



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3886

Name Ephraim Steckland Corps Meth

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Ephraim Steckland
2. What is your full Address? 2. Bonine Bay
3. Are you a British Subject? 3. yes
4. What is your age? 4. 21 Years 7 Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
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
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Ephraim Steckland 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.

F29-6-17 Ephraim Steckland SIGNATURE OF RECRUIT.
Brendan Samwell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ephraim Steckland 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 defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this 29 day of June 1917

Signature of Attesting Officer J. J. O'Leary 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 1st B. Co. Regt.

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

Date June 29 1917
Place St John's

Approving Officer. J. J. O'Leary Capt

† 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 Ephraim Stickland
 Apparent age 22 years 7 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Stickland
Bonne Bay | Relationship Father
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

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

3886



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3886 Name Ephraim Stickland Corps Infantry

Questions to be put to the Recruit before Enlistment.

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2. What is your full Address? 2. Bonne Bay
3. Are you a British Subject? 3. yes
4. What is your age? 4. 22 Years 7 Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
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
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name
Corps
FOR SERVICE } II. yes

I Ephraim Stickland 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.

Ephraim Stickland SIGNATURE OF RECRUIT.
29-6-17 Brandon Summitt Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ephraim Stickland 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 defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, 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 29 day of June 1917

Signature of Attesting Officer J. J. Blackley 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 1st Bn. N.F.R.

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

Date June 29 1917 }
 Place St. John's } Approving Officer. J. J. Blackley Capt.

† 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 Ephraim Stickland
 Apparent age 22 years 7 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 inches
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 Distinctive marks _____


INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Stickland
Bonne Bay | Relationship Father
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth
	

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>29-6-19</u>									
Joined at <u>St. Helier</u> on <u>June 29th 1917</u>									
<u>Discharged July 20 1919</u>									
<u>Embarked for Dover St. Helier to Halifax N.S. 4th</u>									
<u>Embarked for St. John's Nfld. 25th 1918</u>									
<u>Went to 3rd Bn. 4th B. Ontago 7-1-19</u>									
<u>Hospital Station from March 14-19</u>									
<u>2-2-19 transferred to 3rd L. 4th B. Wandsworth 13-2-19</u>									
<u>Went to 1st B. 1919 to Newfoundland for demobilization 22-5-19</u>									
<u>Arrived Newfoundland 1-6-19</u>									
Total Service forfeited as above.....					<u>Demobilization St. Helier</u>				<u>20-7-19</u>
Total Service towards Engagement to.....					<u>20-7-19</u> (date of discharge) <u>2</u> years <u>22</u> days				
Pensions									

Strickland, E.

3886

P. T. P. O.

Received 23-10-55

copy
 NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *1st Newfoundland* }
 7. Former Trade or Occupation } *Fishermen*
2. Regtl. No. *3886* 3. Rank. *Pl* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Stearns* } *Ephraim*
 (Surname) } (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on *29.6.17* at *St Johns*
 in category (or grade) *A*
8. If the disability is an injury was it caused
 (a) in action (b) on field service *NA*
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
 (a) When
 (b) Where *NA*
 (c) Opinion of Court
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *Nil*
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- Nil*

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
(b) The present condition thereof.

*Influenza 25-11-18
Debility following*

Now quite well

22. State whether the disabilities are:—

- (i) Service during the present war
(ii) Previous active service
(iii) Climate in pre-war service
(iv) Ordinary military service before the war
(v) Serious negligence or misconduct on the part of the soldier
Give details:

(a) Attributable to
(b) Aggravated by

No *No*
~~.....~~
~~.....~~
~~.....~~

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

Infection

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

14. State whether the disabilities are
- | | | |
|--|---------------------------|-------------------------|
| (i) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii) Previous active service | | |
| (iii) Climate in pre-war service | | |
| (iv) Ordinary military service before the war | | |
| (v) Serious negligence or misconduct on the man's part | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

Nil

15. What is his present condition?

(A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

In all cases such as facial nerve, ear, nose and throat, larynx, etc., a specialist's report is to be obtained with radiographs where possible and in cases of amputation the exact position should be stated.

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Nil

20. Do you recommend—

- (a) Discharge as permanently unfit?
(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers involved at Foreign Stations.

For dispersal & Classified in Grade T (one)

Sgt J. B. Parlyon Capt
Medical Officer in charge of case.

