



Newfoundland Forestry Companies

ATTESTATION OF

No. 133 Name George Littlejohn Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>George Littlejohn</u> |
| 2. What is your full Address? | 2. <u>Tray Town</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>44</u> Years .. <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</u> |
| 6. Are you Married? | 6. <u>yes</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>Moth.</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, George Littlejohn 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.

George Littlejohn SIGNATURE OF RECRUIT.

James S. Wangles Signature of Witness.

8-10/17

George Littlejohn 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 11 day of May 1917

Signature of Attesting Officer H. J. [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

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 George Littlejohn
 Apparent age 44 years 1 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches Weight 130
 Range of expansion 2 inches
 Distinctive marks Hair brown Sandy. Bald - Eyes blue - Complexion light -
Crooked finger (little) on left hand - Burn on left cheek

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Florence Littlejohn
Tray Town
Alexander Bay | Relationship Wife
 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.

<u>Florence</u> ^(a) <u>Hollway</u> <u>Spinster</u>	<u>Grants Road</u> <u>Nov - 1988</u>	<u>Tray Town</u> ^(b) <u>Alexander Bay</u>	<u>J. J. W.</u> ^(d)
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Particulars as to Children

Christian Names	Date and Place of Birth
<u>Henry</u>	<u>male</u> <u>Mar 2nd 1901</u> <u>Alexander Bay Tray Town</u>
<u>Thomas</u>	<u>male</u> <u>Aug 4th 1903</u> " " " "
<u>Maggie</u>	<u>female</u> <u>Nov 8th 1909</u> " " " "
<u>Sophie</u>	<u>female</u> <u>Oct 9th 1912</u> " " " "

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 _____									<div style="font-size: 2em; font-family: cursive;"> Discharged Jan'y 30 1919 </div>
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____									

Medical Report on an Invalid.

Station **HAZELEY DOWN CAMP WINCHESTER**Date **NOVEMBER 27th., 1918**

- | | |
|--|---|
| 1. Unit NEWFOUNDLAND FORESTRY CORPS
2. Regimental No. 8133
3. Rank LITTLEJOHN GEORGE
4. Name
5. Age last birthday MAY 10th., 1917
6. Enlisted { on
at ST. JOHN'S | 7. Former Trade } LUMBERMAN
or Occupation }
7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(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).

D E B I L I T Y

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. **?**
10. Place of origin of disability. **KENMORE**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- SINCE JOINING HIS UNIT ON THIS SIDE HE HAS BEEN CARRYING ON HIS WORK CONTINUOUSLY AS A COOK. ABOUT A WEEK AGO WENT SICK COMPLAINING OF PAINS IN THE BACK AND CHEST. HE SAYS HE HAD KIDNEY DISEASE THREE YEARS AGO. HAS BEEN SENT TO DEPOT FOR REPATRIATION**
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).

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

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. | AGGRATATED BY STRAIN OF MILITARY SERVICE CONDITIONS

PARTLY CONSTITUTIONAL

N.A. |
|---|---|

Medical Report on an Invalid.Station **HAZELEY DOWN CAMP WINCHESTER**Date **NOVEMBER 27th., 1928**

- | | |
|---|---|
| 1. Unit NEWFOUNDLAND FORESTRY CORPS | 7. Former Trade } LUMBERMAN
or Occupation } |
| 2. Regimental No. 8133 | 7A. If with previous service in Army, state— |
| 3. Rank LITTLEJOHN GEORGE | (a) Former Unit; |
| 4. Name | (b) Regimental No.; |
| 5. Age last birthday MAY 10th., 1917 | (c) Date of Discharge; |
| 6. Enlisted { on | (d) Cause of Discharge. |
| at ST. JOHN'S | |

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***D E B I L I T Y**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.

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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).
- AGGRATED BY STRAIN OF MILITARY SERVICE CONDITIONS**
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- PARTLY CONSTITUTIONAL**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- N.A.**

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.

HE IS VERY DEBILITATED, VERY THICKENED ARTERIES AND IS ANAEMIC. IS 55 YEARS OF AGE AND UNFIT FOR HARD MANUAL WORK. HE HAS ADVANCED PYORRHOEA WHICH IS BEING TREATED HERE.

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?

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.

NEPHRITIS (THREE YEARS AGO)

20. Do you recommend—

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

DISCHARGED AS PERMANENTLY UNFIT FOR FURTHER MILITARY SERVICE

(SGD) J. STP. KNIGHT, CAPT. ROYAL NFD REGT.

Officer in medical charge of case.

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

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.

HAS RHEUMATISM FOR YEARS

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

(i.) Service during the present war ;

(ii.) Climate ;

(iii.) Ordinary military service ; **!!! AGGRAVATED BY**

(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? **STRAIN OF WORK**

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

23. Is the disability permanent ?

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. **20% 6 MONTHS**

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or **YES**

(b) Change to England ?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopædic 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 ?

