

# Newfoundland Forestry Companies

## ATTESTATION OF

No. 6/37 Name Alfred W. Hutchings Corps

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

1. What is your name? ..... 1. Alfred W. Hutchings
2. What is your full Address? ..... 2. Belvedere  
2 D Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 50 Years 7 Months
5. What is your Trade or Calling? ..... 5. Sumnerman
6. Are you Married? ..... 6. Yes
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes  
Metc
9. What is your Religion? ..... 9. ....
10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... 10. Yes { Name .....  
Corps .....

I, Alfred W. Hutchings 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.

Alfred W. Hutchings SIGNATURE OF RECRUIT.  
H. J. Fitzgerald Signature of Witness.

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

I, Alfred W. Hutchings 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 9th day of May 1917

Signature of Attesting Officer H. J. Fitzgerald. SMO

**†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).....



598  
July 11th., 1919.

From:- D. M. S.  
To :- The Secty., B. P. C.

8137, Pte. Hutchings, A. W.

Reference your memo of July 2nd. with regard to the marginally noted man.

I am unable to find a record in this office of a 60% disability being allowed this man I find the record of the board which says "100%" for 3 months, and then "40%" for 6 months." I note that the "40% for 6 months" is placed under "Pensionable Disability" but I am inclined to think that after three months the man would be sufficiently recovered from the operation to have his pension reduced to 40%.

There is no doubt whatever about the man being totally disabled, and both the English Board of June 4th. and our first board of July 9th. gave the man 100% as pensionable disability.

If therefore the man is totally disabled I feel that his disability is pensionable at the same rate.

CM-AMB.

Major, D. M. S.

P. S.: Since writing the above I find that the 40% for 6 months estimated by the Board of December 18th., 1918 was altered to 60% by the B. P. C.

This office would be greatly obliged, and have its work very much facilitated, if we are advised of alterations made from the findings of the Standing Medical Board both as to amount and time of pensions.

# 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, Nfld.,  
May 20th., 1919.

To:— O. V. Smith, Esq., M. D.,

Be-wood

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

Sir:—

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

Name

8137, Pte. A. W. Hutchings

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

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

Address

Be-wood

If another Registered Medical Practitioner is in your neigh-  
bourhood, 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 re-  
turned 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.

I have the honour to be,  
Sir,  
Your obedient servant,

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... **51** ..... on ..... Height... **5'10"** .. Colour of Eyes... **BROWNISH**  
Complexion... **DARK** ..... Colour of Hair... **DARK, GOING GREY** .. Marks of Identification  
**FRACTURE FIRST FINGER LEFT HAND. LOSS OF SECOND TOE LEFT FOOT**

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on... **DEC. 17 1918** .. and other necessary information, follows:—

Condition of Pensioner:— **OPERATION WOUND NOW HEALED. FEELING BETTER. GOOD APPETITE.**

**DISABILITY: CARCINOMA STOMACH**

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.)

Condition getting steadily worse. Sent him to St. John's for operation but on his return find him no improvement. Large hard mass over region of stomach Pensioner is only able to walk around the house getting fatigued on the least exertion.

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?

Increased due to growth of Cancer.

- (4) Will it materially increase or diminish? ... Increase.

- (5) Is the disability permanent? ... Yes.

- (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 as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

Total.

- (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 to or incurred during service?

(State in percentage.)

100%.

- (8) Would treatment reduce the prisoner's disability or increase his comfort?

No.

- (9) If so, is pensioner willing to accept such treatment, and when?

If not, why?

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

Place ... Botwood. ... O.V. SMITH. ... President

Date ... May 30/19. ...

Members

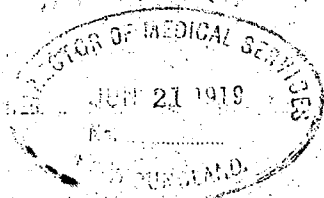
Pensioner's Signature..... A.W. <sup>HIS</sup> HUTHCHINGS.....  
MARK.  
Signature of Witness..... C.V. SMITH, M.D.....

CONTINUATION.

Approved for 100%.

Cluny Macpherson.

Major.



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 .. Botwood,.....

Date .. May 30/19.....

.. C.V. SMITH.....  
Medical Examiner.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
89.

Number of Sheet First

Regiment of 17th Forestry Company

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>8737</u>	Age on	<u>50</u> years <u>7</u> months	<u>Lumberman</u>	
Joined	Date	Place and Date of Enlistment	<u>Sp Fall</u> <u>9/5/17</u>	Religion	
Joined	Date			<u>Meth</u>	
Joined	Date	Period of	with Colours years.	Place of Birth	
Joined	Date				with Reserve years.

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	
				<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. P.38. No. <u>9913/80</u> DATED <u>22 JUN 1918</u></p> </div>						
				To be carried over						