Station

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.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

Nil

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement

OR

- (b) In what other grade do the Board place him?
 (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Grade I (one)

Only to be answered where the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
 (b) Transport from railway station to his home?
 (c) The constant attendance of another person in his own home?

3rd London General Hospital
 WANDSWORTH, S.W.

Signatures:—

Sgt Frank Baleson Col
W. E. ...

President or Chairman.

Members.

Station
 Date *19. 2. 19*

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station
 Date
 Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date
 O.C. Discharge Centre.

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland
 Rank Pvt Surname Stickland Christian Name S. P. ...
 Religion Meth. Age on Enlistment 22 years 10 months
 Enlisted (a) 29.6.17 Terms of Service (a) Duration Service reckons from (a) 29.6.17
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b) ...
 or Corps Trade and Rate Capt
 Occupation Fisherman Signature of Officer. J. R. ...

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.101, Army Form A. 30, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.101, Army Form A. 30, or other official documents.
Date	From whom received				
			Embarked ...	3 FEB 1918	
			Disembarked...	6 FEB 1918	
	<u>H. Adams</u>	<u>Adm. 12 Co. D.</u>	<u>St. Aubert</u>	<u>8.12.18</u>	<u>40. 2595</u>
<u>3.1.19</u>	<u>W.D.</u>	<u>Adm. 3 Bn. 9th</u>	<u>Boulogne</u>	<u>7.1.19</u>	<u>40. 3393</u>
<u>20.1.19</u>	<u>W.D.</u>	<u>Embarked for war.</u>	<u>Boulogne</u>	<u>14.1.19</u>	<u>40. 3083</u>
<u>22.7.19</u>	<u>W.D.</u>	<u>F. Denis</u>			
					<u>1st Co. 1, Infantry Section, G.H. Coy, 3rd Battalion.</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shipping-Smith, &c.

W. 1124—M1125 20000 1/17 (1927) S.P.A. Co. Ltd. Form B. 103/4 R. 1/54.

[P.T.O.]

N^o 3347



1ST. NEWFOUNDLAND REGIMENT 8

ALLOTMENTS

I, Cyprus Stickland, Regl. No. 3886

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Twenty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins August 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3111	Wife	<u>Wm. Stickland</u>	<u>Corner road, Bury Head</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]
 Officer Commanding
 Company
[Signature]
July 31 1917

(Sig.) Cyprus Stickland
 (Rank) He

No 3347



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ephraim Stickland, Regl. No. 3886

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and 20 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins August 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3111	Father	Wm. Stickland	Bonne Bay Baraboy Head	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) _____
 Officer Commanding
 Company

 1917

(Sig.) Ephraim Stickland
 (Rank) Private

No. 3256 Rank Pte Name Stokland E

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			60
Net Rate			50

DEBITS	Date	£ s d		CREDITS	Period		Days	Rate	£ s d										
					From	To			£	s	d								
Balance				Balance		2/4/9													
Acquittance Rolls				Pay @ Net Rate	2/4/9	20/4/9	18	50	9.00	1									
Hospital Advances		1	0	0	R.A.	20/4/9	1/3/9	10	2/1										
A.B. 64.																			
P.&.R.O. Payments					Bal. Cr.														
					£ 3-11-11														
cash	1366	2/2/19.	3	10															

£ 1-0-0

Handwritten initials and date:
 B.H.
 20/2/19

RECEIVED
 11/11/19

No. 3586 Rank Plt Name Stickland E.

100 10 110
60

DEBITS	Date	E	S	D	CREDITS	By	To	Amount
Balance					Balance			20 1/8
Acquittance Rolls					Pay @ Net Rate			21 1/8 27 1/8 38
Hospital Advances		1	0	0	R. A.			26 1/4 2 2/7 8
A.B. 64.		2	9	10				2/1
P. & R. O. Payments								16 8
Cheque 11578	27/9	19	0	0				22 11 7

M. R. 27/1/19
£3-9-10

~~£4-1-9~~

MEMORANDUM COMMENT

P.D. 099845
N.F.P. / 70.

No. 7445/1474.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
1/Bn Royal Newfoundland Regiment.
Winchester.

