <u>January 11th 1919</u> ✓			
Place of Discharge <u>St. John's, Nfld.</u>			
1. <u>Description at the time of Discharge.</u>			
Age	<u>19</u> years	<u>6</u> months	Descriptive Marks.
Height	<u>5</u> feet	<u>4</u> inches	
Chest Measure-ment	Girth when fully expanded _____ ins.		
	Range of expansion _____ ins.		
Complexion	<u>fair</u>		
Eyes	<u>blue</u>		
Hair	<u>brown</u>		
Trade	<u>labourer</u>		
Intended place of Residence <small>(To be given as fully as practicable)</small>	<u>Blairville, N.S.</u>		
<small>(This 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.)</small>			
2. The above-named man is discharged in consequence of <u>being no longer physically fit for active service</u>			
<small>(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.)</small>			
3. Military Character:—			
4. Character awarded in accordance with King's Regulations:—			
<p style="text-align: center;">Certified that the above is an accurate copy of the character given by me on Army Form B. 2067.</p> <p style="text-align: right;">_____ Initials of Commanding Officer.</p>			

26
27
28
29
30
31
11
221

A.P. 2079/436

To be filled in on the soldier quitting the Colours.

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

MEDICAL HISTORY

OF

Surname Baker Christian Name Benjamin

Table I.—GENERAL TABLE.

Birthplace:—Parish Clarendonville County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>6th</u> day of <u>June</u> 191 <u>7</u> at <u>Grand Falls.</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>18</u> years <u>11 mos.</u> days		years	days
Trade or Occupation				
Height	<u>5</u> feet <u>4</u> inches		feet	inches
Weight	<u>100</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded.... inches		inches	
	Range of Expansion.... inches		inches	
Physical Development				
Vaccination Marks	Arm			
	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>Lammot Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Grand Falls.</u> on <u>5th</u> day of <u>June</u> 191 <u>7</u>		at _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Transferred to	<u>Infantry 8229</u>			
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(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 re-treatment
	Day	Month	Year	Day	Month	Year			
Military Hospit. Perth.	26	9	17	28	9	17	Scabies.	3.	Treat.
Military Hospital Perth.	28	"	17	1	12	17	Polio	4	
SCOTTISH GENERAL HOSPITAL, ABERDEEN.	18	12	17	25	2	18	Syphilis 42	69	Had course of 8 gr. Hg. inj. WASSERMANN NEG
SCOTTISH GENERAL HOSPITAL, ABERDEEN.	22	5	18	22	5	18	Wassermann Reaction -		WASSERMANN NEG

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

Number Days in Hospital 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

3. Treatment according to W.D. Ketter.

Alex F. Innes
CAPTAIN, R.A.M.C.

4

69 Had course of intensive treatment 3.3 gm Galyl drug 8 gm Hy drug
WASSERMANN POSITIVE. ++ 28.12.17
WASSERMANN NEGATIVE. 22.2.18 NEXT BLOOD TEST DUE 22.5.18

J. Innes CAPTAIN, R.A.M.C.

A.H. Case
CAPT. R. A. M. C.
M.O. IIC VENEREAL WARDS.
25-2-18

WASSERMANN NEGATIVE 22.5.18
NEXT BLOOD TEST DUE 22.11.18

A.H. Case
CAPT. R. A. M. C.
M.O. IIC VENEREAL WARDS.

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name... *Robert Benjamin* Regt. No. *8229* ... Rank. *P.C.* ... Unit and Corps. *M.P. Coy*
(Surname) (Christian Name)

1. State the nature of the disability or disabilities from which this man is suffering.

Terribility

2. What is the present condition of such disability or disabilities?

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invalidating disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

- (a) Sanatorium or other institution for tuberculosis
- (b) Hospital, and if so, what class?
- (c) Convalescent Home
- (d) Asylum, or
- (e) Other institution
- (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

4. With reference to Army Council Instructions, is any surgical appliance recommended?

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Signature President.

Station *Hazleydown*

Date *6.11.18*

} Members.

Approved.

Station

Date

Officer in charge, Central Hospital.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. *8229*.....Rank. *Pvt*.....Name *Benjamin*.....
(Surname) (Christian Names)Unit and Corps } *1st Div Cavalry*

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Scotland

(b) In what capacity?

Woodman

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

I think that my complaint from which I suffer was caused by doing hard work on or about June 1918

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Paul's Hosp Gen 21 days
Paul's Military Hosp 5

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

no

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

no

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

labourer

(b) What was your trade before joining the Army?

bo

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Waxley Town

Signed (Soldier) Paul Benham

Date 5-11-18

Signed P. Woods

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Imperial Bn*
2. Regtl. No. *8129* 3. Rank..... *Pte*
4. Name *BAKER Benjamin*
(Surname) (Christian Names)
5. Age last birthday..... *30 yrs.*
6. Posted for duty on... *June 1917* at... *Grand Depot*
in category (or grade).....
7. Former Trade or Occupation } *Rose Baker*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service.
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
Debrity.

11. Date of origin of disability. *June 1918*

12. Place of origin of disability. *Imperial Garrison.*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

He states he felt great pain in small of back after being work, had to go sick and since then has been on light duty. Since being in the Service he has contracted Gonorrhoea and Syphilis & Balanitis, for these he has been treated in Military Hospitals of Perth and Aberdeen, and he is now considered free from infection.

vedi AF B 178.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | no | yes |
| (ii.) Previous active service | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. | yes | yes |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } n.a.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He is thin and underdeveloped for his years, pale, deaf, intercostal breaths over rt. apex and down intercostal region UR + no creps. Heart etc. Spirometry negative. No objective signs of V.D. unfit, after physical training here, to carry on board manual labour with his unit.

16. Was an operation performed? If so, when and what was its nature?

n.a.

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

n.a.

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

n.a.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

n.a.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Discharge as permanently unfit
in military service.
W.R.
Capt. R. J. P. R. G. 1.

Station *Hazley Down Winchester*

Date *2-11-18*

Medical Officer in charge of case.

* 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

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged

(a) From Central Hospital or Discharge Center, as no longer physically fit for war service, under para. 382 (xvii), with a discharge.

(b) From Discharge Center, as unfit for military requirements (having suffered impairment since entry into the service), under para. 382 (xvii), King's Regulations.

If a report is received from a hospital, within 21 days of the receipt of the soldier's discharge certificate, the local committee of the War Pensions Committee should be notified in writing to register the discharge.

PART I

A

Name of Soldier: _____

Rank: _____

Regiment: _____

Service No.: _____

Date of Discharge: _____

Place of Discharge: _____

Medical Officer: _____

Diagnosis: _____

Remarks: _____

PART II

B

Name of Medical Officer: _____

Rank: _____

Regiment: _____

Service No.: _____

Date of Report: _____

Place of Report: _____

Diagnosis: _____

Remarks: _____

To be completed by the medical officer

Now that the Army Medical Department is being reorganized, it is recommended that the use of Form W. 3403A be discontinued. This form is to be completed by the local committee in all cases of soldiers sent to a Discharge Center, with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded what he may be discharged under para. 382 (xvii) or (xviii) King's Regulations.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART A. Soldier's Name Baker Benjamin (Surname) (Christian names in full)

Unit from which discharged N.F.S.D. Forestry

Regimental Number _____ Rank on discharge Pte Age on discharge 20

Married, widower with children, or single single

Occupation before enlistment Seaman

Special qualifications (if any) for }
employment in civil life }

Nature and locality of employment desired _____

Full postal address to which }
proceeding on discharge } Clarnville N.F.S.D.

