



Newfoundland Forestry Companies

ATTESTATION OF

No. 153 Name James E. Blaffey Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>James E. Blaffey</u> |
| 2. What is your full Address? | <u>Jeffreys, Bay St. George</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>3</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>b. of E.</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, James E. Blaffey 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.

James E. Blaffey SIGNATURE OF RECRUIT.

Witting J. Ellis Signature of Witness.

15/5/17

James E. Blaffey OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. 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 St. John on this 15 day of May 1917

Signature of Attesting Officer J. J. O'Rourke, Capt.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:

if enlisted by special authority, such will be attached to the original attestation.

Date 1917 } Approving Officer.
Place:

† 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 James E. Shaffey
 Apparent age 22 years 9 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded _____ inches wght. 145
 { Range of expansion _____ inches
 Distinctive marks eyes gray, Hair like brown

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Joseph Shaffey
Jeffrey Bay St George | Relationship Father
 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									[Signature of Officer] 19/1919
Joined at _____ on _____									
Total Service forfeited as above.....									

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



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

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

March 27th 1919

Date

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 24 |
| 2. Regimental No. 8153 | 6. Enlisted on MAY 15th., 1919 |
| 3. Rank PRIVATE | at ST. JOHN'S |
| 4. Name CHAFFEY JAMES | 7. Former trade or occupation LUMBERMAN |

8. Disability

DEBILITY

9. History

NEVER IN HOSPITAL. ON SICK PARADE SEVERAL TIMES IN SCOTLAND WITH PAIN BETWEEN SHOULDERS. HAS NOT BEEN LAID UP SINCE RETURN BUT COMPLAINS OF PAIN OCCASIONALLY

10. What is his present condition?

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

**COMPLAINS OF DEBILITY. P.R.72.
NO ACCOMPANIMENTS LUNGS BUT BREATH
SOUNDS LEFT APEX SLIGHTLY ROUGHENED**

11. Was sanatorium advised and refused? **NO**
operation

12. Do you recommend discharge as **YES**
permanently unfit?

Signature (SGD) **A. C. TAIT**
Rank or Qualification **FOR M.O.DEPOT.**

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x **MAY** be considered as ~~aggravated by~~ due to
- (a) ~~Service during this war.~~ (b) ~~Climate~~ (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

YES. BREATH VERY SHORT, CANNOT WALK UP HILL

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **20%**
- (b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.) **20% for 3 months.**

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

(Sgd) N. S. FRASER.....

President

H. S. TAIT

Signatures.....

L. PATERSON, MAJOR

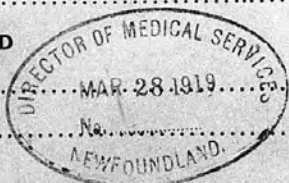
Place **ST. JOHN'S**.....

Date **MARCH 28th, 1919**.....

APPROVED

Station.....

Date.....



(SGD) CLUNY MACPHERSON, MAJOR.....

Administrative Medical Officer

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
89.

Number of Sheet First
Signature of O. C. Company [Signature]

Regiment of 77th Forestry Companies

Regimental Number and Name		Enlistment		Trade
No.	<u>8153 James E. Blaffey</u>	Age on	<u>22</u> years <u>8</u> months	<u>Lumberman</u>
Joined		Date	Place and Date of Enlistment	Religion
Joined		Date	<u>St John's</u>	<u>b. of. E.</u>
Joined		Date	<u>15/5/17</u>	Place of Birth
Joined		Date	Period of	
		{ with Colours	<u>2 1/2</u> years.	
		{ with Reserve	<u>3 1/2</u> years.	

Good Conduct Badges, Service pay or proficiency pay

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
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Demobilized 19⁵19

To be carried over

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8153 Rank Pvt Name Chaffey J. E.
 Intended place of residence Jeffries St. George's
 2. Occupation Lumberman
 Classification of soldier B Medical Category 8

3. The above named man is discharged in consequence of... **DEMOBILIZATION.**
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place ST. JOHN'S
 Date MAY 3 1919
H. H. Sait Capt
 for Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
MAY 3 1919
J. E. Chaffey
 Signature of soldier
A. McClelland
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date ST. JOHN'S
5-5-19
J. E. Chaffey
 Signature of soldier
E. Wilson Sgt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-2-17 No of days on Military
 Discharged from service 5-5-19 plus 14 days Service 735

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 Date MAY 3 1919
R. H. Sait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St Johns - nfd
 Date May 19/1919
J. M. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

H. H. 2079/2235



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification, depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i | c Records together with the remainder of the man's documents.

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

Name in full **JAMES ERIC CHAFFEY.**

Regiment from which discharged *Royal Newfoundland*

Regimental number **8153.**

Intended address **JEFFRIES ST. GEORGE'S.**

Height on discharge **5 Feet 10**

Color of hair on discharge **BLACK**

Complexion **FADR**

Color of eyes **BLUE**

Descriptive Marks **-----**

Figure on discharge **MEBIUM.**

Christian name of Father **WM. JOSEPH**

Christian name of Mother **JANE**

Wife's maiden name in full **NELLIE FERGUSON.**

Date and place of marriage **JAN . 15TH. 1919. PERTHSHIRE SCOTLAND.**

Christian names of children **-----**

Place and date of soldier's birth **AUG. 17TH. 1895. JEFFRIES.**

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) **JAMES CHAFFEY.**

(Rank) **PTE.**

Station **ST. JOHN'S.** Date **24/3/19.**

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.
Unit, or Command Depot.