18th May 1919

3886 Pte Strickland E.

With reference to the following telegram from the Minister of Militia / / 19 (185.):

"Pay to- 3886 Strickland.
£5:0:0:

Cheque £5:0:0: is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H. A. Munnell
Chief Paymaster & O. i/c Records.

1919.

Receipt hereunder.

Officer Commdg. Batt'n.

Received the sum of Five
Pounds only. in respect of telegraphic remittance from the Minister of Militia.

E. Strickland

No. 236 Rank Private

Witness: [Signature]

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3886 Rank Lt. Name Shekland G.
 Intended place of residence Bonne Bay, St. John's
2. Occupation Fisherman
 Classification of soldier F Medical Category 7 F.
3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 4 1919

[Signature]
 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, ST. JOHN'S

Date JUL 4 - 1919

G. Shekland
 Signature of soldier

J. H. Snow
 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, ST. JOHN'S

Date JUL 4 - 1919

G. Shekland
 Signature of soldier

J. W. Chancy
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-6-17 No. of days on Military
 Discharged from service 6-7-19 Plus 14 days Service 752

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 6 1919

R. H. Lint
 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

Date July 20/1919

[Signature]
 Officer in Charge Records
 The Royal Newfoundland Regiment

279/3183



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

Stickland, Ephraim

Regiment from which discharged

Royal Newfoundland

Regimental number

3886

Intended address

Bonnaville Bay St Barbe

Height on discharge

5 Feet

Color of hair on discharge

Black

Complexion

Ruddy

Color of eyes

Blue

Descriptive Marks

Scar Ear

Figure on discharge

Medium

Christian name of Father

William

Christian name of Mother

May

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Bonnaville Bay 7-10-1895

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)

Ephraim Stickland

(Rank)

Station

H. P. S.

Date

1-7-19

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 in Hospital.
Unit or Command Depot.

Station

Date

No. *3886* Name *Stickland E.* Sqn., Batty., or Company } *D* Corps *Newfoundland Regt* Date of enlistment } *29/6/17* G.C. Badges }
 Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *1* Signature O.C. Company, etc. } *I. P. [unclear]* Character *Good*

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

Army Form B. 122

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
29.

Number of Sheet First

Regiment of 1st Newfoundland

Signature of O. C. Company _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>3886. Stickland E.</u>	Age on <u>22</u> years <u>7</u> months		<u>Fisherman</u>	
Joined _____	Date _____	Place and Date of Enlistment } <u>St. John's</u>		Religion	
Joined _____	Date _____			Period of } with Colours <u>22</u> years. with Reserve <u>23 1/2</u> years.	
Joined _____	Date _____				
Joined _____	Date _____				

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
									<p style="font-size: 1.2em; font-family: cursive;">Demobilized St. John's, 20 ⁷/₁₉</p>

To be carried over

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. 3886



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia.

Line Number	Red	By	Sent	by	Check

Dated **Jan. 18th, 1919**To **William Stickland, Bonne Bay**

Regret to inform you that Record Office, London,
officially reports **No. 3886, Private Ephraim
Stickland at City of London Military Hospital, Clapton
England suffering from influenza**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 3886

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT IN FRANCE DATED 31/1/19.

Invalided to England, SICK.

3886 Pte. E. Stickland.

14/1/19.

C.R.

3886

Extract from Casualties received from Pay & Record
Office. Feb.17th,1919.

3886 Pte. Strickland.

Was admitted to the 3rd London General Hospital
S.W.18. 13-2-19.

C.R. 3886

Extract from Casualties received from Pay and Record Office
London, dated 21st , February 1919.

The undermentioned was discharged from the 3rd., London
General Hospital and granted furlough to 1/3/19.

3886 Pte. E. Strickland.

C.R.

3886

Extract from Daily Orders Part 11 Depot. St. John's,

Date June 18th 1919.

3886, Pte. E. Strickland.

Reported at Headquarters

1/6/19.

NZ "Corsican"

which sailed Liverpool May 22/1919.

C.R. 3886

Extract from Daily Orders by Lt.Col. B.J.Barton, D.S.O.
Commanding Royal Newfoundland Regiment. 3-3-19.

~~Strickland~~ The following having reported back from the
1st Battalion is taken on the Strength and posted to "H"
Company. from/-3-19.

3886 Pte. E. Strickland.

C.R.