Name of Approved Society (if any) _____

PART B. Nature of medical unfitness Debilis

Service with Colours 1 years 180 days, of which 1 years
120 days were served abroad during the present war.

Military character good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 5-11-18 1918.

Station Hazelton Camp

Date 5-11-18 Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), F., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Baker Benjamin (Surname) (Christian names in full)

Unit from which discharged NFLP Faversham

Regimental Number 8229 Rank on discharge SM Age on discharge 20

Married, widower with children, or single single

Occupation before enlistment Labourer

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } Charnville NFLP

Name of Approved Society (if any) _____

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
<u>NFLP</u>			<u>India</u>		
<u>Faversham</u>	<u>1</u>	<u>180</u>	<u>South Africa</u>	<u>1</u>	<u>120</u>
			<u>Scotland</u>		

Disallowed

Service towards pension

PART C. Number of G.C. badges _____ medals _____

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date Fort Hill, S.B. 12th July 1899

Colour of hair on discharge Brown Colour of eyes Blue Complexion Fair

Christian name of father Benjamin Baker

Christian name of mother Feresa

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O/C. unit before the despatch of a soldier to the Discharge Centre.

(P.T.O.)

Wife's maiden name in full _____

Date and place of marriage _____

Christian names
of children and
dates of birth _____

Date and place of 1st enlistment Grand Falls 6 June 1917

Figure on discharge _____

Descriptive and other distinguishing marks _____

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Baker Benjamin

Rank R 16

Station Hazley Town

Date 5-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out
whichever
inapplicable.

Military character _____

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station _____

Date _____

191 ..

* Insert P., or P.(T).

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form 121.

Forms
B. 121
30

Number of Sheet *First*

Regiment of *7th Field Forestry Company*

Signature of O. C. Company *A. H. A. [Signature]*

Regimental No. and Name		Enlistment		Trade	Good Conduct Badge, Service pay or proficiency pay
No.	<i>Benjamin Baker</i>	Age on	years	<i>Gunberman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	with Colours	years	
Joined		Date	with Reserve	years	Place of Birth

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
<i>Dunstable</i>	<i>9/6/18</i>	<i>Pvt.</i>		<i>Absent from camp from 11:00 until 11:15 am 9/6/18</i>	<i>com. station</i>	<i>6 hours extra work</i>	<i>10/6/18</i>	<i>W. S. Cross Capt</i>	<i>Forfeit 3 days pay by Regt.</i>
<i>Kenmore</i>	<i>21/8/18</i>	<i>"</i>		<i>absent from 10³⁰ pm until 6 am. 21/8/18</i>	<i>com. station</i>	<i>14 hours extra work</i>	<i>2/9/18</i>	<i>W. S. Cross Capt</i>	<i>Forfeit 3 days pay</i>
<i>Hanging Down Camp</i>	<i>24/10/18</i>	<i>"</i>		<i>Obeying Regt. to obey all C.O.</i>	<i>Cpl. Thompson</i>	<i>3 Days extra work</i>	<i>24/10/18</i>	<i>Regt. August Sgt.</i>	
				<i>Medically unfit</i>	<i>Stobbs</i>	<i>11 1/4</i>			

To be carried over

COPIES SENT		
To	No.	DATE //
M. or M.	<i>15249/100</i>	<i>11/18</i>
O.C. Ist. Bn.		
" 2nd Bn.		

Army Form B. 121

Original

SYPHILIS CASE-SHEET.

Regtl. No. *8229* Rank and Name *Pte Baker. B.* Corps *1st Lt Coy Corp*

Placed on Syphilis Register at *Aberdeen* on *28 12 17* No. in Register *183*

Disease contracted at *Newfoundland*. Primary sore appeared on (date) *June 1917*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Pitted evidence of primary sore on fraenum*

Lymphatic glands *General Adenitis*

Skin (nature and distribution of rash) *Irregular scattered symmetrical pigmented
rosular rash over chest, abdomen front of thighs, arms Shoulders & buttocks*

Mucous membranes
Throat somewhat congested

Other symptoms
*Axillary Glands larger than a walnut
Multiple anal condylomata present*

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *Not done*

Examination of blood serum—(Method employed (original or modification) *M*

Wassermann reaction (Result (positive or negative) *WASSERMANN POSITIVE.*

Station *1st SCOTTISH GENERAL HOSPITAL
ABERDEEN.* Date *28-12-17* Signature of M.O. *A. R. Mason.*

*CAPT. R. A. M. C.
GEN. GEN. WARD.*

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

14. SCOTISH GENERAL HOSPITAL,
ABERDEEN.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Wassermann Reaction	Treatment				Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialed.)	
				Normal (N) Albumin (Alb.)	Original (O) Method Modified (M)		Arsenical Intravenous Injection. Dose in grammes	Mercurial	Other Methods	Inunctions or Oral (Preparation and dose)		
	18-12-17	Admitted to Hospital										
	28-12-17	WASSERMANN POSITIVE.			M +							ARRASER Capt.
	24-12-17		141	N			1					arr
	29-12-17	Condylomata cleared up.	139	N								arr
	31-12-17	Rash clearing up.	138	N			1					arr
	7-1-18	Rash disappeared. Skin healthy.	138				1					arr
	14-1-18	General condition much improved	135	N			1					arr
	21-1-18	General condition improving.	139	N			1					arr
	28-1-18	Throat & mouth healthy.	134				1					arr
	4-2-18	Groups of axillary glands now only palpable.	140	N			1					arr
	11-2-18		138	N			1					arr
	18-2-18	No active signs.	138	N			1					arr
	22-2-18	WASSERMANN NEGATIVE.			M -							arr
	25-2-18	DISCHARGED FROM HOSPITAL.										arr
		NEXT BLOOD TEST DUE 22-5-18										
	22-5-18	WASSERMANN NEGATIVE.			M -							arr
		NEXT BLOOD TEST DUE 22-11-18										

VETERANS AFFAIRS
AFFAIRES DES ANCIENS COMBATTANTS

RG 38 Vol. 741
File/dossier: 8229
BAKER Benjamin

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 for Corp</i>	<i>B</i>	<i>8229</i>	<i>Pte Baker B</i>	<i>18.2.17</i>
			<i>22.5.18</i>	REMARKS
			<i>22.XI.18</i>	

To *M. O. Infantry for Corp*
 1st. SCOTTISH GENERAL HOSPITAL,
 Station and date
ABERDEEN. *28.5.18*

an bases

CAPT. R. A. M. C.

