



Newfoundland Forestry Companies

ATTESTATION OF

No. 80 81 Name David Coloumb Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>David Coloumb</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>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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>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, David Coloumb.....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.

David Coloumb.....SIGNATURE OF RECRUIT.
Frank L. Raymond.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, David Coloumb.....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's on this 30th day of April.....1917
 Signature of Attesting Officer

†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.....191.....
 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 David Columbus

Apparent age 19 years months. Height 5 feet 9 inches

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

Distinctive marks Sight in left eye defective
Eyes Grey, Hair Light brown

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frank Columbus
St George's | Relationship Father
Shallop Cove 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 " [" "] " " "



Newfoundland Forestry Companies

ATTESTATION OF

No. 81 Name David Coloumb Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. David Coloumb
2. What is your full Address? } 2. St. George's
Shallp. Co. N.S.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 18 Years 8 Months
5. What is your Trade or Calling? 5. Lumberman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? } 8. yes
9. What is your Religion? 9. P. C.
10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? } 10. yes { Name
Corps

I, David Coloumb 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.

David Coloumb SIGNATURE OF RECRUIT.
Frank C. Payne Signature of Witness.

6-28/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, David Coloumb 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 28th day of April 1917.
Signature of Attesting Officer H. J. Fitzgerald, Esq.

† 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 Coy.

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

Date 28/4/17 1917 H. J. Fitzgerald, Esq.
Place Grand Falls H. J. Fitzgerald, Esq. 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 David Columbus
 Apparent age 19 years months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded inches
 Range of expansion inches
 Distinctive marks Sight in left eye defective
Eyes Grey, Hair Light brown

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frank Columbus
St George's | Relationship Father
Shallop Cove 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]
Joined at _____ on _____									
Total Service forfeited as above.....									

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

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>8081</u>	Army Rank <u>Private</u>
Name <u>David Colomb</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Nfld. Forestry Companies</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>March 12th 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. Description at the time of discharge.	
Age <u>20</u> years _____ months Height <u>5</u> feet <u>9</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>brown</u> Hair <u>dark brown</u> Trade <u>Lumberman</u> Intended place of residence <u>Shallow Cove</u> (To be given as fully as practicable) <u>Bay St. George</u>	Descriptive marks.
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war 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>	
To be filled in on the soldier quitting the Colours.	3. Military character :— <hr/> 4. Character awarded in accordance with King's Regulations :— <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	

Army Form B. 2068 has been issued to*

* Strike out if not applicable.

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

MEDICAL HISTORY

Surname Columbe OF Christian Name David 8
1917

Table I.—GENERAL TABLE.

Birthplace:—Parish Shallop Core St Georges County St. John

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>28</u> day of <u>April</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>19</u> years		_____ years	
Trade or Occupation	<u>Lumberman</u>		_____	
Height	<u>5</u> feet <u>9</u> inches	_____ inches	_____ feet _____ inches	_____ inches
Weight	<u>133</u> lbs.		_____ lbs.	
Chest Measurement	Circumference when fully expanded _____ inches		_____ inches	
	Range of Expansion _____ inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm _____ Number _____		Arm _____ Number _____	
When Vaccinated	_____		_____	
Vision	R.E.—V=_____ L.E.—V=_____		R.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) <u>Slight in left eye defective</u>		(b) _____	
Approved by (Signature)	<u>W.E. Proemier</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	<u>St Johns</u> Medical Officer.		_____ Medical Officer.	
Enlisted	at _____ on _____ day of _____ 191 <u>7</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps. <u>Wfld Forest Co.</u>	Regtl. No. <u>8081</u>	Corps. _____	Regtl. No. _____
Transferred to	_____		_____	
Became non-effective by	on _____ day of _____ 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)	_____		_____	
(Rank)	_____		_____	

COPY SENT TO
O.C. H.Q.
ST. JOHN'S, N.F.L.D.
NOV 27 1917



82
19-12-1917



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*
Date *P.A.C. 19th. 1917*

- 1. Unit *1st. Newfoundland*
- 2. Regimental No. *8081*
- 3. Rank. *Pte*
- 4. Name. *Columb, David*
- 5. Age last birthday. *18*
- 6. Enlisted on *April 19th 1917*
at *Grand Falls*
- 7. Former trade or occupation *Fisherman*
- 8. Disability *Oard to be Heart trouble*

9. History: *Left here May 16th last and reached St. John's on the 16th of Oct. Then went to work in ^{lumber woods} ~~lumber woods~~ and worked for three months. Went to doctor and he turned him down for heart trouble and said he was unfit for further work.*

10. What is his present condition?

*Looks well physically, but has
Mitral & Aortic Heart Murmur*

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



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

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

Signature

J. Vanden... Jut

Rank or Qualification

.....

