



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6325 Name Benjamin Stude Corps Rt

### Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. Benjamin Stude
- 2. What is your full Address? ..... } 2. Ben Stude  
Fortune
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 23 Years ..... Months .....
- 5. What is your Trade or Calling? ..... 5. Fisherman
- 6. Are you Married? ..... 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. yes
- 9. Are you willing to be enlisted for General Service? ..... 9. yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. yes

I, Benjamin Stude 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.

15/10/18 Benjamin Stude SIGNATURE OF RECRUIT.  
H. Helen Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Benjamin Stude 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 15th day of Oct 1918.  
Signature of Attesting Officer W. D. D. D. D. D.

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.  
Date OCT 16 1918 ..... 191  
Place ST. JOHN'S .....  
Signature of Approving Officer Robert Bonbaff .....  
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. St. John's, Nfld.

\* 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 Benjamin Stride  
Apparent age 22 years 11 months 10 days Height 5 feet 8 1/2 inches  
Chest Measurement { Girth when fully expanded 36 inches  
{ Range of expansion 3 inches  
Distinctive marks

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Stride  
Loam River | Relationship Brother  
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. 6325 Name Benjamin Stride Corps RC

### Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. Benjamin Stride
- 2. What is your full Address? ..... 2. Conn River  
Torshere
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 27 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Freelancer
- 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, Benjamin 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.

Benjamin Stride SIGNATURE OF RECRUIT.

E. Helen Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Benjamin 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..... on this..... day of..... 1918

Signature of Attesting Officer Asst. Dickson

### †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 17 1918 1918

Place ST. JOHN'S

Robertson Capt Major } Approving Officer.  
Commanding Dept.

The Royal Newfoundland Regiment.

† The signature of the Approving Officer is to be annexed in the presence of the Recruit.  
† Here insert the "Corps" for which the Recruit has been enlisted. St. John's, Nfld.

\* 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 read to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

6325

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name *Benjamin Stride*  
 Apparent age *22* years ..... months. Height *5* feet *8 1/2* inches  
 Chest Measurement { Girth when fully expanded *36* inches  
                           { Range of expansion *3* inches  
 Distinctive marks .....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *John Stride*  
*Bonn River* | Relationship *Brother*

Particulars as to Marriage

<small>(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.</small>			
<small>(a)</small>	<small>(b)</small>	<small>(c)</small>	<small>(d)</small>

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									<div style="font-size: 2em; font-family: cursive; text-align: center;">Discharged January 31st 1919</div>
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
Pensions " _____ [ " " ] _____ " _____									

C.R. 6325

Extract from Daily Orders, Part II, UNIT 75 The Royal Newfoundland  
Regiment, dated Nov. 28th. 1918.

HOSPITAL.

6325

0223 Pte. B. Stride.

Discharged from Hospital 26/11/18.

C.R. 6325-

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

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

6325 Pte. B. STRIDE

Recommended Discharge as Permanently Unfit

C.R. 6325

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

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#6325 Pte. B. Stride.

Transferred from Barracks Hospital to M. I. D. Hospital, 25-10-18

BC.

C.R. 6325  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Gable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address St. John's Dept. of Militia

Line Number	Red	By	Sent	by	Check

Dated Oct. 28, 1918.

To Mr. John Stride,  
Conn River, F.B.

Regret to inform you that your Son #6325 Pte. B. Stride, is now seriously ill at Military Hospital St. Johns.

J.R. Bennett,  
Minister of Militia.

FOR TYPEWRITER



C.R. 6325

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

Strength Increases.

6325 Pte. Benjam Stride.

Attested for General Service with the Royal Newfoundland  
Regt. from 18/10/18.

**NEWFOUNDLAND POSTAL TELEGRAPHS.**

**C.R. 6325**

**Cable Connection with all the World**

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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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**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_

Address \_\_\_\_\_

**St. John's Dept. of Militia**

Line Number	Rcd	By	Sent	by	Check

Dated **Nov. 2, 1918.**To **Mr. John Stride,****Conn River, F.B.**

**I beg to inform you that your son # 6325 Pte. B. Stride, is now  
Convalescent.**

**J.R. Bennett,****Minister of Militia.**

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 Militia**

Line Number	Rcd	By	Sent	by	Check

*Dated* **Nov. 5, 1918.**

*To* **Mr. John Stride,  
Conn River, F.B.**

**Regret to inform you that your son #6325 Pte. B. Stride, is  
now seriously ill.**

**J.R. Bennett,  
Minister of Militia.**

C.R. 6325

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/c records.

6325 Pte. Benj. Stride.

Discharged 24-12-18

C.R. 6325  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 Militia**

Line Number	Rcd	By	Sent	by	Check

Dated **Nov. 4, 1918.**

To **Mr. John Stride,  
Conn River, F.B.**

**Beg to inform you that your son # 6325 Pte. B. Stride is now improved.**

**J.R. Bennett,**

**Minister of Militia.**

**FOR TYPEWRITER**

C.R. 6325  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 Militia.