M. O. VENEREAL WARDS.

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, 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.

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>Afla for Corp</i>	<i>B</i>	<i>8229</i>	<i>Pte Baker B</i>	<i>18.2.17</i>
				REMARKS
				<i>22.5.18</i>
				<i>22.XI.18</i>

To *C.O. Afla for Corp*

1st. SCOTISH GENERAL HOSPITAL,
Station and date
ABERDEEN.

28.5.18

Almasw

CAPT. R. A. M. C.

M.O. VENEREAL WARDS.

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, 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.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

December 7th., 1918

STANDING MEDICAL BOARD.

8229, Pte. Baker, B.

In Section 21, this section is intended to convey the diagnosis of the Board, with particulars. If the Board's diagnosis is T.B. may this be added to the original disability as recorded in section 10?

The Board has stated its opinion as contrary to that of the London M. O. in saying that the disability in section 14 was not aggravated by the service. Will the Board be good enough to give reasons for ~~this?~~

different opinion? *Cluny Macpherson*
Major, D. M. S.

*Had the disability from 1912
and would have been aggravated
by any other work than military*

W.S.A.

J.H.A.

St. John's, Dec 20/18

Forestry Companies

~~Royal Newfoundland Regiment.~~

Billeting Account,

To Mr Crocker

Billeting Soldiers as undermentioned

from Nov 28/18 to Nov 29/18

8229 Pte B Baker 1 10

Lucy Crocker

<p>221</p> <p><i>B.M.</i></p> <p><i>C.W.</i></p>	<p><i>[Signature]</i></p>
--	---------------------------

Certified correct for \$ 2.10

C. Spinks
Billeting Officer.

B.H.E.

Depot 8229

Dec. 3rd, 1918

From Asst. Adjutant,
Depot

To Quartermaster and Officer i/c Records,
Militia Department

8229 Pte. B. Baker

The above noted man was recommended for discharge as permanently unfit by Medical Board held on Monday, Dec. 2nd.

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

AWC

ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17

Regt No. 8229 Rank Pte. Name Baker B. Unit 1st Bn. Coy. 1st Div. who was Repatriated
to H.P.A. on 9/11/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	E	s	d		\$	¢	E	s	d	CR.
PERIOD: From 26.10.18 To 9.11.18.	Balance Dr. from							Balance Cr. from <u>Pay Pte. Book</u>					
	Allotment 15 days @ 50	17	50					Pay 15 days @ \$ 1.00	15	00			11 0 0
	Cash Payments:			1	10	10		Field Allice 15 days @ \$ 1.00	15	50			3 7 10
	4-11-18							Other Allices days @ \$					
	Casual 4/11/18			2	2	0		Other Credits:					
	Other Debits:												
	Total Debits							Total Credits					
	Balance due by Paymaster							Balance due to Paymaster					
					4	7	10						4 7 10

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Benjamin J. W. 11 (Signature) 1918 (Date) OK/WK W. J. Broughton (Signature)

Made up/Checked in accordance with information received in the Pay & Record Office London to 26/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London.
9 NOV 1918

A. S. Munnell (Signature)
Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 8229 Rank Private Name Baker, B. Unit Forestry Coy. 1st who was Repatriated.
to Newfoundland on 9/11/18 Authority Cause

STATEMENT OF ACCOUNT

DR.		PARTICULARS					PARTICULARS					CR.				
		£	s	d			£	s	d		£	s	d			
PERIOD: from 26/10/18 to 9/11/18	Balance Dr. from					Balance Cr. from prev. Pay Book					1	0	0			
	Allotment 15 days @ 50	7	50	1	10	10	Pay 15 days @ \$1.00	15	00							
	Cash Payments: 4/11/18				15	0	Field Allow 15 days @ \$.10	1	50							
	Casual			2	2	0		16	50	3	7	10				
	Other Debits:						Other Allowes days @ \$									
							Other Credits:									
	Total Debits			4	7	10	Total Credits			4	7	10				
	Balance due by Paymaster			4	7	10	Balance due to Paymaster			4	7	10				

CHECKED.
E.L. for B.C.P.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of _____
_____ 191 (Signed) M.J. NUGENT, 2/Lieut.

(Place) 25-10-18 (Date)
Made up/Checked in accordance with information received in the Pay & Record Office London to 25/10/18
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, _____
191 Chief Paymaster & Officer i/c Records.

COPY.

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name Baker Benjamin Regil. No. 8279 Rank Pls Unit and Corps 1st Field Forestry
(Surname) (Christian Names)

1. State the nature of the disability or disabilities from which this man is suffering.

Disability

2. What is the present condition of such disability or disabilities?

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—

- (a) Sanatorium or other institution for tuberculosis
- (b) Hospital, and if so, what class?
- (c) Convalescent Home
- (d) Asylum, or
- (e) Other institution
- (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invalidating disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

4. With reference to Army Council Instructions, is any surgical appliance recommended?

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Signature President.

Station Hazley Wood

Date 5-11-18

} Members.

Approved.

Station

Date

Officer in charge, Central Hospital.

COPY.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. *8229*

Rank *Pvt*

Name. *Baker Benjamin*
(Surname) (Christian Names)

Unit and Corps } *Forestry Tfld*

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Scotland

(b) In what capacity?

Woodsmen

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

I think that my complaint from which I suffer was caused by doing hard work on or about June 1918

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Perth Hosp. Gen. 21 days
Perth Military Hosp. 5 "

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

No

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

No

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Labourer

(b) What was your trade before joining the Army?

Do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Hayley Wood

Signed (Soldier) Baker Benjamin X

Date 5-11-18

Signed R. J. Woods

Witness

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
 (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART A. Soldier's Name Baker Benjamin (Surname) (Christian names in full)

Unit from which discharged Newfoundland Forestry Corps

Regimental Number 8229 Rank on discharge Pte. Age on discharge 20

Married, widower with children, or single Single

Occupation before enlistment Labourer

Special qualifications (if any) for employment in civil life _____

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } Belleville Newfoundland

Name of Approved Society (if any) _____

PART B. Nature of medical unfitness _____

Service with Colours _____ years _____ days, of which _____ years _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191 _____

Station _____

Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.
 NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

CONFIDENTIAL.

Army Form W. 3463B.

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

PART A. Soldier's Name Baker Chapman
(Surname) (Christian names in full)

Unit from which discharged Newfoundland Forestry Corps
Regimental Number 559 Rank on discharge Pte. Age on discharge 20
Married, widower with children, or single Single
Occupation before enlistment Labourer
Special qualifications (if any) for }
employment in civil life }
Nature and locality of employment desired _____

Full postal address to which } St. Clareville, Newfoundland
proceeding on discharge }
Name of Approved Society (if any) _____

PART B. Nature of medical unfitness _____

Service with Colours _____ years _____ days, of which _____ years
_____ days were served abroad during the present war.

Military character _____
Anything against the soldier to render his recommendation undesirable _____
Date of discharge _____ 191 ____.

Station _____
Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

COPY.

SYPHILIS CASE-SHEET.