3886

Extract from Casualties received from Pay & Record
office, Feb.17th,1919.

The undermentioned was transferred from City of London
Mil. Hospital, Clapton, to 3rd L.G.Hospital,13-2-19.

3886 Pte. E. Strickland.

C.R. 3886

Extract Of casualties from Pay & Record Office, London, Jan.

28/1/19.

#3886 PTE. E. STICKLAND.

Was granted furlough by O.C., City of London, Mil. Hospital from
26/1/19 to 2/2/19, to return to further treatment.

Memo from City of L. Hospital.

C.R. 3886

Extract from Telegram from Synoptical to Mil. dated Jan. 17th. 1919.

City of London Military Hospital Clapton. Influnza

3886 Stickland.

C.R. 3886

Extract from Casualties received from Pay & Record
Office, London, 17-1-19.

Admitted to City of London Military Hospital, Clapton
14-1-19.

3886 Pte. Ephraim Strickland.

Influenza.

C.R. 3886

Extract from Casualties.....List No. H.A. 33969.

3886 Pte. E. Strickland.

L/Hfld. Regt. Adm. 3 Can. Gen. H. Boulchre 7 Jan. 1919.

Influenza Mild.

C.R. 3886

Extract from Casualties..... List No. H.A. 32583.

3886 Pte. E. Stickland.

1/Nfld. R. Adm. 55 Gen. H. Boulogne Dec. 3rd, 1918.

Influenza.

SICK AND WOUNDED M.C.O.'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3886

MACHINE GUN CORPS.

No. H.A. 32925

ATM 12 CON DEP AUBERGUE 8 DEC'18.

137532	Pte. Ravenscroft J.	55/M G Battn.	Sub-acute appendicitis
158814	" Hardman S.	12/M G C	Influenza.
98267	L/G North C.	12/ " late 4/Lancs Fus.	"
152759	Pte. Hurlley H.	16/M GC	Diarrhoea. Slt.
116790	Cpl. Johnson A.V.	55/MGC	Neuritis Knees.
57010	Cpl. Knapp A.	57/Battn.MGC.	P.U.O. Slt.
139434	Pte. Groves J.	39/MGC.	Influenza. Slt.
280811	" Delaney W.	29/MGC	DAH Slt.
489197	" Drake J.B.	2/ "	Sprain wrist rt.

DIST TO DETLS CAMP TERLINGTHUN EX 12 CON DEP 8 DEC'18.

156617	Pte. Goodes E.F.	58/MGC.	ICT Foot R. Slt.
154498	" Wilmoth E.	16/ "	Influenza.
136391	Gnr. Hall J.H.	1/ "	Influenza.
122720	Pte. Barnett T.	57/ "	Enteralgia Slt.
132707	" Matterface W.R.	24/ "	ICT Finger rt. Slt.
123095	" Harvey E.	57/ "	Inf. of Stomach Slt.
156625	" Forshaw F.W.	101/ "	Cont. leg rt. Slt.
126962	" Woolley E.F.	38/ "	Trench Fever Slt.
162639	" O'Keefe J.	57/ "	Influenza Slt.
14061	" Scarboro A.	8/ "	" "

NEWFOUNDLAND EXPEDITIONARY FORCE.

No. H.A. 32925

ATM 12 CON DEP AUBERGUE 8 DEC'18.

3886	Pte. Stickland E.	1/Newfoundland	Influenza. Slt.
------	-------------------	----------------	-----------------

C.R. 3886

Extract from Nominal Roll embarked Southampton 4/8/18 Draft
No. 56, 200 Other Ranks, from 2nd., (Reserve) Batta, Royal
Newfoundland Regiment, and proceeded to join the 1st., Batta,
Royal Nfld., Regt., B. E. F.;

#3886 Pte. E. Stickland,

C.R. 3886

Extract from General Hill's dispatch to J. J. J. for overseas.
for U.S. "Florida" Aug. 6, 1917.

3886 Pts. E. Strickland.

C.R. 3886

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, June. 29th, 1917.

3886 Pte. E. Strickland.

Attested this day posted to F. Coy, and assigned number
as shown.

Stickland, E

3886

Sept

C.R. 3886

Extract from daily orders 1st Bt. II Royal Newfoundland
Regiment Depot St. John's dated July 8th 1919.