Line Number	Rcd	By	Sent by	Check

Dated Nov. 11, 1918.

To Mr. John Stride,  
Conn River, F.B.

Req to inform you that your son #6325 Pte. B. Stride, is now convalescent.

J.R. Bennett,  
Minister of Militia.

C.R. 6325

Extract from Daily Orders part 11, depot. St. John's  
dated Nov. 18th., 1918.

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~~4325~~ Pte. B. Stride.

Discharged from M. I. D. Hospital, and admitted to  
Escasoni Gen. Hosp. 15-11-18.

BO.

C.R. 6325

Extract from Daily Orders part II, Depot St. John's dated Jan. 23rd. 1919

The discharge of the undernoted has been CONFIRMED by Officer i/c  
Records on 21-1-19.

#6325 Pte. Benjamin Stride.



C.R.

6325

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

---

#6325 Pte. B. Stride.

ADMITTED BARRACKS HOSPITAL. 22/10/18.

BC.

Stride, B

6325

Ray Sept.

January 21st., 1919

#6325 Pte. Benjamin Stride,  
Donn River,  
Fortune Dist.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No.617."

Yours faithfully,

Captain,  
Paymaster & O.i/c Records

Enc 1 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 6325 Rank Plt. Name Benjamin Stude  
 Intended place of residence Conn River, John's

2. Occupation Tradesman  
 Classification of soldier B. Medical Category F.

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 .....  
 Date DEC. 20. 1918 ..... W. M. L. Capt.  
 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 and date St. John's ..... Benjamin Stude  
Dec. 21-18 .....  
 Signature of soldier  
R. B. Dicko 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. John's ..... Benjamin Stude  
Dec. 20. 1918 .....  
 Signature of soldier  
J. Raymond  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 15. 10. 18 ..... No of days on Military  
 Discharged from service 24. 12. 18 plus 28 days ..... Service 99 days

## 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 ..... R. H. Lant Capt.  
 Date DEC 24 1918 .....  
 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, Nfld. ..... M. Howley Capt.  
 Date January 21/1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

*aa B 2079/47*

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1325 Rank Pte Name Stude - Benjamin  
 Date of Enlistment 15.10.18 Address Janet River District Fortune  
 Occupation Fisherman Classification for Discharge B Medical Category F  
 Recommendation S.M.B. Permitly unfit Disability Rating nil  
 Passed to Demobilization Officer with following documents:—

N.F. P/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 19.1.18 ..... W. W. Capel  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*Benjamin Stude*  
*Frank Frank*

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 H. Snow .....

Date 20.12.18 ..... O i/c. Re-clothing.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. K 358 to his home  
 at San Ramon Bay, D. Spain and Release Certificate No. 510 issued.

Date 20-12-18 OBDrinks 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 20-12-18 Monley Capt.  
 Depot Paymaster.

Discharge approved for 24 12 18

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	1 <u>John B</u>
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			

Date 24. 12. 18 OBDrinks Capt.  
 Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:-  
 Officer i/c Records.  
 Board of Pension Commissioners.  
 with following additional documents.

DEC 24 1918

Date Dec 27/1918 RJH Lt Capt.  
 O. C. Discharge Depot.

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

Date Dec 27/1918

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

# MEDICAL HISTORY

OF

Surname

*Stride*

Christian Name

*Benjamin*

Table I.—GENERAL TABLE

Birthplace :—Parish

*Comrie River*

County

*Newfoundland*

**SPECIAL RESERVE**

**REGULAR ARMY**

Examined ..... on *15<sup>th</sup>* day of *Oct* 191*8* at *St John*

Declared Age ..... *29* years days

Trade or Occupation ..... *fisherman*

Height ..... *5* feet *8<sup>3</sup>/<sub>4</sub>* inches

Weight ..... *144* lbs.

Chest Measurement { Girth when fully expanded ..... *36* inches  
Range of Expansion ..... *3* inches

Physical Development .....

Vaccination Marks {	Arm .....	Right	Left	Right	Left
	Number .....				

When Vaccinated .....

Vision ..... R.E.—V= *6/60* L.E.—V= *1/60*

(a) Marks indicating congenital peculiarities or previous disease.....

(b) Slight defects but not sufficient to cause rejection .....

Approved by (Signature)

*Lammie Brown*

(Rank)

Medical Officer

Medical Officer

Enlisted ..... at *St John* on *15<sup>th</sup>* day of *Oct* 191*8*

Joined on Enlistment.....	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal Nfld</i>	<i>6395</i>		

Transferred to .....

