



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6874 Name Abe Stride Corps RB

Questions to be put to the Recruit before Enlistment.

- | | |
|---|--|
| <p>1. What is your name?</p> <p>2. What is your full Address?</p> <p>3. Are you a British Subject?</p> <p>4. What is your age?</p> <p>5. What is your Trade or Calling?</p> <p>6. Are you Married?</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?</p> <p>8. Are you willing to be vaccinated or re-vaccinated?</p> <p>9. Are you willing to be enlisted for General Service?</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?</p> <p>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?</p> | <p>1. <u>Abe Stride</u></p> <p>2. <u>Corn River</u></p> <p>3. <u>Bay De Spour</u></p> <p>4. <u>yes</u> Years Months</p> <p>5. <u>390</u></p> <p>6. <u>single</u></p> <p>7. <u>no</u></p> <p>8. <u>no</u></p> <p>9. <u>yes</u></p> <p>10. <u>yes</u> Name) Corps</p> <p>11. <u>yes</u></p> |
|---|--|

I, Abe Stride 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Abe Stride 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, loyally 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..... day of..... 1915

15

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... OCT. 16. 1915

Place... St. John's

Robertson Capt
 Captain
 The Royal Newfoundland Regiment.

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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Abe Stride
 Apparent age 20 years months. Height 6 feet inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 1 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Peter Stride
born River | Relationship Father
Bay 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 " " [" "] " " " " }



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6874 Name Abe Stride Corps R.B.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Abe Stride
2. What is your full Address? 2. Corner River Bay, Deadwood
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years Months
5. What is your Trade or Calling? 5. Lager
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, Abe Stride 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.

15/10/15 Abe Stride SIGNATURE OF RECRUIT.

..... P. B. M. Spring Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Abe Stride 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 15 day of Oct 1915

Signature of Attesting Officer P. B. M. Spring

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

Date. OCT 16 1915 1915

Place. ST. JOHN'S } Approving Officer.

..... Robertson Capt }
 Commissioning Officer }
 The Royal Newfoundland Regiment.

† 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. 6314

Extract from PRELIMINARY REPORT from: The Director of Medical Services to: C.C. DEPOT, dated December 12th. 1918.

At a Medical Board held on TUESDAY AFTERNOON, December 10th., the following was a finding :-

6314 Pte. A. Stride

Recommended Discharge. Unfit for General Service.

C.R. 6314

Extract from Daily Orders part 11, Depot St. John's dated 25/1/19.

The discharges of the undernoted on demobilization have been
confirmed by Officer I/O Records.

#6314 Pte. Ade Stride.

21-1-19.

C.R. 6314

Extract of Daily Orders Part II, dated Dec. 27th 1918

DEMOBILIZATION.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot from noted dates. He is removed from Depot Strength and transferred to Discharge Depot, pending confirmation by Officer i/o Records.

6314 Pte. A.Stride.

Discharged 24-12-18

C.R. 6314

Extract from Daily Orders part 11, Depot. St. John's
dated Nov. 11th., 1918.

#6314 Pte. A/ Stride.

Discharged from M.I.D., Hospital 9/11/18.

BC.

C.R. 6314

Extract from Daily Orders Part 11. Depot St. John's dated Oct. 28th. 1918.

#6314 Pte. A. Stride.

TRANSFERRED FROM BARRACKS HOSPITAL AND ADMITTED TO M.I.D. HOSPITAL
25-10-18.

BC

C.R. 6314

Extract from Daily Orders part 11, Depot. St. John's dated Nov. 11/1918

#6314 Pte. A. Stride.

Discharged from M/I.D. Hospital 9/11/18 .

BC.

C.R. 6314

EXTRACT FROM DAILY ORDERS PART 11. DEPOT
ST. JOHN'S DATED OCTOBER 24th., 1918.

#6314 Pte. A. Stride.

ADMITTED TO BARRACKS HOSPITAL. 23/10/18.

BC.

NEWFOUNDLAND POSTAL TELEGRAPH



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

CR. 6314

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 _____

Line Number	Red	By	Sent	by	Check

Dated Oct.
Nov. 26, 1918
 To

Mr. Peter Stride,
 Conn River, F.B.

Regret to inform you that your son #6314 Sto. A. Stride is
 now seriously ill at Military Hospital St. John's.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. 6314

Cable Connection with all the World

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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 _____

St. John's Dept. of Militia.
Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

Nov. 2, 1918.

To

Mr. Peter Stride,

Conn River, F.B.

