



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5449 Name Hubert Stratton Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>Hubert Stratton</u> |
| 2. What is your full Address? | 2. <u>Valleyfield Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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. <u>Yes</u> |

I, Hubert Stratton 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.

Hubert Stratton SIGNATURE OF RECRUIT.

Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hubert Stratton 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 endorsed 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 25 day of May 1915

Raymond Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

C.R. 5449

extract from daily orders part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has
BEEN CONFIRMED by officer I/C Records from noted date
9-8-19.

5449, Pte. Hubert Stratton.

C.R. 5449

Extract from Daily Orders Part II Unit The Royal RFLA.
Regt. St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by G.C. Discharge Depot, with effect from 26-7-19.

5449 Pte. H. Stratton.

C.R. 5449

Extract from Daily Orders Payroll Unit The Royal Wfld.
Regt. St. John's, July 2nd, 1919.

5449 Pte. H. Stratton.

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

C.R.

5449

Extract from Daily Orders sent by Major M.S. Sullivan, Com-
manding Eastern Mfld. Forestry Companies 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Mfld.
Regt. is attached to the strength from this date and posted to
"B" Co. for rations.

5449 Pte. S. Stratten

C.R. 5449

Extract from Daily Orders sent by Major M.B. Sullivan, Commanding 222nd. Mfld. Forestry Companies 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Mfld. Regt. is attached to the strength from this date and posted to "B" Co. for rations.

5449 Pte. S. Stratten

C.R. 5449

Extract from Nominal Roll Entitled St. John's for Overseas,
Sept. 22, 1918. "M".

5449 Pte. Stratton Hubert.

CR. 5449

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated aug. .9th.1918.

5449 Pte. A. Stratton.

Granted leave without pay from 19/8/18 to 27/8/18.

C.R. 5449

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated August 3, 1918.

#5449 Pte. H. Stratton.

Discharged from 21 Field Street 3-8-18

C.R. 5449

Extract from Daily Orders part 21, from Unit The Royal
Field Regt. St. John's, dated July 30, 1918.

#5449 Pte. H. Stratton.

Admitted ~~to~~ to 21 Field Street. 29-7-18

C.R. 5449

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

#5449 Pte. H. Stratton.

Attested for General Service with the Royal Hofia. Regt.
from 25.5.18

SEP 2 1918

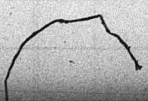
Extension of leave cannot be granted
You will return to Barracks
immediately.

Aya

H. Stratten

5449

$\rho + \rho$



No 2241/333.

From ⁵ NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

10th February 1919

5449. Pte Stratton H.

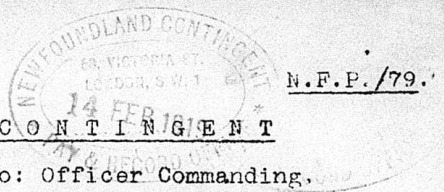
With reference to the following
telegram from the Minister of
Militia / / (7)

"Pay to -5449. Stratton.

£7.0.0.

Cheque £7.0.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. H. [Signature]
Chief Paymaster & O. i/c Records.



N.F.P./79.

Feb. 13/ 1919

Receipt hereunder.

Chambers
LIEUT. COLONEL,
COMMANDING 2ND BN. RYAL NEWFOUNDLAND REGT.
Officer Comdg. 2nd Batt'n

Received the sum of £7.0.0

Seven Pounds in respect of

telegraphic remittance from the
Minister of Militia.

H Stratton

No. *5449* Rank *Pte.*

Witness *Geo. Perry* etc

c

Stratton, A

5449

Gay Sept.

August 14, 1919

#5449 Pts. Hubert Stratton,
Valleyfield, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3678.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5449 Rank Plt Name Stratton J
 Intended place of residence Valleyfield
 2. Occupation Fisherman
 Classification of soldier E Medical Category AI

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 12 1919
 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 12 1919
 Signature of soldier
 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 12 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 25-5-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 442

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 26 1919
 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 August 9/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

CPB 207 61 3678

7
30
31
9
27

The Royal Newfoundland Regiment

Class for Demobilization:

Ej

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No. *5448*

Name *Stratton Herbert*

Address *Valley field*

Present Medical Category

A1

Recommended for: (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board

N. P. Cooper Capt.
O.C. Discharge Depot.

D. P. Atkinson
Senior Medical Officer

Geo. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 57117 Rank Pvt Name Stratton J
 Date of Enlistment 25.5.18 Address Ballyvaughan District Newfoundland
 Occupation Instrument Classification for Discharge 16 Medical Category 15
 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 July 1949 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am [Signature] in a position to resume civilian occupation.

[Signature]

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 [Signature]

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192441 to his home at Valleyfield and Release Certificate No. 3509 issued.

Date 12-7-19

J. H. Knowlton
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 9-8-19

Date 12-7-19

J. H. Knowlton
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	N.F. Med.	D.F. 1.
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

J. H. Knowlton
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 26 1919

N. R. Cooper
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.

A Stratton

Signature of Man.

J. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. 5-447

ST. JOHN'S.

Place

Date

12-7-18.