Became non-effective by..... on day of 191 on day of 191

(Signature)

(Rank)

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing Syphilis, admission of tre
	Day	Month	Year	Day	Month	Year			
W. J. D. Hospital	25	10	18	15	11	18	Influenza	21	
Co. 3rd Cavalry	15	11	18	26	11	18	Convalescent	12	



Table III—Bonds: Course of Inquiry, Vaccination, Incubation, Inoculation, Foreign Service, Extension, Re-employment, or Indemnification of Service; Issue of Certificate  
list in case of Warrant Officers treated in quarters

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

Signature of Medical Officer

W. H. Parsons M.D.  
H. Paterson M.D.



## 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.*

*his witness*  
*Benjamin + Stride J. Sinclair, Jr.*  
*mark.* Signature of Man.

Reg. No. *6325*

*Abdiko Ceiff*

Signature of the Vocational Officer or his Representative.

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

Date *20/12/18* 191

4

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

12.12.18

Regimental No. 6325.....

Name

Private Benjamin

Address

Conn. Rider

Present Medical Category

F

Recommended for:—

(a) ~~Immediate~~ discharge

(b) Standing Medical Board

Proceedings of M.B. 13.12.18

Members of Board

R. H. Lat Capt.

O.C. Discharge Depot.

W. Paterson

Senior Medical Officer

Archibald

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 <b>22 years</b>           |
| 2. Regimental No. <b>6325</b>     | 6. Enlisted on <b>OCT. 15th 1918.</b>          |
| 3. Rank <b>PTE</b>                | at <b>ST. JOHN'S</b>                           |
| 4. Name <b>STRIDE, BENJAMIN</b>   | 7. Former trade or occupation <b>LUMBERMAN</b> |
| 8. Disability                     |  |

**INFLUENZA**

9. History **Admitted M.I.D. HP. 25/10/18. Discharged 15/11/18 to Escasoni. Discharged from there 26/11/18.**

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.)

P. 88. T. Normal.

Complains of pain in chest.  
Shortness of breath on exertion.

Dry rales all over chest.  
Dullness at both bases.

11. Was sanatorium advised and refused?  
operation

NO

12. Do you recommend discharge as permanently unfit?

YES

Signature ARCH TAIT .....

for M.O. Depot.

Rank or Qualification .....

Remarks if any by Officer i/c 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. Complaining of sore back and cough, with discharge from right ear. Short breath for six years.**

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**

**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,  
Jensen Tuberculosis Camp. **NO**

20. We recommend discharge from retention in the Army

Remarks if any:—

**PERMANENTLY UNFIT**

..... **N. S. FRASER** .....  
President

Signatures..... **J. E. TAIT** .....

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

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

Date ..... **DEC. 10th 1918.** .....

APPROVED

Station .....

Date .....



(33D) ... **CLYDE MACPHERSON, Major.**  
Administrative Medical Officer



## 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 *Stride Penguin*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *6325*  
 Intended address *Conn River Bay de Esprit*  
 Height on discharge *5 Feet 9 in*  
 Color of hair on discharge *Black*  
 Complexion *Ruddy*  
 Color of eyes *Brown*  
 Descriptive Marks */*  
 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. *Conn River 26 Aug 1986*  
 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) *Penguin x Stride Hamark*

(Rank) *Plt*

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.

*[Signature]*  
 Medical Officer i/c Hospital.  
 Unit, or Command Depot.

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





THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Benjamin Stude, Regl. No. 6325  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>or</sup> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
 concerned, viz.:

Allotment begins Nov 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7553	Step Brother	John Stude	Corner River Bay de Veau	60
Total Allotment, \$				60

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

(Sig.) [Signature]  
 Officer Commanding  
 Company  
[Signature]  
 17-10-1918

(Sig.) Benjamin Stude  
 (Rank) PTe

No 7538



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Benjamin Stude, Regl. No. 6325  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
         Dollars and          Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>or</sup> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz :

Allotment begins Nov 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7533	Step Brother	John Stude	Corner River Bay de Mer	60
			Total Allotment, \$	60

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

(Sig.) [Signature]  
 Officer Commanding  
[Signature]  
 Company

(Sig.) [Signature]  
 (Rank) Pte

[Signature]  
17-10-1918

# ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at 100/11 on Oct 15 1918

1. Name Benjamin Strick Age (a) Declared 22  
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

eyes  
Comp  
marks

Burn  
Wark

6325

3. Height 5-8 1/4 Weight 144

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 36

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? no

11. Name and address of next of kin Brother John Conn River Bay Westport

12. Category

REMARKS—

A

J. P. McLean  
W. S. Burden  
Medical Examiners.

**FORM I**

To be used by the Quartermaster's Department for replacement issues of lost articles, and to accompany monthly Pay Lists.