Station

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8153 Rank PL4 Name Chaffey J. G.
 Date of Enlistment 15.5.17 Address Jeffries St District St Georges
 Occupation Lumberman Classification for Discharge 12 Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 30% 3 m.v.
 Passed to Demobilization Officer with following documents:—

N.F. P 12	2	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178		W 3494	B 122		Board 1st	" 2	
B 178a	1	D 400A	B 1915		do 2nd	" 3	3
B 179	2	D 400B	Form L		do 3rd	" 4	
B 179a		D 400C	Form K		do 4th	" 5	
B 179b		B 103	ME 2		" 6		
B 179c		B 120	M 93	2.06 1			

Date 1.4.19

H. Mews H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable, £65.00

(b) Clothing Supplied None

Date 3-5-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P 1361* to his home at *Jefferson M. Gump* and Release Certificate No. *2213* issued.

Date *3-5-19* *J.A. Snowfoot*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *19-5-19*

Date *3-5-19* *H.M.S.*
Depot Paymaster.

Discharge approved for *3-5-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	<i>12</i>	<i>2</i>	B 268		B 121	<i>1</i>	N.F. Med.		D.F. 1	<i>1</i>
F 178			W 3494		B 122		Board 1st		" 2	<i>1</i>
B 178a	<i>1</i>		D 400A	<i>1</i>	B 1915		do 2nd		" 3	<i>2 from B</i>
B 179	<i>2</i>		D 400B		Form L		do 3rd		" 4	
B 179a			D 400C		Form K		do 4th		" 5	
B 179b			B 103		ME 2		<i>F.C. 6</i>	<i>1</i>	" 6	
B 179c			B 120		M 93					

Date *7-5-19* *J.A. Snowfoot*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *MAY 5 1919* *R.H. Salt Capt.*
O. C. Discharge Depot.

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

Date *12/5/19* *The Hon. Secy.*
for issues of books

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

ST. JOHN'S, Newfoundland.

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

Date. **AUGUST 8, 1921.**

The Secretary, Board of Pension
Commissioners for Newfoundland.

AS SOON AS POSSIBLE

Per.....

Regimental No. **8153** Rank **PRIVATE**
Name **JAMES CHAFFEY** ADDRESS: **JEFFRIES, ST. GEORGES.**
Unit **ROYAL NEWFOUNDLAND REGIMENT.**

DESCRIPTION OF PENSIONER:

Apparent Age **26 YEARS** Height **5' 10"** Colour of Eyes **BLUE**
Complexion **FAIR** Colour of Hair **BLACK** Weight

Marks of Identification:

MARCH 28, 1919: COMPLAINS OF DEBILITY. PULSE 72. NO ACCOMPANIMENTS IN LUNGS BUT BREATH SOUNDS LEFT APEX SLIGHTLY ROUGHENED. BREATH VERY SHORT. CANNOT WALK UP HILL.

AUGUST 22, 1919: DEBILITY. PULSE 62. BREATH SOUNDS BOTH APICES ESPECIALLY LEFT, ROUGH, BREATH VERY SHORT. PAIN BETWEEN SHOULDERS. WEAK OR LAME BACK. NEURASTHENIA. ORCHITIS.

AUGUST 31, 1920: PULSE 96. NO COUGH. NO ACCOMPANIMENTS IN CHEST. STATES THAT THE TESTICLES ARE SWOLLEN AND TENDER. NO SIGN AT PRESENT. GENERAL CONDITION GOOD.

MARCH 11, 1921: PULSE 90. BRONCHIAL COUGH ESPECIALLY ON EXERTION. DYSPNOEA ON EXERTION. DEBILITY. PAIN BETWEEN SHOULDERS. WEAK BACK. SMALL PART.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DEBILITY

THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

RECORD OF SERVICE

Disability for which pension has been awarded:—

MEDICAL REPORT.

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

SAME AS ON MARCH 11TH., 1921, EXCEPTING THAT HE CLAIMS HIS BREATH IS SHORTENED MORE THAN THEN. FINDS IT HARD TO CLIMB A HILL.

Special Questions:—

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

Signature
of Witness..... (SGD) D. J. BETHUNE, M. D.

Pensioner's signature (SGD) JAMES CHAFFEY.....

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

DEBILITY.

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

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination? 5% INCREASE.

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

NO

5 Will disabilities materially increase or diminish? LIKELY INCREASE.

6 Are the disabilities permanent? I THINK SO.

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

(b) Should he continue to do so?

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

(d) If any appliance is necessary?

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

TONECS

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

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

.....

.....

Pensioner's signature

The foregoing report submitted by

Signature... (SGD) D. J. BETHUNE, M. D. Medical Examiner.

Place.. ST... GEORGES.....

Date... AUGUST 15TH., 1921.

Members (of a Board)

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

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

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

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

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

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

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

(State date of death.)



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

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

Place.....

Date.....

Head of District Office, (or Medical Practitioner.)