



Newfoundland Forestry Companies

ATTESTATION OF

No. 8355 Name Simon Driscoll Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Simon Driscoll</u> |
| 2. What is your full Address? | 2. <u>36 Field St</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>11</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>meth</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, Simon Driscoll 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.

Simon Driscoll SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Simon Driscoll 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 26 day of Sept 1917

Signature of Attesting Officer J. P. Goodyear 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 compiled 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).....

SECOND BOARD

Form Z179 N.M.D.

Report of Medical Board.

Station	St. John's, Nfld.	Date	July 19th., 1918.		
No. and Rank	8356 - Pte.	Age	20	Height	5'9½"
Name	DRISCOLL, SIMON	Complexion	Fair		
Unit	Royal Nfld.	Eyes	Blue	Hair	Dark Brown
Address	36 Field Street				
Former Trade	Labourer				
Enlisted at	St. John's On 26/9/17	(The Board will please note how the soldier's appearance corresponds with above description.)			
Disease or Disability	Original	SYNOVITIS RIGHT KNEE			

Subsequent

Present Condition (Compare with previous Board)

**RIGHT KNEE SWOLLEN - 1 INCH LARGER IN CIRCUMFERENCE THAN LEFT.
RADIOGRAPH AT HOSPITAL SHOWS DISEASE OF THE JOINT**

DISCHARGED FROM GENERAL HOSPITAL JULY 20th., 1918

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?

60%

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

60%

Recommendation of Medical Board

**DISCHARGE PERMANENTLY UNFIT
DISCHARGE FROM HOSPITAL**

Members of Board

(sgd) **N. S. FRASER**

J. S. TAIT

(SGD) **CLUNY MACPHERSON, Major**

D. M. S. NEWFOUNDLAND.

J. G. DUNCAN

Approving Medical Officer.





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 **DRISCOLL SIMEON**

Regiment from which discharged *1st. Newfoundland*

Regimental number **8356**

Intended address **36 FIELD ST.**

Height on discharge **5** Feet **9 $\frac{1}{4}$**

Color of hair on discharge **DARK BROWN**

Complexion **FAIR**

Color of eye **BLUE**

Descriptive Marks

Figure on discharge **MEDIUM**

Christian name of Father **GEORGE**

Christian name of Mother **REBECCA**

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. **ST. JOHN'S JANUARY 8th., 1898**

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) **(Sgd) SIMEON DRISCOLL**

(Rank) **PTE**

Station **ST. JOHN'S**

Date **FEBRUARY 18th., 1918.**

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.

(SGD) F. W. BURDEN

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station **ST. JOHN'S NFLD.**

Date **FEBRUARY 18th., 1918.**

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
39

Number of Sheet *first*
Signature of O. C. Company *J. P. Goodyear capt*

Regiment of *1st Field Forestry Company*

No.	Regimental No. and Name	Enlistment	Trade
<i>7356</i>	<i>James Donald</i>	Age on <i>20</i> years <i>11</i> months	<i>labourer</i>
Joined _____	Date _____	Place and Date of Enlistment <i>H. Johns</i>	Religion <i>Method</i>
Joined _____	Date _____	Period of <i>with Colours</i> _____ years.	Place of Birth <i>H. Johns</i>
Joined _____	Date _____	<i>with Reserve</i> <i>3 1/2</i> 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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Medically Unfit
John's 2 1/2

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.33. No. *9587*
DATED: 18 JAN 1918

To be carried over

Army Form B. 121



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 *Driscoll Simeon*
 Regiment from which discharged *1st. Newfoundland Forestry Co*
 Regimental number *8356*
 Intended address *36 Field St. St. Johns*
 Height on discharge *5* Feet *9 1/4*
 Color of hair on discharge *Dark Brown*
 Complexion *Fair*
 Color of eye *Blue*
 Descriptive Marks *none*
 Figure on discharge *Medium*
 Christian name of Father *George*
 Christian name of Mother *Rebecca*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth. *St. Johns Jan 8 1898*
 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)

Simeon Driscoll (Rank)

Station

St. Johns

Date

Oct 18/18

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.

St. Burden

Medical Officer i/c Hospital,
Unit, or Command Depot.

Station

St. Johns Nf

Date

Feb 18/18