



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4986 Name Wm Stickland Corps Inftry

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wm Stickland
2. What is your full Address? 2. Bay de East, L'Anse-au-Loup
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Seaman
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, Wm 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.

H-5-18 Wm Stickland SIGNATURE OF RECRUIT.

J. J. [Signature] SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm 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 11 day of May 1918.

[Signature] Signature of Attesting Officer CS Dicks, Lieut.

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 May 11 1918
 Place St John's } 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).....

C.R. 4986

Extract from Daily Orders part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by officer i/c records from noted date
12-8-19.

4986, Pte. Wm. Stickland.

C.R. 4986

Extract from Daily Orders Part II Unit The Royal
Hfld. Regt, St. John's, July 16th, 1919.

The discharge of the interneted on demobilization has
been APPROVED by C.O. Discharge Depot, with effect from
29-7-19

4986 Pte. W. Stickland.

C.R. 4986

Extract from Daily Orders Battalion Under The Royal Wfld.
Regt. St. John's, July 1919.

4986 Pte. W. Strickland.

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 4980

Extract from Daily Orders part 11, from Unit The Royal
Field Regt. St. John's, dated July 28, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 28, 1918.

#4986 Pte. William Stickland.

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 13, 1918.

#4986 Pte. W. Stickland.

Attested for General Service with the Royal Nfld. Regt.
from 10.5.18 to report 24.5.18

W. Siskland

C.R.

4986

~~1890~~

18108/1976

2/Bn Royal Wfld. Regt.
Winchester.

7th November 8
4986, Pte. W. Strickland,

9591

Pay to 4986 Strickland £4:0:0

4:0:0

No. 18108/1975

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Wfld. Regt.
Winchester.



7th November 1918

November 13 1918

Subject: 4986, Pte. W. St~~u~~ickland, B

With reference to the following telegram (9591) from the Hon. Minister of Militia, received

Pay to 4986 St~~u~~ickland £4:0:0

Draft £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. [Signature]

Chief Paymaster & O. 1/c Records.

Receipt hereunder,
Warrant Major for LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of Four
pounds on account of
cable remittance from Newfoundland.

^{his}
W. St~~u~~ickland

^{marks}
No. 4986 Rank Pte

Witness J. [Signature]

Strickland, W

4986

Hay sept

August 14, 1919

#4986 Pte. Wm. Strickland,
Rose Blanche.

Dear Sir:-

Please find enclosed Discharge Certificate #3717.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4986 Rank. Pte Name. Strickland W.
 Intended place of residence. Rose Blanche

2. Occupation Orphan
 Classification of soldier. E Medical Category. A1

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 14 1919

H. M. H.
 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 14 1919

W. Strickland
 Signature of soldier

W. Strickland
 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 14 1919

W. Strickland
 Signature of soldier

W. Strickland
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 11-5-18 No. of days on Military
 Discharged from service. 28-11-19 Plus 14 days Service. 458

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 28 1919

N. R. Cooke
 Officer in Charge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 11/1919

M. Bowley, Capt
 Officer in Charge Depot
 The Royal Newfoundland Regiment

2079/3717

28
30
31
11
100

The Royal Newfoundland Regiment

Class for Demobilization:—

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No. *4986*

Name *Stuckland Wm*

Address *Rose Blanche*

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

H.R. Cooper Capt.
O. C. Discharge Depot.

Peterson
Senior Medical Officer

Swinden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 98 Rank Pvt Name Strickland, W.
 Date of Enlistment 11-2-18 Address St. John's District B. + S. 100
 Occupation Stoker Classification for Discharge E Medical Category A. 1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.F. P/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 103 | ME 2 | | " 6 |
| B 179c | B 120 | M 93 | | |

Date 13 July

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 #60.00
 (b) Clothing Supplied

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ^{P2400} to his home
 at Rose Blanche and Release Certificate No. 3597 issued.

Date 14-7-19
 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 11/19

Date 14-7-19
 Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|------------|---------|---------|------------|---------|
| N.F. P/36. | B 268. | B 121. | N.F. Med. | D.F. 1. |
| E 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. | | |

2 Form B

Date 14-7-19
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 28 1919
 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.

Stuckland W

Signature of Man.