I beg to inform you that your son # 6314 Pte. A. Stride, is now convalescent.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6314
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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.

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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 St. John's Dept. of

Line Number	Rcd	By	Sent	by	Check	Militia
-------------	-----	----	------	----	-------	---------

Dated Nov. 4, 1918.

To Mr. Peter Strids,
Gonn River, F.B.

beg to inform you that your son #6314 Pte. A. Strids, is now
~~improved~~ convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6314

Extract from Daily Orders, Part 11, Unit: The Royal Newfoundland
Regiment, dated October 17th 1918.

Strength Increases.

6314 Pte. Abe Stride.

Attested for General Service with The Royal Newfoundland
Regiment from 15/10/18.

Stride, A.

6314

Ray sept.

January 21st ., 1919

#6314 Pte. Abe Stride,
Conn River,
Fortune Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 623."

Yours faithfully,

Captain,
Paymaster & O. i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6314 Rank WO Name Alb Stride
 Intended place of residence Boone River Station
 2. Occupation Fisherman
 Classification of soldier b Medical Category 6

3. The above named man is discharged in consequence of DEMOBILIZATION

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

Place DEC 21 1918 Alb Stride
 Date DEC 21 1918 Demanding 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 and date St Johns Alb Stride
Dec 21st 1918 W. J. Beaton
 Signature of soldier
W. J. Beaton Capt
 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 and Date St Johns Alb Stride
20-12-18 W. J. Beaton
 Signature of soldier
W. J. Beaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-10-18 No of days on Military
 Discharged from service 20-12-18 plus 28 days Service 99

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Lintner
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date DEC. 24 1918

CONFIRMATION OF DISCHARGE

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

Place St Johns W. J. Beaton
 Date January 21/1919 W. J. Beaton Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

ad B 7079/673

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6314 Rank Pte Name Stride Abe
 Date of Enlistment 15-10-12 Address Long River District Fortun
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

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

Date 19-12-18

W. C. Stride
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Abe Stride
Witness

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 *Joseph A. Crawford*

Date 20-12-18

O i/c. Re-clothing.

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

MEDICAL HISTORY

Surname *Stride*Christian Name *Alie*

Table I.—GENERAL TABLE

Birthplace:—Parish

born here

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15 th	Oct		191
	at	<i>St John's</i>	at	
Declared Age	20	years		days
Trade or Occupation	<i>fisherman</i>			
Height	6	feet — inches		inches
Weight	146	lbs.		lbs.
Chest Measurement	Girth when fully expanded	37		inches
	Range of Expansion	1 1/2		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6	R.E.—V=	
	L.E.—V=	6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lamma Peterson</i>			
(Rank)				Medical Officer
Enlisted	at	<i>St John's Nfld</i>	at	
	on	15 th day of Oct	on	day of 191
Joined on Enlistment	Corps	<i>Royal Nfld Regt</i>	Corps	
	Regtl. No.	6314	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table III--Boards: Courts of Inquiry, Vaccination, Inductions, Examinations for Field or
 k list in case of Warrant Officers treated in quarters
 Foreign Service, Extension, Re-engagement, or Promotion of Service; Leave of Absence

in the cause, nature or treatment of the case likely to be of interest or of future use. In case of
 re-admissions to hospitals will be shown. The subsequent progress, including particulars
 ment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Compassing leave.

*It is hereby certified that this soldier
 has been before the Standing Medical Board
 and has been classified as
 fit for duty in the
 line Medical Corps.*

TABLE IV--SICKNESS RECORD



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. & 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 *Stride Abraham*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6314*
 Intended address *Corn River Bay de Esport*
 Height on discharge *6* Feet *0*
 Color of hair on discharge *Black*
 Complexion *Ruddy*
 Color of eyes *Brown*
 Descriptive Marks *Cut on Rt foot*
 Figure on discharge *Medium*
 Christian name of Father
 Christian name of Mother
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Corn River 15-Apr 1908*
 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) *Abraham X Stride*
His Mark. (Rank) *1st Lt*
 Station *St John's* Date *9 Dec 1918*

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.

H. Johnson
 Medical Officer in Hospital,
 Unit, or Command Depot.

Station *St John's Nfld* Date *9 Dec 1918*

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 work as Lumberman

W. Strider ^{*his (with J. Sinclair)*}
mark _{*ptr*}
Signature of Man.

Reg. No. *6314*

W. Dicks Cup

Signature of the Vocational Officer or his Representative.