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. pulse 120

15. Through Disability Aggravated by or Due to Military Service. *Total which 60% six months in hospital*
Through Disability neither Aggravated by nor due to Military Service. *or 4*

16. Is the disability permanent? *Yes*
17. Has the disability been aggravated by (a) Intemperance. *no* (b) Misconduct. *no*
18. The refusal of operation in 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 Convalescent Hospital, Jensen Tuberculosis Camp. Yes

20. We recommend discharge from retention in the Army *permanently unfit*
Remarks if any:—
- Signatures.
H. S. Case President
J. S. Anderson
L. B. Anderson
W. A.

Place *S. Plus*
Date *Dec. 19. 1917*



Clayton Macpherson
Administrative Medical Officer.

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. pulse 120

Received through Director of Medical Services
 on 11/19/17
 11/19/17

...nt his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

...ks if any:—

16. Is the disability permanent? Yes
17. Has the disability been aggravated by (a) Intemperance. no (b) Misconduct. no
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- | <u>Yes</u> |
| valescent Hospital, | |
| Jensen Tuberculosis Camp. | |

20. We recommend discharge from the Army permanently unfit
retention in

Remarks if any:—

Signatures. H. S. ... President
J. Sinden ...
L. B. ...

Place St. Louis
 Date Dec. 19 1917



Clay Macpherson
Administrative Medical Officer.

DEPARTMENT OF MILITIA, NEWFOUNDLAND MEDICAL
DEPARTMENT.MEDICAL REPORT ON AN INVALID

STATEMENT OF CASE

Station - St. John's,

Date - Dec. 18th. 1917.

- | | |
|-----------------------------|---|
| 1. Unit - 1st. Newfoundland | 5. Age last birthday - 18 |
| 2. Regimental No. 8081 | 6. Enlisted on - April 19, 1917. |
| 3. Rank - Pte. | at Grand Falls. |
| 4. Name - COLOUMB, David | 7. Former trade or
occupation - Fisherman. |

8. Disability

SAID TO BE HEART TROUBLE.

9. HISTORY:- Left here May 19th last and reached Dunkeld on the 18th of Oct. Then went to work in lumber woods and worked for three months. Went to Doctor and he turned him down for Heart trouble and said he was unfit for further work.

10. What is his present condition? Looks well physically but has mitral systolic heart murmur.
11. Was operation or sanatorium advised and refused? NO.
12. Do you recommend discharge as permanently unfit? YES.

Signature (Sgd. J. S. TAIT

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 due to
Service during this War.

14. Does the Board concur in preceding report? (See Sect. 10) If not
give differing opinion and additional findings.

Yes. Pulse 120.

15. Through Disability Aggravated by or Due to Military Service.

Through Disability neither Aggravated by nor due to Military Service.

TOTAL WHILE IN HOSPITAL.

16. Is the disability permanent - YES.



Name - 8081 - Pte. David COLOUMB

17. Has the disability been aggravated by (a) Intemperance NO.
(b) Misconduct - NO.
19. If fit subject for Hospital do you recommend admittance to
NAVAL AND MILITARY CONVALESCENT HOSPITAL - YES.
20. We recommend retention in the Army

(SGD.) N. S. FRASER
J. S. TAIT
L. PATERSON, Major.

Place - St. John's,
Date - Dec. 19th 1917.

APPROVED

December 19, 1917

No. 8081

(Sgd.) CLUNY MACPHERSON, Major.
Administrative Medical Officer.

Type Copy
[Signature]
18.7.50



REGIMENTAL NO. 8081.

PENSION. NO. 448

NAME. DAVID COLOUMB

DECEMBER 19TH, 1917

LOOKS WELL PHYSICALLY, BUT HAS MIERAL SYSTOLIC HEART MURMUR.

FEBRUARY 26TH, 1918

MURMUR STILL PRESENT. PULSE 108.

AUGUST 8TH, 1918

MURMUR STILL PRESENT. PULSE 102.

OCTOBER 6TH, 1918.

HEART TROUBLE. DILATION HYPER-TROPHY OF LEFT VESTICLE REGINGITANT. MURMUR ACCOMPANYING THE VALVULAR SOUND. PULSE 100. NOT ABLE TO WORK FOR LAST THREE WEEKS. PROLONGED HEART EXPIRATION AS ON PAGE 21. DECEMBER 4TH, Pulse 100. AFTER EXERCISE 112. RETURNS TO NORMAL IN TWO MINUTES. HE WORKS IN LUMBAR CAMP. PULSE RAISES.

DISABILITY: HEART TROUBLE.

SECOND BOARD

REPORT OF MEDICAL BOARD.



STATION St. John's, Nfld.

DATE Feby. 26 '18

NO./ 8081

AGE 18 HEIGHT 5'9"

RANK Private

COMPLEXION Fair

NAME Coloumb, David

EYES Brown HAIR Brown

UNIT Nfld. Forestry Co.