W. Blount

Reg. No. 4986

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

14th 7 19

191

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

MEDICAL HISTORY

Surname

Stickland

OF

Christian Name

William

Table I.—GENERAL TABLE.

Birthplace:—Parish

Bay St. East, Cape Breton County Nfld

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---|-----------------|------------------|------------|
| | on | at | on | at |
| Examined | 11 ^{days} May 1918 | <i>S. Phuo</i> | day of | 191 |
| Declared Age | 19 years | days | years | days |
| Trade or Occupation | <i>Fisherman</i> | | | |
| Height | 5 feet | <i>4</i> inches | feet | inches |
| Weight | 131 lbs. | | | lbs |
| Chest Measurement | Girth when fully expanded... 36 inches | | | inches |
| | Range of Expansion... <i>4 1/2</i> inches | | | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | / | | / | |
| When Vaccinated | | | | |
| Vision | R.E.—V— | <i>6/10</i> | R.E.—V— | |
| | L.E.—V— | <i>6/10</i> | L.E.—V— | |
| (a) Marks indicating congenital peculiarities or previous disease | | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | | | (b) | |
| Approved by (Signature) | <i>James Barron</i> | | | |
| (Rank) | <i>Major</i> | | | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at <i>S. Phuo</i> | at | | |
| | on 11 day of May 1918 | on | day of | 191 |
| | Corps. | Regtl. No. | Corps | Regtl. No. |
| Joined on Enlistment | <i>The Royal Nfld Regt H 986</i> | | | |
| Transferred to | <i>Nfld Regt</i> | | | |
| Became non-effective by | on | day of | 191 | on |
| (Signature) | | | day of | 191 |
| (Rank) | | | | |

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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. *H. Inf. Highland*..... 7. Former Trade or Occupation } *Fisher*
2. Regtl. No. *H496* 3. Rank, *Pvt.*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Shepherd* *W. J.*..... (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *21*.....
6. Posted for duty on....., at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(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 (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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. *nil*
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*

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, disabilities, 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 when it is likely to afford evidence of the progress of the disability.)

No complaint of no disability

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 ?

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.

Pre-treatment

W.E. Proemier, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Mozeley Road*

Date *2/4/19*

* 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



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

McKlans William

Regiment from which discharged

Royal Newfoundland

Regimental number

27986

Intended address

Rose Blanche, B. & Lapins

Height on discharge

5 feet 5

Color of hair on discharge

Black

Complexion

Dark

Color of eyes

Grey

Descriptive Marks

None

Figure on discharge

Christian name of Father

Nehemiah

Christian name of Mother

Esthelle

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Bay East - 23 Oct. 1899

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)

William McKlans

Mark Watson (G.D.)

(Rank)

Private

Station

St John's

Date

8-17-29

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

August 1919

Mr. William Stickland,
Rose Blanche.

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 Service Gratuity.

Yours truly,

Captain & Paymaster.

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..... William 2. Surname..... Sherwood
3. Rank..... Pte 4. Regt. No..... 4986
5. Address in full to which future payments of gratuity are to be forwarded..... Rose Blanche
6. Date of enlistment in the Regiment..... May 1918
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... no
8. Relationship of such dependents..... /
9. Address in full of such dependents..... /
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... Overseas
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... Fourteen months
- 1.1

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...

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.

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

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

19. Are you now serving in the R.A.F.? *no* If not give:- (a) Date of discharge. *July 28/19* (b) Reason for discharge.

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.
England

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: *William X Stuckland*
 Place of Residence: *Rose Blanche*
 Declared before me at: *St John's*
 This *14* day of *July* 19*19*....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John M. Carthy J.P.*

| POST DISCHARGE PAY. | | | | | |
|---------------------|---------------|-----------------|-----------------------|-------|----------------|
| Date paid | Paid Soldier. | Paid Dependent. | War Service Gratuity. | | Net amount due |
| | | | | | |
| | | | | | |
| Certified correct. | | | | | |

Rose Blanche
October $\frac{14}{20}$ 1921

Dear Sir i have only
received two months pay
from war service is i
intitled to any more
The next get four months
pay. if any more like
to get it from yours.

~~pte william~~
He
pte william stickland
no 4986.

Rose Blanche
west coast

Handwritten notes at the top left, possibly a name or title.