Regtl. No. 8229 Rank and Name *Pls Baker B* Corps *4th Div. For. Corp.*

Placed on Syphilis Register at *Abbeville* on *28-12-17* No. in Register *183*

Disease contracted *in Newfoundland* Primary sore appeared on (date) *June 1917*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Pitted evidence of primary sore on forearm*

Lymphatic glands *General Adenitis*

Skin (nature and distribution of rash *Irregular scattered symmetrical pigmented macular rash over chest, abdomen, front of thighs, arms, shoulders & buttocks*

Mucous membranes *Throat somewhat congested*

Other symptoms *axillary Glands larger than a walnut multiple condylomata present*

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *not done*

Examination of blood serum—Method employed (original or modification) *M*

Wassermann reaction (Result (positive or negative) *Wassermann Positive*

Station *Scottish Gen Hosp Abbeville* Date *28-12-17* Signature of M.O. *A.B. Lassie*
capt R.A.M.C. M.O. of General Ward

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine Normal (N.) Albumen (Alb.)	Wassermann Reaction Method Modification (M.)	Treatment				Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialed)		
						Result Positive (+) Negative (-)	Arsenical Salvarsan	Mercurial Neo-Salvarsan Intramuscular injection. Dose of Metallic Mercury in grains	Other Methods Inunctions or Oral (Preparation and dose)			
											Intravenous Injection. Dose in grammes	
1st Scottish Gen Hosp Abbeville	18-12-17	Admitted to Hospital									ARB, Jester Capt.	
	28-12-17	Wassermann Positive			M	+					ARB.	
	24-12-17		141 N					1			3	ARB.
	28-12-17	Condylomata cleared up.	139 N								3	ARB.
	31-12-17	Rash clearing up.	138 N								3	ARB.
	17-1-18	Rash disappeared skin healthy	138									ARB.
	14-1-18	Throat condition much improved	139 N								4	ARB.
	21-1-18	General condition improving	139 N								5	ARB.
	28-1-18	Throat & mouth healthy	139									ARB.
	4-2-18	Groups of axillary glands now only palpable	140 N								5	ARB.
	11-2-18		138 N								5	ARB.
	18-2-18	No active signs	138 N								5	ARB.
	22-2-18	Wassermann negative				M						ARB.
	25-2-18	Discharged from Hospital										ARB.
			Next blood test due 22-5-18									
	22-5-18	Wassermann negative			M	-						ARB.
		Next blood test due 22-11-18										

VETERANS AFFAIRS
AFFAIRES DES ANCIENS COMBATTANTS

RG 38 vol. 741
File/dossier: 8229
BAKER Benjamin

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise:

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre, <i>Hazleydown Royal W. 7 Lb</i>	A.F. W. 3961B has been sent to The Officer i/c Records, <i>58 Victoria St London</i>	A.F. W. 3961C has been sent to The Regimental Paymaster, <i>58 Victoria St London</i>
---	--	---

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
(b) Discharge as surplus to military requirements
(c) Discharge as*
(d) Transfer to the Reserve
(e)† Claims repatriation to *W 7 Lb*

Strike out whichever inapplicable.
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (Country) *W 7 Lb* (Place) *W 7 Lb*
(i) Where enlisted *St Johns Falls*
(ii) Date of arrival in United Kingdom
(iii) Port of arrival
(iv) Ship on which arrived
(v) Name of Shipping Line or Agent
(vi) Names and addresses of two references who can verify the above particulars

No. *8229* Rank *Plt*
Name *Baker Benjamin*
(Surname) (Christian names in full)
Unit and Corps *W 7 Lb Infantry*
Authority *B 179a*

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *Hazleydown*
Date *5-11-18* 191 O.C.

* Insert cause other than under (a) or (b) above.

NOTE 1.—† If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to O.C. Discharge Centre, <i>Hazleydown</i>	The Officer i/c Records, <i>58 Victoria London</i>	A.F. W. 3961c has been sent to The Regimental Paymaster, <i>58 Victoria London</i>
---	---	--

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to *UK*

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted *(Country) 17th Falls (Place) 17th*
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

No. *8229* Rank *Plt*

Name *Baker Benjamin* (Surname) *Benjamin* (Christian names in full)

Unit and Corps *17th Falls*

Authority *B 179a*

Station *Hazleydown*

Date *5-11-18* 191__ O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE.—† If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

11 1919

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre, A.F. W. 3961B has been sent to The Officer i/c Records, The Regimental Paymaster,

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

(a) Discharge as no longer physically fit for war service

(b) Discharge as surplus to military requirements

(c) Discharge as* _____

(d) Transfer to the Reserve

(e)† Claims repatriation to _____

(Country)

(Place)

(i) Where enlisted _____

(ii) Date of arrival in United Kingdom _____

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

No. _____ Rank _____

Name _____
(Surname)

(Christian names in full)

Unit and Corps _____

Authority _____

Army Form O. 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records, Station _____

Date _____ 191____ O.C. _____

Insert cause other than under (a) or (b) above.

NOTE.—In cases where a soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

PART II.

Officer i/c Records

The soldier named in Part I. of this Army Form is :-

* (a) { Married or a
Widower }

Single

The following are the particulars, in order of date of birth, of children in respect of whom separation allowance is being paid at the date of this notification.

NOTE.—If the surname of any of the children is not the same as that of the soldier the surname is to be inserted after the Christian names.

Christian Names (in full)	Sex	Dates of Birth

* (b) Unmarried or a widower } with the following dependants for
without children } whom an allowance is being paid :-

This information and that of the children is to be extracted to A.F. W3500 in cases where the soldier has been enrolled as an A.R.M.W.

* (c) Unmarried and without dependants

* (d) The address of his family or dependants is

Blarneyville N 7 26

Station *Hazleydown*

Date *5-11-18* 191

Regimental Paymaster or
Secretary T.F. Association.

* Strike out whichever inapplicable.

PART III.

(For use when applicable)

The Secretary,
T.F. Association.

You are requested to complete the particulars in Part II. above and forward the Army Form immediately to the Officer i/c Records.

Station _____

Date _____ 191

Regimental Paymaster.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Dec. 3rd, 1918 191

From Asst. Adjutant,
Depot

To Quartermaster and Officer i/c Records,
Militia Department

8229 Pte. B. Baker

*Clarence T. B.
Reparative*

The above noted man was recommended for discharge as permanently unfit by Medical Board held on Monday, Dec. 2nd.

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

AWC

W. H. C. C. C.
Asst Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

July 27/19

Dear Sir mesured your letter 29th July

Saying please state your regimental number.

My number is 8224 hand what money i got
was one chek of 70 Dols that all i got
rents i got my Distarge.

will this Do you now that all i

can tell you now

Yours truly 8224
Benjamin Webster
Charentville Twenty May

July 18
Aug 18

7000
7000

Newfoundland Forestry

DEPARTMENT OF MILITARY
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60⁰⁰

Dec 4th 19 12

Received from the First Newfoundland Regiment
the sum of Sixty ~~00~~ Dollars.
on account of Pay. Clothing
~~balance~~

Ch. No. 202	Initials. Wm
Pay Ledger.....	Initials.....
Gen. Ledger.....	Initials.....