Place

St John's N.Y.C.D.

Date

20/12/18

191

9
/

Fortune

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization
B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *28-11-18*

Regimental No. *6314*

Name *Stride Abraham (Pte)*

Address *Bay D'Espoir Fortune Bay*

Present Medical Category *E*

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

Proceedings of M.B. in file

Members of Board
R.H. East Capt.
O.C. Discharge Depot.
L.O. Paterson
Senior Medical Officer
D.W. Burdett
M. O. Depot



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **ST. JOHN'S, NFLD.**.....

Date **DEC. 9th 1918.**.....

- | | | | |
|-------------------|---------------------------|-------------------------------|--------------------------|
| 1. Unit | <i>Royal Newfoundland</i> | 5. Age last birthday | 20 years |
| 2. Regimental No. | 6314 | 6. Enlisted on | OCT. 15th 1918. |
| 3. Rank | PTE | at | ST. JOHN'S, NFLD. |
| 4. Name | STRIDE, ABRAHAM | 7. Former trade or occupation | LUMBERMAN |

8. Disability †

INFLUENZA

9. History

**Entered M.I.D Hp., 25/10/18.
Discharged..... 10/11/16.
He complained of cough for some time and was
continually on sick parade.**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

His general condition is fair.

No accompaniments chest.

Pulse 100. Temp. 98.6.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

YES

Signature

L. PATERSON, Major.

Rank or Qualification

Remarks if any by Officer in Hospital

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **cannot** be considered as aggravated by—
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

YES

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.)

NIL

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
- | | |
|--|-------------------------------|
| | General Hospital, |
| | Naval and Military Con- |
| | valescent Hospital, NO |
| | Jensen Tuberculosis Camp. |

20. We recommend discharge from retention in the Army

PERMANENTLY UNFIT GENERAL SERVICE.

Remarks if any:—

.....
N. S. FRASER President

Signatures..... **J. S. TAIT**

..... **L. PATERSON, Major.**

Place..... **ST. JOHN'S, Nfld.**

Date..... **DECEMBER 10th 1918.**

APPROVED

Station.....

Date.....



(SGD) **CLUNY MACPHERSON** Major
Administrative Medical Officer

Report for Service 1946

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Adolphus on Oct 15 1918

1. Name Abe Stride Age (a) Declared 20
(b) Apparent
2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

3. Height 5ft Weight 146
4. Eyesight (a) Left 6/6 (b) Right 6/6
5. Physical Defects (Examine after strenuous exercise) "

6. Examination of Lungs "

Measurement

(a) Expiration

32% (b) Inspiration 37

7. Examination of Heart "

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? yes 6 Mths ago 1st L arm11. Name and address of next of kin Father Peter own River
Bay de Esprit

12. Category

REMARKS—

All

H. Stinson
St. Burden
Medical Examiners.

Sept 6314

Demobilization Form 2

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. M 6314 Rank Pte Name Stride Abe
 Date of Enlistment 15-10-12 Address Conn River District Fortune
 Occupation Fisherman Classification for Discharge B Medical Category C
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 19-12-18 W. Stride Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am.....in a position to resume civilian occupation

Abe Stride
his
Wife
Helen Stride
Witness

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 65.00
- (b) Clothing Supplied Joseph A. Brown Capt

Date 20-12-18 O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 400 to his home at Lower River and Release Certificate No. 552 issued.

Date 20.12.18

ABDicks 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 21-1-19

Date 21-12-18

Woolley Capt.
Depot Paymaster.

Discharge approved for 24.12.18

Forwarded with following documents to O.C Discharge Depot.

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

Date 23.12.18

ABDicks Capt
Demobilization Officer.

APPROVED. W

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC. 24 1918

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

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

Date Dec 28/1918

W. Bowley Capt
O.C.D.

Reg. No. *6314* Rank *Plie* Name *Stride Abe*

Attested *15-10-18* Address *Conn River*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas.....

Embarked for Overseas..... Cause.....

Rec. 16-10-18.

23-10-18 Adm. to Barracks Hosp.

25-10-18 Transferred to M. F. A. Hosp.

9-11-18 Discharged from

15-11-18 ~~Admitted~~ Admitted to Barracks Hosp.

21-11-18 Discharged from Barracks Hosp.

10-12-18 Rec Discharge unfit for sea service

PASSED TO DEMOBILIZATION OFFICER

191218

DEC 24 1918

DISCHARGE APPROVED ON DEMOBILISATION.