Large block of handwritten notes, mostly illegible due to being mirrored or written upside down.

| | | |
|------------|------------|------------|
| Ch. 1st 14 | m. Rose A. | Aug 17/19 |
| 9921 | do | Sept 15/19 |
| 15524 | do | Oct 13/19 |
| 17524 | do | Nov 15/19 |

| | | |
|-------|--------------|-------------|
| 6244 | Royals (R.A) | Oct 13/1919 |
| 9921 | do | Nov 7/1919 |
| 15524 | do | Nov 17/1919 |
| 17524 | do | Dec 18/1919 |

Additional handwritten notes at the bottom left, including some numbers and possibly names.

October 29th.1921

Ex-Pte. William Stickland,(4986)

Rose Blanche.

Dear Sir:-

Referring to your letter of Oct.20th.,I beg to state that four che us for \$70.00 each were mailed to you at Rose Blanche,on the following dates,viz.,

August 15th.1919
Sept. 15th.1919
Oct. 13th.1919
Nov. 15th.1919

All four cheques were cashed by the Royal Bank of Canada, Rose Blanche,on the following dates,viz.,

Oct. 13th.1919
Nov. 7th.1919
Nov. 17th.1919
Dec. 18th.1919

and the signatures of the endorsement are all the same. I cannot understand,therefore,why you state that you only received two,as your name is written on the back af all four in exactly the same handwriting.

Yours truly,

Major
Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company C. A. Dicks Lieut

| | | | | | | | |
|------------------------------|-------------------------|------------|------------------------------|------------------|---|--|----------------|
| Regimental Number and Name * | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | | |
| No. | 4956. <u>Stobbes Wm</u> | Age on | 19 years months | <u>fisherman</u> | | | |
| Joined | | Date | Place and Date of Enlistment | | | | Religion |
| Joined | | Date | with Colours | with Reserve | | | Place of Birth |
| Joined | | Date | with Reserve | years. | | | years. |
| Joined | | Date | | | | | 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>Demobilized Stobbes 11/19</u> | | | | | |

To be carried over

Army Form B. 121.

C.R. 4986 Army Form 178a

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and 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. *Royal Newfoundland*
- 2. Regtl. No. *4986* 3. Rank. *plc*
- 4. Name *H. Orland* *Wm*
(Surname) (Christian Names)
- 5. Age last birthday *21*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Volunteer*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(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 (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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 general 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: *nil*
- 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*

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? } *The complaint of a disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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 when it is likely to afford evidence of the progress of the disability.)

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?

Repatration

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.

W. Proemier. Capt Rame

Station *Hazleclough*

Medical Officer in charge of case.

Date *2/4/19*

* 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

The Royal Newfoundland Regiment

9198

DEMOBILIZATION OF

Reg. No. *98* Rank *Plat* Name *Strickland, W.*
 Date of Enlistment *11-5-18* Address *St. Blanche* District *St. John's*
 Occupation *Fisherman* Classification for Discharge *Fy* Medical Category *H.I.*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

| | | | | |
|----------|--------|--------|-----------|--------|
| N.F. P36 | 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 *12-7-19* O. C. Discharge Depot *St. John's*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Strickland
Mer. sent to J.L.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *\$60.00*
- (b) Clothing Supplied *None*

Date *14-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112400 to his home at Rose Blanche and Release Certificate No. 3597 issued.

Date 14-7-19 *Amblewhite*
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 11/11/19

Date 14-7-19 *W. H. M. H. H.*
Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.F. P/36 | B 268 | B 121 | N.F. Med. | D.F. 1 |
| F 178 | W 3494 | B 122 | Board 1st | " 2 |
| F 178a | D 400A | B 1915 | do 2nd | " 3 |
| B 179 | D 400B | Form L | do 3rd | " 4 |
| " 179a | D 400C | Form K | do 4th | " 5 |
| " | B 103 | ME 2 | | " 6 |
| " | B 120 | M 93 | | |

2 Form B

Date 14-7-19 *Amblewhite*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 28 1919 *R. R. Coope Capt*
O. C. Discharge Depot.

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

Date Aug 4 1919 *W. H. M. H. H.*

Reg. No. 4986 Rank Y6 Name Strickland Wm
Attested Address Bay de La
Allotment Allottee
Date of Allotment Returned from Overseas JUL 1 1919
Returned on S.S. Cassandra Cause Discharge

147 9
289-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APP