Regtl. No..... Rank.....



No. 8929

Rank

Plt

Name

Baker B

N F D Forestry.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ *60⁰⁰* *xx*

Dec 4 19 *12*

Received from the *First Newfoundland* Regiment
the sum of *Sixty* Dollars *x* Dollars.
on account of Pay. *Clothing*
balance *Benjamin Baker*

Ch. No. <i>199</i>	Initials. <i>WN</i>
Pay Ledger <i>219</i>	Initials. <i>WN</i>
Gen. Ledger.....	Initials.....

Regtl. No.

Rank

W. Baker

No. 8229

Rank

Pl.

Name

Baker B

W. L. E. Forestry

**DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.**

PAY VOUCHER.

\$ *41* $\frac{99}{100}$

Jan 11 19 *19*

Received from the *First Newfoundland Regiment*

the sum of *forty one* $\frac{99}{100}$ Dollars.

on account
balance of Pay.

Ch. No. <i>348</i>	Initials <i>EW</i>
Pay Ledger <i>419</i>	Initials <i>WN</i>
Gen. Ledger	Initials

Regtl. No. _____ Rank *Private*

No. 8229

Rank

OL

Name

Baker, B.

February 3rd. 1918.

Private Benjamin Baker,
Gareenville, T.B.,
Newfoundland.

Dear Sir,-

I beg to enclose herewith cheque No. 348 for \$41.99,
and cheque No. 202, for \$60.00, being the balance of pay due you
to the date of discharge, including Clothing Allowance.

I also enclose Certificate of Discharge, dated Jan.
11th. 1919, together with special form which kindly sign and return
to this Office, at your convenience.

Yours faithfully,



Capt. & Paymaster &
Officer i/c Records.

J/H.

Encl. 4.

George Bent
5479

June 7th 1919

Dear Sir I am
wondering if you in
this way kind manner to
see if I am liable to a
Postage charge I haven't
received it yet I got my
Postage in Jan 3th 1918 I spend
one year hand ¹⁰⁰ 22 days on set
River hand also my other
bills money I haven't received it
yet I got 3 months Postage pay
that was all please forward

Yours Truly

8224 St. Benjamin ~~Street~~ Baker
8227 Lawrenceville Trinity Park
W J L D

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17

Regtl No. 8229 Rank Pte Name Baker B Unit Forestry Co's who was repatriated
to W. Hill on 9/11/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d					PARTICULARS	£ s d									
		£	s	d	£	s		d	£	s	d						
PERIOD: From 26.10.18 TO 9.11.18	Balance Dr. from						Balance Cr. from <u>Trans Pay Book</u>				1	0	0				
	Allotment 15 days @ 50	1	7	50	1	10	10	Pay 15 days @ \$ 150	1	15	50						
	Cash Payments:						Field Alice 15 days @ \$ 10	1	15	50							
	<u>4/10/18 78</u>					15	Other Allices days @ \$	16	50		3	7	10				
	<u>Gasual.</u>				2	2	0	Other Credits:									
	Other Debits:																
	Total Debits						Total Credits										
	Balance due by Paymaster						Balance due to Paymaster										
						1	4	7	10					1	4	7	10

COPY		DATE	
TO	N.P. 35	11-11-18	
M. G. M.			
O.C. No.	18249/186		
2. L.			

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) W. Hill (Date) 25/10/18 191

W. Hill
O.C. "A" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

ENTERED.
 PAY LEDGERS
 NUM. NO. 1
 ALLOT. INDEX
 REGISTER
 EXAMINED

ORIGINAL

H.F.P/12.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No) 8229 (Rank) QFC (Name) Baker, B.

herby apply for cancellation of allotment made by me on H.F.P/11
 (No) 527 Dated) June 1917 in favour of
Mr. Thomas Baker, Clarenville Trinity Bay Newfoundland
 For 70 etc 70 per diem.

Such cancellation to take effect on the 3rd day of
July 1918

I agree to accept all risks and consequences of this application
 failing to reach Headquarters, St. John's, in time to become operative at
 above nominated cancelling date; and that in the event of such non-delivery
 and thereby the allotment continuing to be paid to the Alotee, I also
 agree to such further stoppages in the Pay Books as may be necessary or
 otherwise refund such overpaid amount or amounts.

Dated at Dunsted

1 July 1918

Approved and witnessed:-

H. S. Crowe
 Capt
 C.O. Company.

W. Baker Alotee.
 COPIES SENT
 TO
 M. OF M. No. 1140093
 O.C. 1st. Bn.
 2nd. Bn.
 10/11/18

NOTED
DM Eaton
 Esq. - C.M.S.
 Date 11/11 B Co'y

NEWFOUNDLAND CONTINGENT.

CANCELLATION OF ALLOTMENT.

I, (No) 8229 (Rank) PTE (Name) Baker B.

hereby apply for cancellation of allotment made by me on H. F. P/12

No _____ Dated June 1917 in favour of
Mr Thomas Baker, Clarence's Trinity Bay Newfoundland

for 70 pence per diem.

such cancellation to take effect on the 31st day of
July 1918

I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppages in the Pay Books as may be necessary or otherwise refund such overpaid amount or amounts.

Dated at Dunkeld

1 July 1918

W. G. Baker Esq
Allottee.

Approved and witnessed:-
H. G. Crow
C.S. Company. Coffin

NOTED
D. M. Eaton
C.S. - C.O.M.S.
Date 1 July 1918 Coy

No. 259

ENTERED
PAY LEDGERS
NUM. ROLL
ALLOT. INDEX
REGIS. REGISTER
EXAMINED

Copy



DUPLICATE
MAIL COPY.
Posted

Newfoundland Forestry Companies.

ALLOTMENTS

I, Pte Baker B, Regl. No. 8229

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 50 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 1st August 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
	<i>Mother</i>	<i>Mr Thos. Baker</i>	<i>Clareville Trinity Bay Newfoundland</i>	<i>50</i>
Total Allotment, \$				<i>50</i>

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.) *[Signature]*
Officer Commanding
Company
[Signature]
1 July 1918

(Sig.) *[Signature]*
(Rank) *[Rank]*
NOTED
[Signature]
Com
Date *1 July 1918*

2/18
2/18

copy

DUPLICATE
MAIL COPY.
H. F. 2/12.
Posted.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT.

1. I, (No) 8229 (Rank) Pte. (Name) Baker B.

herby apply for cancellation of allotment made by me on H. F. 2/12

No 527 Dated June 1917 in favour of
M^{rs} Lissa Baker Glenville Trinity Bay Newfoundland

for £ cts 70 per diem.

Such cancellation to take effect on the 31st day of
July 1918

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppages in the Pay Books as may be necessary or otherwise refund such overpaid amount or amounts.

Dated at

Dunkeld

1 July 1918

W. S. Graham
Allottee.

Approved and witnessed:

[Signature]
Company Capt

NOTED
[Signature]
Csm
1 July/18

DUPLICATE.
ORIGINAL.

