



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8262 Name Harris Hill Corps .....

### Questions to be put to the Recruit before Enlistment.

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Harris Hill</u>                           |
| 2. What is your full Address? .....  | 2. <u>55 Marymounting Rd</u><br><u>St Johns</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                                   |
| 4. What is your age? .....   | 4. <u>27</u> Years <u>9</u> Months              |
| 5. What is your Trade or Calling? .....  | 5. <u>booper</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>                                  |

I, Harris Hill 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.

Witting J. Ellis Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harris Hill 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. Johns on this 9<sup>th</sup> day of July 1917

Signature of Attesting Officer H. Ad. Ross 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 ..... 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) .....





# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8262 Name Harris Hill Corps .....

### Questions to be put to the Recruit before Enlistment.

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Harris Hill</u> .....                           |
| 2. What is your full Address? .....  | 2. <u>55 Mennymetony Rd</u><br><u>St John's</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                                   |
| 4. What is your age? .....   | 4. <u>27</u> Years <u>9</u> Months .....              |
| 5. What is your Trade or Calling? .....  | 5. <u>booper</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, Harris Hill 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.

Harris Hill SIGNATURE OF RECRUIT.

Nutting J. Ellis Signature of Witness.

E 9/7/17

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harris Hill 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 9<sup>th</sup> day of July 1917

Signature of Attesting Officer H. A. Ross 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 .....

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).....



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8262 Name Harris Hill Corps .....

### Questions to be put to the Recruit before Enlistment.

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Harris Hill</u> .....                           |
| 2. What is your full Address? .....  | 2. <u>55 Marymeston Rd</u><br><u>St. John's</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                                   |
| 4. What is your age? .....   | 4. <u>27</u> Years <u>9</u> Months .....              |
| 5. What is your Trade or Calling? .....  | 5. <u>booper</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> .....                                  |

I, Harris Hill ..... 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.

Harris Hill ..... SIGNATURE OF RECRUIT.

Witting J. Ellis ..... Signature of Witness.

E 9/7/17

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harris Hill ..... 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 9<sup>th</sup> day of July ..... 1917  
Signature of Attesting Officer H.A. Ross 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.....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).....



A. Hill

C.R. 8262

A. Hill

This space to be left blank for the Chelsea Number.

Army Form B. 268.



# Proceedings on Discharge.

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

No.	<u>8262</u>	Army Rank	<u>Private</u>
Name	<u>Hill, Harris</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)		
Corps	<u>Newfoundland Forestry Companies</u>		
Battalion, Battery, Company, Depot, &c.	<u></u>		
(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.)			
Date of discharge	<u>May 7<sup>th</sup> 1918</u>		
Place of discharge	<u>St. John's, Nfld.</u>		
1.	Description at the time of discharge.		
Age	<u>28</u> years		months
Height	<u>5</u> feet	<u>11</u> inches	
Chest measurement	girth when fully expanded		ins.
	range of expansion		ins.
Complexion	<u>Fresh</u>		
Eyes	<u>Blue</u>		
Hair	<u>Dark Brown</u>		
Trade	<u>Cooper</u>		
Intended place of residence	<u>St. John's</u>		
(To be given as fully as practicable)	<u>Newfoundland</u>		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be filled in by the Officer who confirms the discharge at home.)			
2.	The above-named man is discharged in consequence of <u>being no longer physically fit for active service</u>		
(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.)			
To be filled in on the soldier quitting the Colours.	3. Military character:—		
	4. Character awarded in accordance with King's Regulations:—		
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. 2088 has been issued to*			

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5. He is in possession of the following number of G.O. badg's (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John's N.P.A. Harris Hill (Signature of Soldier.)
(Date) May 7 1918 P.C. Oke, S.S.M. (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " "

Total ... .. " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.



RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

\_\_\_\_\_

— Nil —

*Originals*

This space to be left blank for the Chelsea Number.

Army Form B. 268.

### Proceedings on Discharge.

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

No. 8262 Army Rank Private

Name Hill Davis  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Newfoundland Forestry Companies

Battalion, Battery, Company, Depot, &c.  
(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.)

Date of discharge \_\_\_\_\_

Place of discharge \_\_\_\_\_

1. Description at the time of discharge.

Age <u>28</u> years _____ months	Descriptive marks. <u>Scar Left toe.</u>
Height <u>5</u> feet <u>11</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>fresh</u>	
Eyes <u>blue</u>	
Hair <u>Dark Brown</u>	
Trade <u>Copper</u>	

Intended place of residence (To be given as fully as practicable) St Johns Newfoundland

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.