**1ST NEWFOUNDLAND REGIMENT**

No. 80

KIT AND EQUIPMENT ISSUES ON PAYMENT.

Name Dto B. Stride

Regimental No. 6325

Charged per Pay List for month of Oct

L Company

Item No.	Articles	Quantity	Price		Item No.	Articles	Quantity	Price	
			\$	c				\$	c
1	Braces . . . . . Pairs				26	Knife . . . . . Clasp			
2	Boots . . . . . "				27	Mug . . . . .			
3	Boot Laces . . . . . "				28	Plate . . . . .			
4	Brush . . . . . Hair				29	Spoon . . . . .			
5	Brush . . . . . Tooth				30	Bandolier . . . . .			
6	Brush . . . . . Clothes				31	Belt . . . . .			
7	Blankets . . . . .				32	Haversack . . . . .			
8	Cap . . . . . Service	1	1	50	33	Identification Badge . . . . .			
9	Cap . . . . . Sleeping				34	Pull-through . . . . .			
10	Cholera Belt . . . . .				35	Rifle . . . . .			
11	Drawers . . . . . Pairs				36	Side Arms . . . . .			
12	Great Coat . . . . .				37	Water Bottle . . . . .			
13	Hat or Helmet . . . . .				38	Trenching Tools . . . . .			
14	Housewife . . . . .				39	Dubbin . . . . .			
15	Kit Bag . . . . .				40	Vaseline . . . . .			
16	Mittens . . . . . Pair				41	Cardigan Jacket . . . . .			
17	Puttees . . . . . Pair				42	Shoulder Badges . . . . .			
18	Shirts . . . . .				43	Cap Badges . . . . .			
19	Socks . . . . . Pairs				44	Regm'al Buttons . (large)			
20	Tunic . . . . .				45	Regm'al Buttons . (small)			
21	Trousers . . . . .				46				
22	Towels . . . . .				47				
23	Undervests . . . . .				48				
24	Fork . . . . .				49				
25	Knife . . . . . Food				50				

I hereby acknowledge to have received the above named articles as charged, and agree to the amount of one Dollars fifty cents being deducted from my pay.

Signed B. Stride <sup>his</sup> mark.

Issued as above  
Oct 19th 18  
W. J. Rennie  
 for Quartermaster.

Entered { Stock Bk. folio No. . . . .  
 " Recap. " " . . . . .  
 Ledger " " . . . . .

# 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 R. B. Duckfield

Regimental Number and Name			Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>6325 Benjamin Stude</u>		Age on	22 years    months	<u>Fisherman</u>		
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	<u>15/1/18</u>	Religion <u>R. C.</u>		
Joined	Date	Period of	} with Colours <u>99</u> years.	} with Reserve <u>55</u> years.	Place of Birth <u>Conn River</u>		
Joined	Date						
Joined	Date						
Joined	Date						

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>				<u>21/19</u>

To be carried over.

# The Royal Newfoundland Regiment

Depot 6325

## DEMOBILIZATION OF

Reg. No. 6325 Rank Pte Name Strope - Benjamin  
 Date of Enlistment 15.10.18 Address Long River District St John's  
 Occupation Fisherman Classification for Discharge B Medical Category F  
 Recommendation S.M.B. Presently unfit Disability Rating nil  
 Passed to Demobilization Officer with following documents:—

N.F. P/16	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

*Left Wing Capt*  
 G. 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.

*Benjamin Strope*  
*Mark James*  
*Wm*

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$65.00

(b) ~~Clothing~~ Supplied Joseph & Snow Limited

Date 20-12-18

○ i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 358* to his home at *Con River Bay De Spain* and Release Certificate No. *510* issued.

Date *20-12-18*

*Roberts 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 *20-12-18*

*Howley Capt*  
Depot Paymaster.

Discharge approved for *24. 12. 18*

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
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 *24. 12. 18*

*Roberts Capt*  
Demobilization Officer.

APPROVED. *h.*

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

DEC 24 1918

Date

*R.H. [Signature]*  
O. C. Discharge Depot.

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

Date *Dec 27/1918*

*M. Howley Capt*  
*OSPR*

Reg. No. 6325 Rank Pte Name Stride Benjamin  
Attested 15-10-18 Address Camp 5, iver  
Allotment 604 Allottee John Stridel Step brother  
Date of Allotment 1-11-18 Returned from Overseas.....  
Embarked for Overseas ..... Cause.....

Val 16/10  
22-10-18 adm - to barracks Hoop  
25-10-18 Transferred from M.S.B. Hoop  
15-11-18 Transferred from M.S.B. to Ellason  
10-12-18 Rec Discharge unfit for Gen Service

19-12-18 **PASSED TO DEMOBILIZATION OFFICER**

**DEC 24 1918**

**DISCHARGE APPROVED ON DEMOBILISATION.**