The discharge of the undernated on demobilization has
been APPROVED by G.O. Discharge Depot with effect from
following date July 8th 1919..

4372, Pte.

3886, Pte. E. Stickland.

Pairing Record file required

Ethuan Steppard

H.

Ernest

Archibald

Engineering

3886

29.6.400

H.

MS

C.R. 3886

Extract from Daily Orders Part II Unit The Royal WFL. Regt.
St. John's, July 25th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by Officer i/c Records from 20-V-19.

3886 Pte. Ephraim Stickland.

July 22, 1919

#3886 Pte. Ephraim Stickland,
Bonne Bay,
St. Barbe Dist.

Dear Sir:-

Please find enclosed Discharge Certificate #3183.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

Class for Demobilization:—

E

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 3-16-19

Regimental No 3886

Name Strickland Graham Rank Plt

Address Bonne Bay

Present Medical Category A1

Recommended for:— { (a) Immediate discharge
(b) ~~Standard Medical Board~~

Members of Board {

R. H. East
O.C. Discharge Depot.

J. Robinson
Senior Medical Officer

Geo Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 3886 Rank Plt Name Stuckland E

Date of Enlistment 29-6-17 Address Bonny Bay District St. John's

Occupation Fisherman Classification for Discharge E Medical Category H.I.

Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 263	ME 2		" 6
B 179c	B 120	M 93		

Date 3/7/19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E Stuckland

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$ 60

(b) Clothing Supplied _____

Date 4-7-19

O j.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2164 to his home at Bonne Bay and Release Certificate No. 3195 issued.

Date 4-7-19

J. H. Snow 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

Date 4-7-19

J. H. Snow Capt.
Depot Paymaster.

Discharged approved for 6-7-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. 1336	B 268	B 121	N.F. Med	D.F. 1	3 Form B
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 100	ME 2		" 6	
B179c	B 120	M 93			

Date 4-7-19

J. H. Snow Capt.
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 6 1919

Date

R. H. Sait MAJOR
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

E. Stichland

Signature of Man.

J. H. Knudsen

Signature of the Vocational Officer or his Representative.

Reg. No. 3886

Place **ST. JOHN'S.**

Date 4-7-19.

191

July 26th 1919.

#3386, Pte. Ephraim Stickland,

Bonne Bay

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of war Ser-
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name Ephraim 2. Surname Starcreekland
3. Rank Pvt 4. Regtl. No. 2886
6. Address in full to which future payments of gratuity are to be forwarded Bonne Bay
6. Date of enlistment in the Regiment June 20/17
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents NO
9. Address in full of such dependents NO
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? NO
11. Were you on active service only in field, if so, give dates and particulars of such service Overseas
12. Give total length of time which you served on active service, whether in field or Overseas Twenty five months
- 13

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

no

15. Have you been issued with a War Service Badge?

no

16. Have you, during the present war, served in the Imperial Forces?

no

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

no

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

no

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

no

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge.

July 18/19

no

Remobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.

France, Belgium and Germany.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant:

Ephraim Stickland

Place of Residence:

Bone Bay,

Declared before me at:

St Johns afd.

This

4th day of *July* 29, 19*19*...

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits.

John M. Carthy

POST DISCHARGE PAY.

Date paid Paid
Soldier. Dependant.

War Service
Gratuity.

Net amount
due

5 mes

100 00

Certified correct.

Esq. Justice

7e

ST. JOHN'S, JUL 4-1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte E. Stickland

Billeting Soldiers as undermentioned

from June 1/19 to June 30/19

3886 Pte E Stickland 31 00

ACCOUNT	_____
CH. N.	2298
IND. LEDGER	_____
PAY LEDGER	_____
GEN. LEDGER	_____

John Snow

Certified correct for \$ 31 00

J. A. Snow
Billeting Officer.
E. Stickland

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 388A Rank Plt. Name Stickland, E.
 Date of Enlistment 29-6-17 Address Barrington Bay District St. John's
 Occupation Fisherman Classification for Discharge 1/1 Medical Category A.C.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/38	B 268	B 121	N. F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 3-7-19

O. C. Discharge Depot. Miss H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E. Stickland

Particulars passed to Vocational Officer for information and action.

Date 3-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60

(b) Clothing Supplied _____

Date 4-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R 2164 to his home
 at Boume Bay and Release Certificate No. 3193 issued.