Form F.C. 6

No. 259200

ENTERED
PAY LEDGERS
NUM. SOLD
INDEXED
REGISTERED
EXAMINED
ask
W.P.
H



Newfoundland Forestry Companies.

ALLOTMENTS

I, Plk Baker, P., Regl. No. 8226

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 50 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 1st August 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
	Mother	Mrs Hanson, Baker	Clareville Trinity Bay Newfoundland	50 [¢]
Total Allotment, \$				50

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.S. Brown
Officer Commanding

(Sig.) W. Stebbins

Dunkled
1 July 1918

(Rank) Private

NOTED
Platoon
Cm. Comp.
Date 1 July 1918

DUPLICATE

H.F.P/12.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

1. I, (No) 8229 (Rank) PT/6 (Name) Baker, B

herby apply for cancellation of allotment made by us on H.F.P/11

(No) 527 Dated) June 1917 in favour of

Mr Thomas Baker, Clarenville, Trinity Bay, Newfoundland

For \$ 70 etc 70 per diem.

Such cancellation to take effect on the 31st day of July 1918

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppages in the Pay Books as may be necessary or otherwise refund such overpaid amount or amounts.

Dated at Dunkeld

July 1918

W Baker
Allottee.

Approved and witnessed:-

J. S. Crowe
O.C. " " Company. copy

NOTED
P. W. Eaton
G.Q.M.S.
Date: July 11 1918 Bo's

N^o 527



Newfoundland Forestry Companies.

ALLOTMENTS

I, Benjamin Baker, Regl. No. 8229

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy 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 June 5th / 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
538	Mother	Theresa Baker	blanville		70 ⁺
Total Allotment, \$					

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.) M. B. Sweeney

Officer Commanding
a Company

(Sig.) Benjamin Baker

(Rank) Private

St John's

June 7th 1917

Form F.C. 6

ENTERED
PAY LEDGERS
NUM. ROLL
ALLOT. INDEX
REGISTER
EXAMINED

ORIGINAL.



~~No. 259280~~



Newfoundland Forestry Companies.

ALLOTMENTS

I, Pte Baker, Regl. No. 8229

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

1st August 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)															
	Mother	Mrs Thesa Baker	Clareville Trinity Bay Newfoundland	50¢															
				Total Allotment, \$ <u>50</u>															
<table border="1"> <tr> <th>COPIES SENT</th> <th>TO</th> <th>No.</th> <th>DATE</th> </tr> <tr> <td></td> <td>M. of M.</td> <td>1140043</td> <td><u>10</u></td> </tr> <tr> <td></td> <td>OC. Gen. En.</td> <td></td> <td></td> </tr> <tr> <td></td> <td>.. Snd. En.</td> <td></td> <td></td> </tr> </table>					COPIES SENT	TO	No.	DATE		M. of M.	1140043	<u>10</u>		OC. Gen. En.				.. Snd. En.	
COPIES SENT	TO	No.	DATE																
	M. of M.	1140043	<u>10</u>																
	OC. Gen. En.																		
	.. Snd. En.																		

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.) [Signature]
Officer Commanding Company

(Sig.) [Signature]
(Rank) Puroot

Baker
July 1918

NOTED
[Signature]
Date 1 July 18 18

No. 527

527

ENTERED *AK*
 PAY LEDGERS
 NUM. ROLL
 ALLOT. INDEX
 REGISTERED
 EXAMINED



Newfoundland Forestry Companies.

ALLOTMENTS

I, Benjamin Baker, Regl. No. 8229
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Seventy 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 June 5th / 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
538	Mother	Theresa Baker	Blareville	70 ⁺
<i>Cancelled 31/11/18</i>				
			Total Allotment, \$	

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.) M. J. Sullivan
 Officer Commanding
a Company

(Sig.) Benjamin Baker
 (Rank) Private

St. John's
June 5th 1917

Medical Report on an Invalid.

Station HAZELEY DOWN, WINCHESTERDate 5-11-18.

1. Unit **NFLD. FORESTRY CORPS**
 2. Regimental No. **8229**
 3. Rank **Private**
 4. Name **BAKER, BENJAMIN**
 5. Age last birthday **20 years**
 6
 15/6/18
 6. Enlisted { on **15/6/18**
 at **Grand Falls**

7. Former Trade }
or Occupation } **Paper-maker**

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).

DEBILITY

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. **June 1918.**
10. Place of origin of disability. **Dunkeld, Scotland.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that he felt great pain in small of back after heavy work. Had to go sick and since then has been on light duty. Since being in the service, he has contracted scabies and syphilis, and balanitis; for these he has been treated in Military Hospital at Perth and Aberdeen, and he is now considered free from infection.

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).

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

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

Aggravated by service during the present war.

Yes.

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.

He is thin and underdeveloped for his years; pallor and dyspnoea; tubular breathing over right apex, and down inter scapular region; V.R. increased, no crepitations. Heart O.K. Sputum negative. No objective signs of V.D. Unfit after physical training to carry on hard manual labour with his unit.

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?

NO

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

NO

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?

N.A.

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.

N.A.

20. Do you recommend—

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

Discharge as Permanently Unfit for military service.

(Sgd) J. St.P. KNIGHT, Capt. R.N.R.

Officer in medical charge of case.

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

Station **HAZELEY DOWN, WINCHESTER**

Officer in charge of Hospital.

Date **5-11-18.**

*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, as, in the event of the man being invalidated, 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;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

**T.B. As Section 15. Pulse 80.
First complained in 1912.**

No

Constitutional

(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.

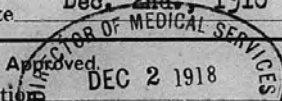
Station St. John's,

J. SINCLAIR TAIT

Date Dec. 2nd, 1918

L. PATERSON, Major

} Members.



Station

(Sgd) CLUNY MACPHERSON, Major D. M. S. NEWFOUNDLAND.

Date

Administrative Medical Officer.

NEWFOUNDLAND.

COPY.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178 to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Baker Christian Name Benjamin

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Clareville County W. F. L. A.

Examined ... { on 6th day of June 1917
at Grand Falls

Declared Age ... 18 years 11 mos days

Trade or Occupation ...

Height ... 5 feet, 4 inches.

Weight ... 150 lbs.

Chest Measurement { Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number _____

When Vaccinated ...

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) Lamont Patterson
(Rank) Major Medical Officer.

Enlisted ... { at Grand Falls
on 6th day of June 1917

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>1st Field Forestry Corps</u>	<u>8229</u>
Transferred to ...		

Became non-effective by _____
on _____ day of _____ 1917

(Signature) _____
(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the use. In cases of subsequent progress given in the special
	Day	Month	Year	Day	Month	Year			
Military Hospital Perth	26	9	17	28	9	17	Scabies	3	Treatment
Military Hospital Perth	28	11	17	1	12	17	Balanitis	4	
1st Scottish Gen Hosp Aberdeen	18	12	17	25	2	18	Syphilis	42	69 Had course of 8 grs Hg. I Wassermann 22-5-18
1st Scottish Gen Hosp Aberdeen	22	5	18	22	5	18	Wassermann Reaction		Wassermann Test

to the Sick List in the case of Warrant Officers treated in quarters.