ADDRESS Shappop Cove, St. Georges

FORMER TRADE Fisherman

ENLISTED AT Grand Falls

ON Apr. 19 '1917

DISEASE OR DISABILITY Heart trouble

PRESENT CONDITION Murrain still present, Julia 108

HAS HE BEEN EMPLOYED AND BY WHOM?

AVERAGE WEEKLY EARNINGS

ESTIMATED DISABILITY 40% last months



RECOMMENDATION OF MEDICAL BOARD

Discharge as permanently unfit

MEMBERS OF BOARD

Dr. Han
Generalist
Dr. Paterson M.D.

APPROVING MEDICAL OFFICER.

Cluny Macpherson, Major.



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 DAVID COLOUMB

Regiment from which discharged *1st. Newfoundland*

Regimental number 8081

Intended address SHALLOP COVE. ST. GEORGES

Height on discharge 5 Feet 9

Color of hair on discharge DARK BROWN

Complexion FAIR

Color of eye BROWN

Descriptive Marks

Figure on discharge ERECT

Christian name of Father FRANK

Christian name of Mother SUSIE

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. SHALLOP COVE, ST. GEORGES 1898

Nature and locality of civil employment required LUMBERMAN

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) DAVID COLOUMB

(Rank) PTE

Station HEADQUARTERS

Date DECEMBER 18th., 1917

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 of Hospital,
Unit, or Command Depot.

Date


DEC

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet FirstW. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
(1022) W193/1429 500m 4/1865 23 56Forms
B. 121.
40.Regiment of 1st Forest Coy.

Signature of O. C. Company _____

Regimental Number and Name <u>8891</u> <u>Company D.</u>		Enlistment		Trade <u>Lumberman</u>		Good Conduct Badges, Service Bar or Proficiency Pay	
Age on <u>18</u> years <u>8</u> months		Place and Date of Enlistment <u>Amoy 28.4.17</u>		Religion <u>R.C.</u>			
Period of <u>with Colours</u> years.		with Reserve <u>years.</u>		Place of Birth			
Joined _____ Date _____	Joined _____ Date _____	Joined _____ Date _____	Joined _____ Date _____				
Joined _____ Date _____	Joined _____ Date _____	Joined _____ Date _____	Joined _____ Date _____				

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or order dispensing with trial	By whom awarded	REMARKS
<u>Amoy</u>	<u>29.6.17</u>	<u>Sgt.</u>		<u>Disobeying Orders of no. NCO</u>	<u>Cpl. Wood</u>	<u>15 hrs extra work</u>	<u>26.17</u>	<u>Leut. Proyer</u>	<u>J.H.</u>
"	<u>1.7.17</u>	"		<u>Wringing over another man's clothes</u>	<u>H. E. Frost</u>	<u>15 hrs extra work</u>	<u>3.7.17</u>	"	"
"	<u>16.7.17</u>	"		<u>Creating a disturbance in food</u>	<u>H. Dalley</u> <u>J. Kinckey</u> <u>H. Balguy</u> <u>H. Auger</u> <u>C. M. & Moore</u>	<u>30 hrs extra work</u>	<u>17.7.17</u>	"	"
"	<u>28.10.17</u>	"		<u>Absent from Dependants Call</u>	<u>Cpl. Spence</u>	<u>7 Days C.B.</u>	<u>30.10.17</u>	<u>High W. Widdings</u>	<u>L.</u>

To be carried over

Army Form B. 121.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet First

Forms
B. 121
29.

Regiment of 1st/1st Forestry Companies

Signature of O. C. Company _____

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	D Coloumb	Age on	18 years 8 months	Trade	Lumberman		
Joined	Date	Place and Date of Enlistment	Grand Falls	Religion	R.C.		
Joined	Date	Period of	with Colours 3/9 years. with Reserve 2/5 years.	Place of Birth			
Joined	Date						

Place	Date of Offence	Rank	Class of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	By whom awarded	REMARKS
Dunkeld, Scotland	29-6-17	Pte		Disobeying Order of rank & Co	Cpl. Stroud	15 hrs. extra work 30-6-17	Lieut. Goodyear	J.A.B.
Dunkeld, Scotland	2-7-17	Pte		Urinating over another Man's Clothes	Pte. E. Jennett	15 hrs. extra work 3-7-17	Lt. Goodyear	J.A.B.
Dunkeld, Scotland	16-7-17	Pte		Creating a disturbance in tent	W. Dalley J. Hinchley W. Bunting A. Andry E. M. D. Morris	30 hrs extra work 17-7-17	Lt. Goodyear	J.A.B.
Dunkeld, Scotland	20/1/17	Pte		Absent for 4 days without call.	Lt. Strain	7 days C.D.	Hugh. H. Kildin	
				Medically Unfit		12 3/4		

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
NOV 23 1917
DATED

To be carried over

Army Form B. 121.