F.P.38, No. 11660/1918  
DATED 25 MAR 1918

2. The above-named man is discharged in consequence of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. 2088 has been issued to\*

To be filled in on the soldier quitting the Colours.

Notification by President of Medical Board of Approval of a Soldier's  
Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

\_\_\_\_\_

To the Superintendent,

Central Army Pension Issue Office,

33, Baker Street, London, W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date <sup>21</sup> ~~14~~ days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Hill, Christian names Harris  
(in full)

Regt. No. and Rank 8262 Pte Regt. or Corps N.F.A.P. Frosty Coy  
(If T.F. this should be stated.)

His address on discharge will be H. Johns N.F.A.P.

The Soldier states that\* No allowance is  
being issued in respect of him.

\*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
President of Board  
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Notification by President of Medical Board of Approval of a Soldier's  
Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St. London S.W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date <sup>21</sup> ~~14~~ days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Hill, Christian names Harris  
(in full)

Regt. No. and Rank 8262 Pte Regt. or Corps N.F.L.C. Fourth Coy  
(If T.F. this should be stated.)

His address on discharge will be H Johns N.F.L.C.

This information is for the Central Army Pension Issue Office only.

The Soldier states that\* NO allowance is being issued in respect of him.

\* Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
President of Board  
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

The inapplicable addresses to be struck out.

To 

Officer i/c Hospital	}	N.F.L.D. Forsty Coy's
or,		
O.C. Command Depot		
or,		
O.C. (Soldier's Unit)		

(as the case may be)—see A.C.I. 1623 of 1916.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ~~14~~<sup>20</sup> days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Hill, Christian names Harris  
(in full)

Regt. No. and Rank 8262 Pte Regt. or Corps N.F.L.D. Forsty Coy's  
(If T.F. this should be stated.)

His address on discharge will be H John N.F.L.D.

This information is for the Central Army Pension Issue Office only. The Soldier states that\* no allowance is being issued in respect of him.

\* Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

One or both paragraphs to be struck out as may be necessary. (For O.C. Command Depot.)—You are requested to forward the Soldier's Field Conduct Sheet (Army Form B. 122) to the Officer i/c Records, without delay. (For O.C. Unit)—You are requested to forward the Soldier's duplicate Attestation with all documents pertaining thereto, to the Officer i/c Records, without delay.

Station \_\_\_\_\_

Date \_\_\_\_\_

President of Board  
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

COPY

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Army Form B. 179.

Medical Report on an Invalid.

Station Military War Hospital, Perth

Date 8/3/18

1. Unit **Nfld. Forestry Co.**

7. Former Trade } **Cooper**  
or Occupation }

2. Regimental No. **8262**

7A. If with previous service in Army, state—

3. Rank **Private**

(a) Former Unit;

4. Name **Hill, Harris**

(b) Regimental No.;

5. Age last birthday **28**

(c) Date of Discharge;

6. Enlisted { on **9/7/17**  
at **St. John's, Nfld.**

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

**NO. 329 VARISE (BOTH LEGS AND BOTH THIGHS)**

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **In 1916 (man's statement)**

10. Place of origin of disability. **St. John's (Man's statement)**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

**He states that he suffered from varicose veins before enlisting, and they have got worse since. His B170 shows that he was in Perth War Hospital from 11/9/17 to 25/12/17 and was operated on for varicose veins**

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

**Aggravated by ordinary military service**

(b) constitutional or hereditary, and not aggravated by service during the present war.

**Constitutional and aggravated by ordinary Military service**

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

**No**

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

**His veins are not now very prominent as the result of the operation. He suffers from loss of feeling and loss of power of legs. He is very easily tired**

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

**Yes, for excision of veins**

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

**He is generally debilitated, not attributable to or aggravated by service during the present war**

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

**Discharge as permanently unfit for military service of any kind**

**(Sgd) J. W. MEADE, CAPT. R.A.M.C.**

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* † **not in hospital**

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war ;

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it ?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which ?

23. Is the disability permanent ? **No**

24. If not permanent, how soon do the Board recommend re-examination ?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present ?

*Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

26. If an operation was advised and declined, was the refusal unreasonable ?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England ?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium ;

(b) Hospital ;

(c) Convalescent home ;

(d) Asylum ; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended ?

30. Does the man require the constant attendance of another person ?

**Constitutional**

**Yes, by labour service**

**Six months**

**Less than 20%**

**Discharge as Permanently Unfit**

Signatures:—

(Sgd) P. MacLILLAN DEWAR, MAJOR R. A. M. C. President.