191

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

MEDICAL HISTORY

Surname Stratton OF Christian Name Hughes

Table I.—GENERAL TABLE

Birthplace:—Parish V. Avelyn B.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>15th</u> day of <u>May</u> 191 <u>8</u>	at <u>Skyohis</u>	on	day of 191
Declared Age...	<u>19</u> years	days	years	days
Trade or Occupation	<u>fisherman.</u>			
Height	<u>5</u> feet	<u>8 1/4</u> inches	feet	inches
Weight	<u>132</u>	lbs.		lbs.
Chest Measurement	Girth when fully expanded...	<u>35</u> inches		inches
	Range of Expansion...	<u>4</u> inches		inches

Vaccination Marks	Right		Left	
	Arm	Number	Arm	Number
	<u>/</u>		<u>/</u>	

When Vaccinated

Vision

P. E.—V= <u>6/9 6/9</u>	R. E.—V=
L. E.—V=	L. E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) L. M. B. Parsons

(Rank) Major Medical Officer.

Enlisted

at Skyohis

on 25th day of May 1918

Corps	Regtl. No.	Corps	Regtl. No.
<u>Royal Nfld. Regiment.</u>	<u>5449</u>		

Transferred to

Became non-effective by

(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 case of syphilis, admissions and re-admissions to hospitals 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				
M. J. D. Hospital	12	7	18	28	7	18	Mumps	16	Discharged to Bunks to finish quarantine	W. L. Borden



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 Office 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 *Herbert Stratton*
Regiment from which discharged *Royal Newfoundland*
Regimental number *5449*
Intended address *Valleyfield*
Height on discharge *5 Feet 9*
Color of hair on discharge *Dark Brown*
Complexion *Fair*
Color of eyes *Gray*
Descriptive Marks —
Figure on discharge *Medium*
Christian name of Father *Christopher*
Christian name of Mother *Lucy*
Wife's maiden name in full —
Date and place of marriage —
Christian names of children —
Place and date of soldier's birth *Valleyfield 15-5- age. 26 - 1894*
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) *Herbert Stratton* (Rank) *Pte*

Station *St Johns* Date *July 5 1919*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date

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..... *Royal New South Wales*
2. Regtl. No. *2449* 3. Rank..... *Plt*
4. Name *Stallan Habel*
(Surname) (Christian Names)
5. Age last birthday..... *25*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Ishterman*
- 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 ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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. *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? }

He complains of no 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?

Repatriation

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

W.S. Procmier. Capt Rame

Station *Hazey, Devon*

Date *10 Jul 19*

Medical Officer in charge of case.

* 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

August 18, 1919

Mr. Hubert Stratton,
Wobleyfield, E.B.

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 *Hubert*..... 2. Surname *Stratton*.....

3. Rank..... *Pte*..... 4. Regtl. No. *5449*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Valley field B.B.*.....

6. Date of enlistment in the Regiment..... *May 25/18*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Co*.....

8. Relationship of such dependents..... *Co*.....

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 Mfld. If so, give dates and particulars of such service..... *England only*.....

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *1 year 1 mo*.....

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 Res? *No*. If not give - (a) date of discharge.

..... *July 17/19* (b) Reason for discharge. *Desert*

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.

..... *No engaged only*

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.

..... *No*

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.

H Stratton

Signature of Applicant:

Place of Residence:

Valleyfield BB

Declared before me at:

St Johns

This

12

day of

July 1919

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

John W. Carty
JW

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
-----------	---------------	-----------------	-----------------------	----------------

.....

.....

Certified correct.

Baymaster

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921 1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Hubert Stratton

in respect of his service as No. 5449 Rank Pte.

Name H. Stratton Royal Nfld. Regt.
Nfld. Forestry Corp.

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature H. Stratton

Date Nov 26. 1921

Address Valley field B.B.

[P.T.O.]

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5449 Rank PLC Name Stratton J
 Date of Enlistment 25.5.18 Address Valleyfield District Bonaville
 Occupation Seaman Classification for Discharge 6 Medical Category II
 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 July 1/19 O. C. Discharge Depot H. Stratton

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment

I am in a position to resume civilian occupation.

H. Stratton

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 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112441 to his home at Wellesfield and Release Certificate No. 3579 issued.

Date 12-7-19

J. H. Hancock
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 9-8-19

Date 12-7-19

J. H. Hancock
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	<i>5 Form B</i>
E 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.	
B 179a	D 400C	Form K		do 4th.	" 5.	
B 179b	B 108	ME 2			" 6.	
B 179c	B 120	M 93				

Date 12-7-19

J. H. Hancock
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

JUL 26 1919

Date

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

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

Date Aug 7/19

J. H. Hancock

Reg. No. 5249 Rank Pt. Name Stratton, H
Attested Address Valleyfield
Allotment Allottee
Date of Allotment Returned from Overseas JUL 1 1949
Returned on S.S. Cassandra Cause Discharge

12 7 19 PASSED TO DEMOBILIZATION OFFICER

26 7 19 DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 5449
Army Form B. 179a

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 case 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. *5449* 3. Rank. *Pvt*
- 4. Name *Shotton* *Hubert*
(Surname) (Christian Names)
- 5. Age last birthday *25*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Dishman*
- 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 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. *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? }

He complains of no Disability

In all cases such as facial injuries, eyes, ears, nose and throat, disabilities, etc., a specialist's report is to be attached with radiograph 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?

Repatriation

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. Procunier

Captn. [Signature]

Station *Hayley Down*
 Date *10/4/19*

Medical Officer in charge of case.

* 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.