Date 4-7-19

J. H. Snow 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

Date 4-7-19

J. H. Snow Capt.
 Depot Paymaster.

Discharge approved for 6-7-19
 Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	<i>Form B</i>
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 4-7-19

J. H. Snow Capt.
 O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 6 1919

Date

O. C. Discharge Depot.

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

Date July 21 1919

J. H. Snow Capt.

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

MEDICAL HISTORY

Surname Stickland

Christian Name John



Table I.—GENERAL TABLE.

Birthplace:—Parish Bonaville Bay County St. John's

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>29</u> day of <u>June</u> 191 <u>7</u> at <u>Headquarters</u>		on	day of 191
Declared Age	<u>22</u> years <u>7</u> days		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches
Weight	<u>134</u> lbs.			lbs.
Chest Measurement	Grith when fully expanded <u>37</u> inches			inches
	Range of Expansion <u>4</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V=	L.E.—V=
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to Cause rejection				
Approved by (Signature)	<u>Lionel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u> on <u>28</u> day of <u>June</u> 191 <u>7</u>		at	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Regt. D. 3886</u>			
Transferred to	<u>Regt.</u>			
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 in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	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
	Day	Month	Year	Day	Month	Year				
AMHURST PARK V. A. D. HOSPITAL, 9, AMHURST PARK, N. 16.	14	7	19	13	2	19	Influenza		From 3 London General Hosp.	
3 rd Lon Gen Hosp.							Nil.		<p>Board held :- See overleaf.</p> <p>Prognosis :- debility following influenza. now quite well.</p> <p>Cause :- Nil.</p> <p>Disablement :- Nil.</p> <p><i>W. J. Miles</i> Col. A. S.</p> <p>1st Comdg. 3rd. London Gen. Hospital.</p>	

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service for consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *1st Newfoundland* 7. Former Trade or Occupation } *Fishermen*
2. Regtl. No. *3886* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Stickland Ephraim* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on *29.6.14* at *S^t Johns* in category (or grade) *A*
8. If the disability is an injury was it caused
- (a) in action (b) on field service *NA*
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When
- (b) Where *NA* (d) Particulars of Pension or Gratuity (if any)
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

*Influenza 25.11.18.
Disability following -
now quite well.*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

In all cases such as facial injuries, eye, ear, nose and throat, disfigurement, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation, the exact position should be stated.

15. What is his present condition ?
(A note should be made as to Weight in all cases where it is likely to afford evidence of the progress of the disability.)

nil.

16. Was an operation performed? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

nil.

20. Do you recommend—
- (a) Discharge as permanently unfit ?
 - (b) Change to United Kingdom ?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*In Discharge & Classified
Grade 1 (etc)
H. B. Carlson Esq
Medical Officer in charge of case.*

Station

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.

22. State whether the disabilities are:— (a) Attributable to (b) Aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the part of the soldier
- Give details:

no. no.

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it ?

Infection

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last ?
 - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

lie

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Grade I (one)

Only to be answered where the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Brig Gen General Hospital,

Hamudateson President or Chairman.

Station *WALTON, WORTH, S.W.*

W. R. W. G. H. G. H. G. H. Members.

Date *19. 2. 19.*

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station

Officer in charge, Central Hospital.

Date

OR

Discharge Approved under Para. 392 () King's Regulations, or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date

Only applicable in cases of Patients in Hospitals.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 3896.....Rank... Pte......Name... Stickland, Ephraim.....
(Surname) (Christian Names)Unit and Corps } 1st Newfoundland
Rgt.

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

France

(b) In what capacity?

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

Influenza and Debility

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

V. B. D. Hospital
Amhurst Park
Stamford Hill

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

Mr. William Stickland
Bonne Bay
N. Y. I. D.

8. (a) What was your occupation before joining the Army?

Fisherman

- (b) What was your trade before joining the Army?

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station 3rd London General Signed (Soldier) Stickland, E.

Date 13/8/19 Signed E. C. Clarke

The Royal Dfld. Regiment

DEMOBILIZATION

No. *5886* Rank

Name *Strickland*

Warned for demobilization on

JUL 4 1919

Reg. No. 3886 Rank PL-1 Name Stickland, E.

Attested Address Bonus Bay

Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Corsican Cause Discharge

47 19
67 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.