Station Edinburgh

A. S. MacKINNON, MAJOR

Date 18/3/18

ALEX F. FRASER, CAPT. R. A. M. C. Members.

Approved.

Station DO

(Sgd) P. MacLILLAN DEWAR, MAJOR, R. A. M. C.

Date \_\_\_\_\_

Administrative 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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

**A** Name in full **HARRIS HILL**  
 Regiment from which discharged **NFLD. FORESTRY CO.**  
 Regimental Number **8262**  
 Where born (Parish, Town and County), and when **ST. JOHN'S 1889**  
 Intended address **ST. JOHN'S NFLD.**

Height on discharge **5** Feet **11** Inches  
 Colour of Hair on discharge **DARK BROWN** Colour of Eyes **BLUE**  
 Descriptive marks **SCAR LEFT TOE** Complexion **FRESH**  
 Figure on discharge **SLIM**  
 Christian name of Father **THOMAS**  
 Christian name of Mother **AMELIA**  
 Wife's Maiden name in full  
 Date and Place of Marriage  
 Christian names of Children  
 Nature and locality of civil employment desired **CLERK, ST. JOHN'S**

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) **HARRIS HILL**

(Rank) **PTE**

Station

**PERTH**

Date **8/3/18**

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.

Medical Officer i/c  
(SGD) **J. W. MEADE, CAPT. R. A. M. C. Hospital.**

Station **DO**

Date **DO**

	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
<b>B</b> Period of Service and in what Corps ...				India S. Africa		
Disallowed ... ..						
Service towards Pension ... ..						
Date inclusive to which pay has been issued				Sum due on account } of advance of pension }		
Sums due on account of public debts ...						

Rank on Discharge  
 Character (as on Certificate of discharge)  
 Where born, and on what date  
 Date and Place of first Enlistment  
 Trade on Enlistment  
 Cause of Discharge  
 Number of G.C. Badges  
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in Charge

Date \_\_\_\_\_

\_\_\_\_\_  
Records.





# Report of Medical Board.

Station **St. John's, Mfld.** Date **April 23rd., 1918**  
 No. and Rank **8262 - Private** Age **28** Height **5'11"**  
 Name **Hill, Harry** Complexion **Fresh**  
 Unit **Mfld. Forestry Co.** Eyes **Blue** Hair **Dark Brown**  
 Address **55 Merrymeeting Road**  
 Former Trade **Copper**  
 Enlisted at **St. John's** On **9/7/17** (The Board will please note how the soldier's appearance corresponds with above description.)  
 Disease or Disability Original **NO. 329 VARI (BOTH LEGS AND BOTH THIGHS)**

Subsequent

Present Condition (Compare with previous Board)

**LONG SCAR ALONG LINE OF THE VEIN IN BOTH LEGS. SOUNDLY HEALED. NO VARICOSE VEINS NOW VISIBLE**

Has he been employed, and by whom?

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present? **LESS THAN 20%**

Recommendation of Medical Board **DISCHARGE AS PERMANENTLY UNFIT**

Members of Board

(SGD) **N. S. FRASER**

**J. S. TAIT**

**L. PATERSON, Major**

Approving Medical Officer

(SGD) **CLUNY MACPHERSON, Major**  
**D. M. S. NEWFOUNDLAND.**



Original

This man is being boarded according to instructions from Ministry of Medicine, St. Johns 9

Army Form B. 179.

### Medical Report on an Invalid.

Station Military Hospital Park  
Date 8.3.18.

1. Unit N 7 LD FOR Coy.

7. Former Trade or Occupation } Cooper

2. Regimental No. 8262

7A. If with previous service in Army, state—

3. Rank Private

(a) Former Unit;

4. Name HILL, HARRIS.

(b) Regimental No.;

5. Age last birthday 28

(c) Date of Discharge;

6. Enlisted { on 9.7.17  
at St John's Newfoundland

(d) Cause of Discharge. } N. A

### 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

no. 329. varicella (both legs + both thighs)

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.

#### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and those recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. In 1916 (man's statement)

10. Place of origin of disability. St. John's (man's statement)

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that he suffered from varicella veins before enlisting, and they have got worse since.  
His B. 178 shows that he was in Park Hill Hospital from 11.9.17 to 25.12.17 and was operated on for the varicella veins.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(A) Aggravated by ordinary military service

(b) constitutional or hereditary, and not aggravated by service during the present war.

(B) constitutional and aggravated by ordinary military service

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

(C) no.

