



Newfoundland Forestry Companies

ATTESTATION OF

N6023

Name *John S Dunn* Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <i>John S. Dunn</i> |
| 2. What is your full Address? | 2. <i>Grand Falls</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>24</i> Years <i>4</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Surveyor</i> |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No.</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. What is your Religion? | 9. <i>Method</i> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <i>Yes</i> { Name
Corps |

I, *John S. Dunn* 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.

19/4/17 *John S. Dunn* SIGNATURE OF RECRUIT.
H. James Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *John S. Dunn* 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..... 191

Signature of Attesting Officer *[Signature]*

†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 } 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).....



Newfoundland Forestry Companies

ATTESTATION OF

No. 23

Name John S. Dunn Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>John S. Dunn</u> |
| 2. What is your full Address? | 2. <u>Grand Falls</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Surveyor</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>Methodist</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, John S. Dunn 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.

John S. Dunn SIGNATURE OF RECRUIT.

19/4/17 W. James Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John S. Dunn 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. P. Macpherson

†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 7th Co.

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

Date 19/4/171917

Place St. John's Approving Officer. J. J. ...

† 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 John S. Dunn
 Apparent age 24 years months. Height 5 feet 8 3/4 inches
 Chest Measurement { Girth when fully expanded inches
 Range of expansion inches
 Distinctive marks Eyes - Light Brown. Hair Black.

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Rev W. D. Dunn
France Falls. | 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									
Joined at _____ on _____									
<u>Discharged July 6/19</u>									
Total Service forfeited as above.....									

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

N.M.D. Form 98.

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and
No.

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT OF MILITIA, NFLD.

St. John's, Newfoundland.

September 30th., 1919.

To:— Walter Scott, Esq., M. D.,
Grand Falls.

From:—The Board of Pension Commissioners for Newfoundland,
St. John's, Newfoundland.

Sir:—

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

Name

8023, Pte. J. S. Dunne

You will find a form on which to record your examinations on pages 2 and 3.

Address

Grand Falls.

Pensioner will be notified to appear before you on whatever date you will find convenient.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar (\$1.00)~~ for each Doctor for each examination.
(\$3.00)

I have the honour to be,

Sir,

Your obedient servant,

THE SECRETARY

BOARD OF PENSION COMMISSIONERS FOR NFLD.

DIRECTOR OF MEDICAL SERVICES

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age..... **25**..... Height..... **5'8 1/2"**..... Colour of Eyes.... **BROWN**.
Complexion... **DARK** COLOUR OF HAIR: **DARK**..... Marks of Identification

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on... **JAN. 15th 1919**... and other necessary information, follows:—

Condition of Pensioner:—

HIS GENERAL CONDITION IS GOOD. LEFT EAR STONE DEAF. RIGHT EAR 3/4 DEAF. RIGHT KNEE, NO SWELLING, CREEKING ON EXTREME FLEXION. SAYS HE CANNOT DO VERY MUCH WALKING.

AURIST'S REPORT: LEFT-VOICE HEARD 6 INCHES FROM EAR. RIGHT-VOICE HEARD AT 18 INCHES. TYMPANE MEMBRANE NORMAL. BONE CONDUCTION VERY MUCH REDUCED. LOSS OF HEARING FROM HIGH TONES.

DISABILITY: DEAF. INJURY TO KNEE.

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED

MEDICAL REPORT

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? **YES**
- (2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

RIGHT KNEE NO SWELLING, NO TENDERNESS. PAINFUL ON WALKING DISTANCE. EAR CONDITION SAME AS BEFORE WAR.

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?
..... **DIMINISHED KNEE.**
- (4) Will it materially increase or diminish? **DIMINISHED (KNEE)**
- (5) Is the disability permanent? **NO (KNEE)**
- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated in percentages)

..... **EAR 40% KNEE 5%**

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

(State in percentage.)

..... **5%**

- (8) Would treatment reduce the pensioner's disability or increase his comfort?
..... **NO**
- (9) If so, is pensioner willing to accept such treatment, and when?

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place .. **GRAND FALLS**

Date **1-10-19**

..... **WALTER SCOTT.**

..... **F. F. MOORES. M. D.**

President

Members

Pensioner's Signature **JOHN. S. DUNN.**

Signature of Witness **WALTER SCOTT.**

CONTINUATION

APPROVED FOR 5%

CLUNY MACPHERSON. LT/COL.



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? ... **NO**
- 8 (b) If so, is he receiving the additional allowance?
- 9 (a) Has a child been born to pensioner since last medical re-examination?
- 9 (b) If so, is he receiving the additional allowance?
- 10 If pensioner was married, has his wife died since last medical re-examination?
- 11 Have any of pensioner's children died since last medical re-examination?