STATEMENT OF ACCOUNT OF
8081 David COLUMB
From
MAR. 13th/18 to MAR. 13th/20

Pan. No. 448

		DR.		CR.	
1.	April 1918 To Payment	\$16.00		1. \$16.00 per month for six mos. from 12-3-18 to 12-2-18	\$96.00
	May "	16.00			
	June "	16.00			
	July "	16.00			
	August "	16.00			
	Sept. "	<u>16.00</u>	96.00		<u>96.00</u> 96.00
2.	October "	8.00		2. (a) \$8.00 per month for 18 mos. from 12-2-18 to 12-2-19	96.00
	Nov. "	8.00		(b) Increased to \$10.00 from Jan. 1st/1919	16.80
	Dec. "	8.00			
	Jan. 1919 "	8.00			
	Febry. "	16.80			
	March "	10.00			
	April "	10.00			
	May "	10.00			
	June "	10.00			
	July "	10.00			
	August "	10.00			
	September "	<u>4.00</u>	112.80		<u>112.80</u> 112.80
	Febry. 1920 "	42.00		3. (a) \$7.50 per month for six mos. from 12-2-19 to 12-2-20	45.00
	March "	3.00		(b) Bonus of 10% on payments for 1920	
	March 1921 "	<u>1.80</u>	48.80		<u>1.80</u> 46.80
			<u>255.60</u>		<u>255.60</u>

DOMINION OF NEWFOUNDLAND



HIGH COMMISSIONER'S OFFICES.

CABLE ADDRESS,
"RURALITY"
TELEPHONE.
VICTORIA 2302.

448
58, Victoria Street.
Westminster, S.W.1.

8081 David Columb
Newfoundland Forestry Corps

22nd July, 1922.

Sir,

With reference to the case of the above named man, who was discharged from the service on 12th March 1918 on account of Heart trouble, I have the honour to inform you that the Ministry of Pensions have confirmed the awards made by you to Mr. Columb as follows:-

10% Bonus from 1st January 1920 to 12th March 1920 conditional, under the Newfoundland War Pensions Act 1919, in addition to further awards

I have the honour to be,

Sir,

Your obedient Servant,



J. G. G. G.
High Commissioner for Newfoundland.

The Secretary,
Board of Pension Commissioners,
St. John's,
NEWFOUNDLAND.

H/T

PENSION No. 448

REG'LT No. 8081

RANK Private

H. Q. No.

SOLDIER'S NAME Columb David

BLOCK No.

DATE PENSION COMMENCES 1-7-19

PENSIONER'S NAME Columb David

WIFE'S NAME

CHILDREN'S NAMES

	ANNUAL RATE	PERIOD	MONTHLY RATE	EXPIRES	AMT. PAYABLE	AUTHORIZED AMOUNT	BY
1.	\$120.00	12	\$10.00	12-9-19	\$24.00	\$24.00	
2.	NIL	6	\$7.50	12-3-20	\$45.00		
3.			N I L.				

DEBITS

CREDIT

TOTAL PAYMENTS	DATE	PERIOD	DED.	ABSTRACT	CHEQUE			TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE
					SERIES	No.	MONTHLY PAYMENT			
	JUL	1 JUL					10.00	10.00 s	24.00 -	14.00 Cr
10.00	AUG	1 AUG					10.00	20.00 s	24.00 -	4.00 Cr
20.00	SEP	1 SEP					4.00	24.00 s	24.00 -	.00 Cr
	BAL 28 FEB						42.00	42.00	445.00 =	403.00 Cr
42.00	MAR	1 MAR					3.00	45.00 s	45.00 -	.00 Cr

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

MEDICAL HISTORY

OF
 Christian Name

Surname

Colomb

David



Table I.—GENERAL TABLE.

Birthplace:—Parish *Shallop Cove St George* County

	SPECIAL RESERVE		REGULAR ARMY.	
	on	at	on	at
Examined	28	Headquarters		
	day of		day of	
		1917		191
Declared age	19	years		
		days	years	days
Trade or occupation	Lumberman			
Height	5	feet	9	inches
Weight		133		lbs.
Chest Measurement {				
Girth when fully expanded	inches		inches	
Range of expansion ...	inches		inches	
Physical development				
Vaccination marks {	Right	Left	Right	Left
	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)	
(b) Slight defects but not sufficient to cause rejection	<i>Sight in left eye defective</i>		(b)	
Approved by (Signature)	<i>W. E. Proctor</i>			
(Rank)			Medical Officer.	
Enlisted	at	<i>St John</i>	at	
	on	day of	on	day of
		191		191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>4th Forestry Coy 8081</i>			
Transferred to				
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)		191		191