Number of days in Hospital	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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
3	Treatment according to W.O. Letter	Alex F. Fraser Capt. B.A.M.S.
4		
69	Had course of intensive treatment 3.3 gms Galip Inj 8 gms Hg. Inj Wasserman Positive +x 28-12-17 Wasserman Negative 22-2-18 Next blood test due 22-5-18	D. Fraser Capt. B.A.M.S. M.O. if Unusual Ward
	Wasserman Negative 22-5-18 Next blood test due 22-11-18	A. Fraser Capt. B.A.M.S. M.O. if Unusual Ward

Company
REGIMENTAL CONDUCT SHEET.

Number of sheets
 (in words) }

Signature of C.O.
 or Adjutant }

Forestry Corps
 Regiment of W. F. L. A.

Forestry Corps Regiment.

Regimental Number
 and Name }

8229 Baker Benjamin Arrested June 5th 19 17. Joined June 5th 19 17.

Place	Date of Offence	Rank	Grade of Dishonour points	OFFENCE	Names of Witnesses	PUNISHMENT awarded	Date of award, or of order disposing with trial	By whom	Date of Commencement	Date of Expiration	REMARKS

To be carried over

Company
REGIMENTAL CONDUCT SHEET.

Number of sheets (in words) } First

Signature of C.O. or Adjutant } Harrou Capt

Forestry Corps Regiment.

Regimental Number and Name } 8229 Baker Benjamin Attested June 5th 1917. Joined June 5th 1917.

Place	Date of Offence	Rank	Category of Offence	OFFENCE	Names of Witnesses	PUNISHMENT awarded	Date of award, or of order disposing with trial	By whom	Date of Commencement	Date of Expiration	REMARKS
<i>Bankfield</i>	<i>3/4/18</i>	<i>Private</i>		<i>absent from camp from noon until 4¹⁵ pm 11/6/18</i>	<i>1st Lt. Carter</i>	<i>6 hrs extra work</i>	<i>11/11/18</i>	<i>MS Crowl Capt</i>			<i>Forfeit 3 days Pay by Rtd</i>
<i>Stammers</i>	<i>31/9/18</i>			<i>absent from 10³⁰ pm until 6 am 2/9/18</i>	<i>1st Lt. Carter</i>	<i>11 hrs extra work</i>	<i>2/9/18</i>	<i>MS Crowl Capt</i>			<i>Forfeit 3 days pay</i>
<i>Wagby New</i>	<i>23/9/18</i>			<i>insulting letter a Tld</i>	<i>Cpl. Thompson</i>	<i>3 Dps CB</i>	<i>23/9/18</i>	<i>Reg. Sgt. 2/1/18</i>			

To be carried over

COPY.

Company
REGIMENTAL CONDUCT SHEET.

Number of sheets } First
(in words) }
Signature of C.O. } A. A. Ross Capt
or Adjutant } Forestry Corps Regiment.

Regimental Number } 8229 Baker Bradford Attested June 5th 1917. Joined June 5th 1917.
and Name }

Place	Date of Offence	Rank	Case of Breach	OFFENCE	Names of Witnesses	PUNISHMENT awarded	Date of award, or of order dispensing with trial	By whom	Date of Commencement	Date of Expiration	REMARKS
<i>Blankfield</i>	<i>2/4/18</i>	<i>Pvt</i>		<i>Absent from camp from noon until 4¹⁵ pm 2/4/18</i>	<i>and later 6 hrs extra work</i>		<i>11/4/18</i>	<i>A. S. Crowe Capt</i>			<i>Forfeit 3 days pay by R.C.</i>
<i>Stannors</i>	<i>31/3/18</i>			<i>absent from 10³⁰ pm until 6 am 2/4/18</i>	<i>and later 11 hrs extra work</i>		<i>2/4/18</i>	<i>A. S. Crowe Capt</i>			<i>Forfeit 3 days pay</i>
<i>Hamby Moor</i>	<i>23/3/18</i>			<i>violating orders a R.C.</i>	<i>Cpl Thompson</i>	<i>3 Days C/P</i>	<i>2/4/18</i>	<i>The Regiment</i>	<i>2/1/18</i>		

To be carried over

COPY.

COPY

Jan. 16th, 1919

Officer Commanding,
Forestry Coys.

SIR,

The undermentioned men have been discharged
on the dates given. Kindly note and post in D.O.
Pt. II.

I have etc.

(sgnd) J. M. HOWLEY

Capt. etc.

8379	Pte. Tizzard, Saml.	Jan. 11th, 1919	Med. unfit
8229	" Baker, Benjamin	do.	do.

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:

*Resume from employment, as
Pulp maker, after few months rest.*

Benjamin Baker

Signature of Man.

Reg. No. 8229.

W. W. Matthews,

Signature of the Vocational Officer or his Representative.

Place

St John's.

Date

December 4 1918.

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 8229 Rank Pvt. Name B. Baker

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00

Date Dec 4th

Pvt. John's

B. Baker
Signature of Soldier

H. M. Maddick
Signature of Witness

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or F.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Baker, Benjamin
 (Surname) (Christian names in full)

Unit from which discharged Newfoundland Forestry Corps
 Regimental Number 8329 Rank on discharge Pte. Age on discharge 20

Married, widower with children, or single Single

Occupation before enlistment Labourer

Special qualifications (if any) for }
 employment in civil life }

Nature and locality of employment desired _____

Full postal address to which } Clareville Newfoundland
 proceeding on discharge }

Name of Approved Society (if any) _____

PART B.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
... ..				India		
Disallowed				South Africa		
Service towards pension						

PART C. Number of G.C. badges medals

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date Fox Rd. T.B. 12 July 1899

Colour of hair on discharge Brown Colour of eyes Blue Complexion Fair

Christian name of father Calh.

Christian name of mother Teresa.

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full

Date and place of marriage

Christian names of children and dates of birth

Date and place of 1st enlistment

Grand Falls 6th June 1917

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Sgt. Baker Benjamin +

Rank Pte.

Date 5.11.18

Station

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. King's Regulations

or

Transferred to Class * of the Reserve.

Strike out whichever inapplicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station

Date 1918

Insert P., or P.(1).

Certificate to be Signed by Soldier on Date of Discharge

I hereby acknowledge that I have received all my pay and allowances (including Clothing Allowance) and all just demands up to the present date.