Signatures :—

(SGD) N. S. FRASER President.

Station ST. JOHN'S

ARCH C. TAIT

Date JAN. 9TH., 1919.

L. PATERSON. MAJOR } Members.

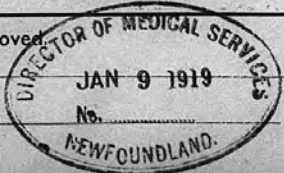
Approved

(SGD) CLUNY MACPHERSON. MAJOR

Station JAN 9 1919

Administrative Medical Officer.

Date No.



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
39.

Number of Sheet First

Regiment of Wild Forestry Company

Signature of O. C. Company W. A. K. [Signature]

Regimental Number and Name	
No. <u>8133</u>	<u>Geo Littlejohn</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment		Trade
Age on	44 years 1 months	<u>Lumberman</u>
Place and Date of Enlistment	<u>Grand Falls</u>	Religion
		<u>meth</u>
Period of	with Colours <u>2 1/2</u> years.	Place of Birth
	with Reserve <u>3 1/2</u> years.	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Class of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Memmore</u>	<u>3/4/19</u>	<u>Pte.</u>		<u>Absent from work until 11 am. 2/4/19</u>	<u>CSM Eaton</u>	<u>3 days C.E.</u>	<u>7/9/19</u>	<u>W. S. Cross</u>	<u>Forfeits 3 days pay by K.O.</u>
				<u>Demobilized S. J. 30/19</u>					

To be carried over



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 **GEORGE LITTLEJOHN**

Regiment from which discharged *1st. Newfoundland*

Regimental number **8133**

Intended address **ALEXANDER BAY**

Height on discharge **5** Feet **8**

Color of hair on discharge **BROWN**

Complexion **FAIR**

Color of eyes **GREY**

Descriptive Marks

Figure on discharge **MEDIUM**

Christian name of Father

Christian name of Mother **SARAH**

Wife's maiden name in full **FLORENCE**

Date and place of marriage **GREENSPOND 1899**

Christian names of children **HARRY THOMAS MAGGE SOPHIE**

Place and date of soldier's birth. **BRIGUS 1864**

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.) GEORGE LITTLEJOHN**

(Rank) **PTE**

Station **ST. JOHN'S**

Date **7/1/19**

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8153 Rank Pte Name Little John G
 Date of Enlistment 11.5.17 Address Traytown District Bona Vista
 Occupation Lumberman Classification for Discharge B Medical Category C
 Recommendation S.M.B. permanently unfit Disability Rating 20% 6 Mths
 Passed to Demobilization Officer with following documents:—

N.F. P 3494	1.	B 268		B 121	1.	N.F. Med.		D.F. 1	
B 178		W 3494		B 122		Board 1st		" 2	
B 178a	1	D 400A	2	B 1915		do 2nd		" 3	3
B 179	2	D 400B		Form L		do 3rd		" 4	
B 179a		D 400C		Form K		do 4th		" 5	
B 179b	1	B 103		ME 2		34637	1	" 6	
B 179c	1	B 120		M 93		NMD 97	1		

Date 14.1.19

W. Daley Capt.
O.C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £10.00
- (b) Clothing Supplied Joseph H. Brown

Date 14-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 489 to his home at Tray Zoon and Release Certificate No. 778 issued.

Date 14-1-19

Osborne Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 13-2-19

Date 14-1-19

W. M. Capt.
Depot Paymaster.

Discharge approved for 16. 1. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	1	B 268		B 121		N.F. Med.	X	D.F. 1		
F 178		W 3494		B 122		Board 1st		" 2	1	2
B 178a	11	D 400A	2	B 1915		do 2nd		" 3	2	
B 179	12	D 400B		Form L		do 3rd		" 4		
B 179a		D 400C		Form K		do 4th		" 5		
B 179b	11	B 103		ME 2		3463A	11	" 6		103463B
B 179c	11	B 120		M 93		Form 29711				

Date 15. 1. 19

Osborne Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Date JAN 16 1919

R. H. [Signature]
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Jan 16 1919

[Signature]
Officer in Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8133 Rank Private Name Little John G.
 Intended place of residence Traytown, Beavertown Dist.

2. Occupation Lumberman
 Classification of soldier B Medical Category C

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
 Date JAN 14 1919
W. H. 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
14. 1. 19
G. Little John
 Signature of soldier
W. H. 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 14-1-19
ST. JOHN'S
G. Little John
 Signature of soldier
W. H. Bate
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-5-17 No of days on Military
 Discharged from service 16-1-19 Plus 28 days Service 644 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
JAN 16 1919
R. H. 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.
January 30 1919
M. Bowley
 Officer i/c Records
 The Royal Newfoundland Regiment

Q2 B 2099/789