



Newfoundland Forestry Companies

ATTESTATION OF

No. 7887 Name Dorman C. Pideout Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Dorman C. Pideout</u> |
| 2. What is your full Address? | 2. <u>Pilley's Island</u> |
| | <u>N. D. Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Swampman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>Meth</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> |

{ Name

{ Corps

I, Dorman C. Pideout

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.

Dorman C. Pideout SIGNATURE OF RECRUIT.

Frank C. Payne Signature of Witness.

8-30/4/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Dorman C. Pideout

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 2nd day of May

Signature of Attesting Officer H. J. Fitzgerald S.M.

†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

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)

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Dorman Rideout
 Apparent age 21 years 5 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded inches 40. 145
 Range of expansion inches
 Distinctive marks scar on forehead.

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Richard Rideout
Pilly's Island | 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 Re-serve 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>Transferred to R. M. Regt.</u>		<u>July 2 1917</u>					
		<u>Discharged at Louisville.</u>		<u>Nov 1st 1918.</u>					
Total Service forfeited as above.....									

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
32.

Number of Sheet First

Regiment of 77th Field Forestry Company

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Dorman C. Kidson</u>	Age on	21 years 5 months	<u>Lumberman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>30/4/17</u>	<u>Meth.</u>	
Joined		Date	Period of	Place of Birth	
		with Colours	1 1/2 years.		
		with Reserve	1 3/8 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
<u>[Signature]</u>	<u>12/9/18</u>	<u>P/O</u>	<u>1</u>	<u>Abstract from duty when wanted</u> <u>Abstract from Letter to Noelle 12.9/18</u>	<u>P/O Melan</u>	<u>Detachment of Forestry</u> <u>Rank</u>	<u>12/9/18</u>	<u>Lieut Col G. Hunter</u>	<u>7 1/2 days</u>
				<u>Medically unfit St. Johns 1/18.</u>					

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Medical Report on an Invalid.

Station Hayely Down Camp
Date 10/9/18

1. Unit Royal. Wfld. Regt
2. Regimental No. 8187
3. Rank Pte.
4. Name Ridout Norman
5. Age last birthday 22
6. Enlisted { on June 1917.
at St. John's Wf.
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. Na

8. Disability in respect of which invaliding is Proposed.

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

G.S.W.
Left scapula

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. April 20th/18
10. Place of origin of disability. Armentiers
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 he was struck with splinters of ex-shell in shoulder fracturing scapula. He was admitted s. L. G. Hosp and discharged as BIII id. A7B178.

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

13. What is his present condition? *There is a large scar 8 inches long over left scapula region limiting movements right shoulder joint inability to carry pack.*
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?
Na

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

16. Was an operation performed? If so, what?
yes. Cleaning up wound

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

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?
na

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.
na

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?
Discharged as permanently unfit for active service.

M.P.K. Capt R. Amie

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.

21. (a.) State whether the disability is clearly attributable to—
- also V. Sec. 13. also small scars behind right scapula. Scars healed*
- (i.) Service during the present war; *yes*
 - (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? *G. & W.*
22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
23. Is the disability permanent? *yes*
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?
- 40% 3 months followed by 20%*
- 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 *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. 1275 of 1917, is any surgical appliance recommended?
30. Does the man require the constant attendance of another person?

Signatures:—

H. S. Fraser President.

Station *St. John's*

J. Sinclair Tait } Members.

Date *Oct 18/18*

Approved _____
Station _____
Date _____



Cluny Macpherson
D. M. S. NEWFOUNDLAND.
Administrative Medical Officer.