Date

7/1

Sig. of Soldier

Menjamin Drake

Place

C. Lawrence

Sig. of Witness

E. Stanley

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full BAKER, BENJAMIN
 Regiment from which discharged NEWFOUNDLAND FORESTRY CORPS
 Regimental Number 8229
 Where born (Parish, Town and County), and when FOX HR., T.B. July 12th 1899
 Intended address CLARENVILLE,

Height on discharge Feet Inches
 Colour of Hair on discharge BROWN Colour of Eyes BLUE
 Descriptive marks Complexion FAIR
 Figure on discharge
 Christian name of Father CALEB
 Christian name of Mother TERESA
 Wife's Maiden name in full
 Date and Place of Marriage
 Christian names of Children
 Nature and locality of civil employment desired (Labourer before enlistment)

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) (Sgd) BENJAMIN BAKER
(Rank) PTE
Date 5-11-18

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.*

	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
B Period of Service and in what Corps ...				India		
				S. Africa		
Disallowed						
Service towards Pension						
Date inclusive to which pay has been issued	Sum due on account } of advance of pension }					
Sums due on account of public debts ...						

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges Medals
 Wounds, and Actions in which received

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
 Date _____ Records.

July 21, 1919

#8229 Pte. Benjamin Baker,
Clareville,
Randon, T.B.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of the war Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST JOHN'S.

1. Christian name... *Benedemon* 2. Surname... *Baker*
3. Rank... *Private* 4. Regt. No... *8229*
5. Address in full to which future payments of gratuity are to be forwarded,..... *Clareville, Random, Trinity, Bay*
6. Date of enlistment in the Regiment. *7. day. of June 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
My Mother, Theresa Baker
8. Relationship of such dependents.....
9. Address in full of such dependents... *Clareville, Random Trinity*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Yes*
11. Were you on active service only in M.I.D. If so, give dates and particulars of such service. *in Scotland in 1917*
12. Give total length of time which you served on active service, whether in M.I.D. or Overseas... *One year 222 days*
- *1.2*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*only, Clothing Allowance
and Discharge Pay*

15. Have you been issued with a War Service Badge? *yes*

16. Have you, during the present war, served in the Imperial Forces? *yes*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Regt.? *No* If not give - (a) Date of discharge *Jan. 3. 1919* (b) Reason for discharge

Heart Failure

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Second

day of

July

19*19*.....

*Cpt Benjamin Baker
D. Lawrenceville
Shoat Harbor*

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

Caleb Jack

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due

.....
.....
.....

Certified correct.

Paymaster

March 29, 1935.

TO WHOM IT MAY CONCERN:

Re: 8229, BAKER Benjamin.

Enlisted Nfld. Forestry Companies

June 6, 1917.

Served in Scotland and England.

Discharged medically unfit January 11, 1919.

Clerk,
DEPARTMENT OF WAR PENSIONS.

War Veterans Allowance

Name: *Benjamin Baker*

No: 8229

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I

Mfld. & U.K.

IF CANADA) Date(s) disembarked in U.K. *Date not recorded. Was*
AND) *in Hospital in Perth, Scotland 26 Sept 1917*
U.K. ONLY) Date(s) S.O.S. in U.K. for *Canada*
) *Mfld. - 20 Nov 1918*
) Period(s) of desertion in U.K.

(3) World War II

Date of embarkation:

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments:

5 June 1917. Grand Falls, Mfld.

3. Date of all discharges and reason:

11 Jan 1919. Medically Unfit

4. Date and place of birth as per attestation paper:

*12 July 1899 Fox Harbour
Trinity Bay, Mfld.*

5. Marital status: If married, name in full of wife:

Single

6. Any other military service:

Nil

7. Decorations, if any.

Nil

*Winnipeg
17/3/59*


Clerk's Initials:

March 13, 1959.

Mr. Rading.

Re: #8229 BAKER, Benjamin.

Embarked Tilbury Docks, England. Repatriation
Draft No. 78, 20-11-18. Authority Newfoundland Con-
tingent, Nominal Roll.


H.P. Rule, 8.

For documental purposes.



CANADA

DEPARTMENT OF VETERANS AFFAIRS

IN YOUR REPLY REFER TO FILE NO.

1.

DVA: 95-7-1 Vol.

~~RECORD OF SERVICE~~
~~NEWFOUNDLAND FORESTRY COMPANIES~~
~~ROYAL NEWFOUNDLAND REGIMENT~~

8229

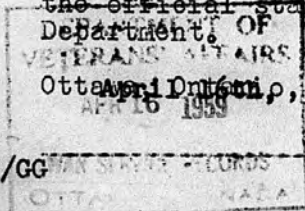
Benjamin BAKER

Service Rank and/or Number _____ ^{Name} ~~18 years 11 months~~ _____

- 1. Age on Enlistment: _____
- 2. Date and Place of Appointment or Enlistment: **5th June, 1917. Grand Falls, Nfld.**
NEWFOUNDLAND & UNITED KINGDOM
- 3. Theatres of Service: _____
11th January, 1919. St. John's, Nfld.
- 4. Date and Place of Discharge: _____
"Medically Unfit"
- 5. Reason for Discharge: _____
Private
- 6. Rank on Discharge: _____

NOTE:

This record is not valid without the imprint of the official stamp of the



Department of Veterans Affairs, Ottawa, Ontario, Canada.

19__.

for W. L. Drummond
Director,
War Service Records.



CANADA

DEPARTMENT OF VETERANS AFFAIRS

IN YOUR REPLY REFER TO FILE NO.

DVA: 95-7-1 Vol. 1.

RECORD OF SERVICE

~~NEWFOUNDLAND FORESTRY COMPANIES~~
NEWFOUNDLAND FORESTRY COMPANIES

Service Rank and/or Number 8229 Name Benjamin BAKER

1. Age on Enlistment: 18 years 11 months
2. Date and Place of Appointment or Enlistment: 5th June, 1917. Grand Falls, Nfld.
3. Theatres of Service: NEWFOUNDLAND & UNITED KINGDOM
4. Date and Place of Discharge: 11th January, 1919. St. John's, Nfld.
5. Reason for Discharge: "Medically Unfit"
6. Rank on Discharge: Private

NOTE:

This record is not valid without the imprint of the official stamp of the Department.

Ottawa, Ontario, Canada.

APR 16 1959
APR 16th, 19 59.

[Signature]
Director,
War Service Records.

APR 16 1959
/GG
WAR SERVICE RECORDS
OTTAWA - CANADA
DVA 1

DEPARTMENT OF VETERANS AFFAIRS
War Service Records

Ottawa Ont

Date Sept 20/62

To **Copy for H.O. FILE**

SEP 21 1962

Attention of

Referred to

NAME **BAKER, Benjamin.**

Charged to

Also known as:

BAKER, Benjamin.

Forestry Corp
SERVICE **6229 NF LD REG**

NUMBER **WW1**

P.C. No.

W.V.A. No. **220571**

NAVY

ARMY **X**

R.C.A.F.

C.N. *↑* The DEPARTMENT has received information from

S.T.M.O. TEL MEMO. Deer Lodge Hospital St. James, Man. Sept 17/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Sept 15/62

Cause of Death _____

Place of Death Deer Lodge Hospital, St. James, Man.

Name and Address of next of kin (if known) _____

Copies to: **W.S.R.**

V. I.

RAY

BO.

H.O.

} Destroy form if advice of death already received.

for *m j w y e l l*
Chief, Central Registry