13. What is his present condition? *The veins are not now very prominent as the result of the operation. He suffers from loss of feeling and loss of power of legs. He is very emaciated.*  
*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—  
(a) In action?  
(b) On field service?  
(c) On duty?  
(d) Off duty?  
*} N.A.*

15. Was a Court of Inquiry held on the injury?  
If so—(a) When?  
(b) Where?  
(c) Opinion?  
*} N.A.*

16. Was an operation performed? If so, what? *Yes, for progression of veins*

17. If not, was an operation advised and declined? *N.A.*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? *N.A.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.  
*He is severely debilitated. Not attributable to or aggravated by service during the present war.*

20. Do you recommend—  
(a) Discharge as permanently unfit, ~~or~~  
~~(b) Change to England~~

*Discharge as permanently unfit for military service of any kind*

*Just*

*Reneade Capt. P. M. C.*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,  
*except for the above*

Station \_\_\_\_\_  
Date \_\_\_\_\_

Officer in charge of Hospital.

\*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121

Forms  
B. 121  
39

Number of Sheet 1

Regiment of Nfld Forestry Co's.

Signature of O. C. Company \_\_\_\_\_

Regimental No. and Name		Enlistment		Trade	
No.	<u>8762 Harris Hill.</u>	Age on	27 years 9 months	Coocher	
Joined	Date	Place and Date of Enlistment	<u>St Johns 9/7/17</u>	Religion	<u>R.C.</u>
Joined	Date	Period of	with Colours <u>30 1/2</u> years.	Place of Birth	
Joined	Date		with Reserve <u>3 1/2</u> years.		

Good Conduct Badges, Service pay or proficiency pay

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.

N.F.L.D. No. 11111  
By whom awarded  
35 MAR 1918

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	REMARKS
<u>Dundeld</u>	<u>4/2/18</u>	<u>Pt.</u>		<u>Neglect of duty</u>	<u>corn colon</u>	<u>24 transdetation</u>	<u>1/18 Capt PWA Ross adpt.</u>

Medically unfit St. Johns 7/5/18

To be carried over

Army Form B. 121





Form  
C. 348

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

MEMORANDUM

From *Vice*

To *Versa*

To Officer Commanding,  
Nfld Forestry Companies,  
Dunkeld, N.B.

ANSWER.

Pay & Record Office,

4th October, 1917

8262, Hill.

Following extract of  
telegram received from Hon.  
Minister of Militia, please

"Relatives are enquiring  
"8262 Hill instruct him  
"to write-"

*H. J. Anderson*  
Major,

for  
Chief Paymaster & O.i/c Records.

*See cable 939/48  
to Min Militia*

*Dunkeld*

*6<sup>th</sup> Oct. 1917*

*8262 Hill.*

*The above noted  
man is at present in  
War Hospital Perth,  
suffering from  
Varicose veins. I will  
write him & instruct  
him to write home.*

*H. H. Hooper Capt. med. det.  
for bil.*

NEWFOUNDLAND  
PAY & RECORDS  
No. *5741*  
OCT 1917  
✓

**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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/o Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

**A Name in full** *Harris Hill*  
**Regiment from which discharged** *N.F.L.D. Forestry Coy's*  
**Regimental Number** *8262*  
**Intended address** *St Johns N.F.L.D. where born Parish of St Johns, Newfoundland 1889*  
**Height on discharge** *5* Feet *10* Inches  
**Colour of Hair on discharge** *Dark brown* **Colour of Eyes** *Blue*  
**Figure on discharge** *Slim* *Scar-left Toe* *Camberfoot* *Heels*  
**Christian name of Father** *Thomas*  
**Christian name of Mother** *Amelia*  
**Wife's Maiden name in full** *not available*  
**Date and Place of Marriage** \_\_\_\_\_  
**Christian names of Children** \_\_\_\_\_  
*name & locality of employment since, clerk, St Johns,*

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) *Harris Hill*

(Rank) *Private*

Station *Perth*

Date *8/3/18*

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.

*James C. ...*  
 Medical Officer i/o \_\_\_\_\_  
 Hospital.  
*Am ...*

Station *Perth Military Hospital*

Date *8-3-18*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	
				Years	Days
Disallowed ...				India	
Service towards Pension ...				S. Africa	
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }	
Sums due on account of public debts ...					

COPY SENT TO  
 O.C. H.Q.  
 ST. JOHNS N.F.L.D.  
 N.F.P.38. No. *4666/14*  
 DATED *25 MAR 1918*

Rank on Discharge  
 Character (as on Certificate of discharge)  
 Where born, and on what date  
 Date and Place of first Enlistment  
 Trade on Enlistment  
 Cause of Discharge  
 Number of G.C. Badges  
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_

Officer in Charge

Date \_\_\_\_\_

Records.

**Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.**

No. 8262 Rank Private

Name (surname first) Hill Harris

Regiment N.F.L.D. Fousty Coy's

1. State what special qualifications you have for employment in civil life.

Cooper

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
N.F.P.3B. No. H66094  
DATED 25 MAR 1918

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

1 Bishop Sons & Co St Johns  
2 Cooper 3 7 months

3. What is the nature and locality of the employment you desire?

Clerk St Johns N.F.L.D.

4. What is the name of your Approved Society?

none

5. Have you been employed whilst with the Colours? If so, in what capacity?

Yes as a fruster

Date 8/3/18

Signature Harris Hill

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



Newfoundland Forestry Companies.

No 8262 Rank Pte. Name Wile H.

boarded

I recommend the above noted man to be ~~discharged~~ for the reasons

herein stated:-

This man had experience of various units  
in September - has done no work  
since & says he is not able.

Dunkeld, Perthshire,

Feb. 20<sup>th</sup> - 1918.

J. H. Taylor  
Actg. M. O.

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

# MEDICAL HISTORY

14 U.K.(C)

Surname Hill OF Christian Name Harris

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns - 55 Mary Meeting Rd.

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on 9 <sup>th</sup> day of July 1917	at St Johns	on _____ day of _____ 191	at _____
Declared Age	27 years	days	years	days
Trade or Occupation	Cooper.			
Height	5 feet	inches		
Weight	156.	lbs.		
Chest Measurement	Girth when fully expanded	inches		
	Range of Expansion	inches		
Physical Development				

COPY SENT TO  
 O. Sept. Q.  
 ST. JOHNS, N.F.L.D.  
 W.F.P. 38. No. Hobbs 1917  
 DATED 25 MAR 1918

	Right	Left	Right	Left
Vaccination Marks		1.		

When Vaccinated				
Vision	R.E.—V= L.E.—V=		R.E.—V= L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

(b) Hammer toe.  
Slight deafness in left ear.

Approved by (Signature) Lamont Paterson  
 (Rank) Major  
 Medical Officer.

Enlisted	at <u>St Johns</u>	on _____ day of _____ 1917	at _____	on _____ day of _____ 191
	Corps.	Regtl. No.	Corps.	Regtl. No.

Joined on Enlistment.... 1st Infantry 8762.  
Co

Transferred to .....

Became non-effective by	on _____ day of _____ 191	on _____ day of _____ 191
-------------------------	---------------------------	---------------------------

(Signature)  
 (Rank)

Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions, of treatment
	Day	Month	Year	Day	Month	Year			
Was Hospital Perch.	11	9	14	25	12	14	Varicose Veins	45	Complete healed etc



ital or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Complete examination of the lower part of the body  
needed at intervals  
C. R. Redmond  
R. M. S.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
July 12 <sup>th</sup> /17	Vacc. 27

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to **enable him to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

No  
No  
No  
No  
Constitutional.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Not applicable

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

Yes by labor service.

23. Is the disability permanent?

No.

24. If not permanent, how soon do the Board recommend re-examination?

Six months.

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

less than 20% (likely to cost)

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

26. If an operation was advised and declined, was the refusal unreasonable?

Not applicable

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) ~~Change to England?~~

Discharge as permanently unfit.

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

No.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Golubinski  
18 March 1918.

P. Macchewey Doves President.  
Members.  
W. J. King  
W. J. King

Golubinski

P. Macchewey Doves  
Administrative Medical Officer.



Date 18 March 1918.





**Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.**

No. 8262 Rank Private

Name (surname first) Hill Harris

Regiment Newfoundland Forestry Cos

1. State what special qualifications you have for employment in civil life.

Cooper



2. State the name and address of your last, or any other employer before enlistment, etc. the nature of employment and how long you were employed?

1/1 Bishop Sousa Co St Johns  
(2) Cooper (3) 7 months

3. What is the nature and locality of the employment you desire?

Clerk St Johns Afld.

4. What is the name of your Approved Society?

None

5. Have you been employed whilst with the Colours? If so, in what capacity?

Yes as a forester

Date 8/3/18

Signature Hill Harris

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

April 24th. 1918. *191*


From Assistant Adjutant.  
Depot.

To Paymaster and Officer i/c Records,  
Department of Militia.

8262 Private Hill, H.

Above mentioned man was recommended for discharge as permanently unfit by Medical Board held on April 23rd. 1918.

I am sending him herewith for your attention and necessary action, please.

  
Ass't Adjutant  
Depot The Royal Newfoundland Regiment  
St. John's, Nfld.