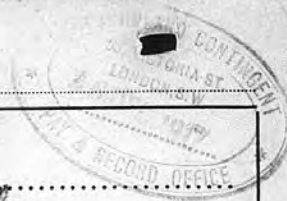




Newfoundland Forestry Companies

ATTESTATION OF

No. 8096 Name Andrew Coady Corps



Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Andrew Coady</u> |
| 2. What is your full Address? | 2. <u>29 Job St. St. Johns</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Coast</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>Yes N.F.</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>No.</u> |
| 9. What is your Religion? | 9. <u>R.C.</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, Andrew Coady 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.

.....SIGNATURE OF RECRUIT.
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I,do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....
 on this.....day of.....1917

Signature of Attesting Officer J. J. Coady

†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 Andrew Coady

Apparent age 23 years 6 months. Height 5 feet 9 1/2 inches

Chest Measurement { Girth when fully expanded _____ inches
Range of expansion _____ inches

Distinctive marks Wounded in right leg. Blue eyes
Light Brown hair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Coady
29 1/2 St. | Relationship Sister

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									

Total Service forfeited as above.....

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

In subsequent correspondence
 please quote the following
 number:—

11608/3/P&A

REMINDER.

From PAYMASTER & OFFICER I/C RECORDS,
 NEWFOUNDLAND CONTINGENT,
 53, VICTORIA STREET,
 LONDON, S.W. 1.
 ENGLAND

ANSWER.

From _____

To The Secretary,
Pensions & Disabilities Board,
St. John's,
Newfoundland.

To _____


Pay & Record Office,

1st, November _____ 191 7.

_____ 191 .

The reply to my memorandum
 No. 9160/5, 6/9/17, relating to
 pension 8096, Pte. A. Coady,
 Newfoundland Forestry Coys. late
 No. 775, Newfoundland Regt.

not having been received, you are requested
 to expedite the same, and to state hereon
 when it may be expected.


 _____ Major,
 Chief Paymaster & O i/c Records.

W.F.

SYPHILIS CASE-SHEET.

Regtl. No. *8096* Rank and Name *Pte Coady Andrew* Corps *Nfld Tonn Corp*
 Placed on Syphilis Register at *Aberdeen* on *21.9.17* No. in Register *149*
 Disease contracted at *Newfoundland* Primary sore appeared on (date) *12.6.17*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Large hard chancre on anterior surface of prepuce about 1 in from distal end size 6*

Lymphatic glands *General Adenitis*

Skin (nature and distribution of rash) *Raised pustular scattered rash over chest Shoulders, Neck, both deltoids & buttocks. (Close set white patch marks over*

Mucous membranes *Nil* *L Shoulder & buttocks*

Other symptoms *Considerable ulceration & tenderness of gums & hard palate*

Nil

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 P.S. NO. *812/6*
 DATED *15 JAN 1918*



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 *ABERDEEN* Date *21.9.17* Signature of M.O. *Al Hasen Capt Ramm*

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 (Original (O) Modification (M)) Result Positive (+) Negative (-)	Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled.)	
						Arsenical Intravenous Injection. Dose in grammes	Mercurial Intramuscular Injection. Dose of Metallic Mercury in grains	Other Methods		
										Salvarsan
	14-9-17	Admitted to Hospital								
	21-9-17	WASSERMANN POSITIVE			M +					Arthur, Capt.
	24-9-17	Rash cleared up except over deltoids.	159	N			1		3	arf
	28-9-17	Mouth condition healed.	162	N					3	arf
	2-10-17		166	N			1		3	arf
	9-10-17	Sores healed.	163	N			1			arf
	16-10-17	Rash over deltoids persists.	146	N			1		4	arf
	23-10-17		165	N			1		5	arf
	30-10-17		165	N			1			arf
	6-11-17		166	N			1		5	arf
	13-11-17	Rash cleared up.	167	N			1		5	arf
	20-11-17		167	N			1		5	arf
	24-11-17	WASSERMANN NEGATIVE. — No Active Signs			M -					arf
	29-11-17	DISCHARGED FROM HOSPITAL.								arf
		Next Blood test due 24-2-18								arf



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet First

Signature of O. C. Company A. H. Pollock

Forms
R 171
30.

Regiment of 2nd Forestry Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No. <u>5096</u>	<u>Andrew Coady</u>	Age on <u>23</u> years <u>6</u> months		<u>Cook</u>	
Joined _____ Date _____		Place and Date of Enlistment <u>St John's</u> <u>7/5/17</u>		Religion <u>R.C.</u>	
Joined _____ Date _____		Period of <u>with Colours 2 1/2</u> years. <u>with Reserve 3 1/2</u> years.		Place of Birth _____	
Joined _____ Date _____					

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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Medically unfit St John's 2 2/78.

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.W.D.
N.F.W.S. No. 91216
15 JAN 1918
FILED

To be carried over