Place ... **GRAND FALLS.**

..... **WALTER SCOTT.** ..
Medical Examiner.

Date ... **1-10-19.**



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 **JANUARY 15th., 1919**

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 25 |
| 2. Regimental No. 8023 | 6. Enlisted on |
| 3. Rank PRIVATE | at ST. JOHN'S |
| 4. Name DUNN JOHN S. | 7. Former trade or occupation SURVEYOR |

8. Disability

DEAF. INJURY TO KNEE

9. History **DEAFNESS NOT INCREASED SINCE ENLISTING. HAD RIGHT KNEE JAMMED BETWEEN TWO LOGS AT DUNKELD OFF WORK TWO OR THREE DAYS**

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.)

HIS GENERAL CONDITION IS GOOD. LEFT EAR STONE DEAF. RIGHT EAR $\frac{3}{4}$ DEAF. RIGHT KNEE NO SWELLING, CREEKING ON EXTREME FLEXION SAYS HE CANNOT DO VERY MUCH WALKING.

AURIST'S REPORT: LEFT - VOICE HEARD 6 INCHES FROM EAR. RIGHT - VOICE HEARD at 18". TYMPANE MEMBRANE NORMAL. BONE CONDUCTION VERY MUCH REDUCED. LOSS OF HEARING FOR HIGH TONES. TREATMENT.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

(SGD) L. PATERSON.

Signature

MAJOR

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 ~~ESSENTIALLY~~ due to
(a) ~~Service during this war.~~ (b) ~~Common~~ (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.

Y E S

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% for 6 MONTHS**
(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? **20% for 6 MONTHS**
(State in percentage.)

Remarks if any:—

16. Is the disability permanent?
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-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retention in~~ the Army **PERMANENTLY UNFIT**

Remarks if any:—

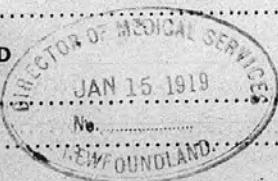
(SGD) N. S. FRASER
.....
J. S. TAIT President
Signatures.....
L. PATERSON, MAJOR
.....

ST. JOHN'S

Place
Date **JAN. 15th., 1919**

APPROVED

Station
Date



(SGd) CLUNT MACPHERSON, MAJOR
.....
Administrative Medical Officer

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet First

Forms
B 121.
39.

Regiment of Newfoundland Forestry Company Signature of O. C. Company [Signature]

Regimental Number and Name
No. 8023 J. Dunn
 Joined _____ Date _____
 Joined _____ Date _____
 Joined _____ Date _____
 Joined _____ Date _____

Enlistment
 Age on 24 years 4 months
 Place and Date of Enlistment } St. John's
19/4/17
 Period of { with Colours 294 years.
 with Reserve 362 years.

Trade Courier
 Religion Methodist
 Place of Birth _____

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
				<i>Demobilized 1st Jan 62</i>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8023 Rank Private Name John S. Dunn
 Intended place of residence Grand Falls Falls
 2. Occupation Surveyor
 Classification of soldier B Medical Category I

3. The above named man is discharged in consequence of DEMOBILIZATION.

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place JAN 21 1919
 Date 6161 16 NVR
W. Kelly Capt.
 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 21-1-19
J. S. Dunn
 Signature of soldier
W. Kelly Capt.
 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 Jan 21st 1919
ST. JOHN'S.
J. S. Dunn
 Signature of soldier
W. Kelly Capt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19. 4. 17
 Discharged from service 23-1-19 per 25 Days
 No of days on Military Service 673 days

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 JAN 23 1919
W. Kelly Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld.
 Date February 6/1919
W. Rowley Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

EDB 2019/829

17
21
20
31
31
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30
31
31
6
4



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	JOHN DUNN		
Regiment from which discharged	<i>Royal Newfoundland</i>		
Regimental number	8023		
Intended address	FRAND FALLS		
Height on discharge	5	Feet	8 $\frac{3}{4}$
Color of hair on discharge	DARK		
Complexion	DARK		
Color of eyes	BROWN		
Descriptive Marks	SCAR LEFT KNEE		
Figure on discharge	NORMAL		
Christian name of Father	WALTER T.D.		
Christian name of Mother	LOUISE		
Wife's maiden name in full			
Date and place of marriage			
Christian names of children			
Place and date of soldier's birth	BRIGUS 24/12/1894		
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) JOHN DUNN

(Rank) PTE

Station ST. JOHN'S

Date 13/1/19

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