



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4794 Name Thos. Strude Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thomas Strude
2. What is your full Address? 2. Leominster
Bay St. Lawrence
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 16 Years Months
5. What is your Trade or Calling? 5. Lumberman
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, Thomas Strude 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.

Thomas Strude SIGNATURE OF RECRUIT.

A. W. Pittman Signature of Witness.

29-4-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Strude do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 29 day of April 1918.

Signature of Attesting Officer James White

† 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 1918 }
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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas Stude
 Apparent age 19 years - months. Height 5 feet 9 inches

Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Stude Bay & Empire
 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.

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

Particulars as to Children

<small>Christian Names</small>	<small>Date and Place of Birth</small>

STATEMENT OF THE SERVICES

<small>Corps in which served</small>	<small>Rgt. or Depot</small>	<small>Promotion, Reductions, Casualties, &c.</small>	<small>Army Rank</small>	<small>Dates</small>	<small>Service not allowed to reckon for fixing the rate of pension</small>		<small>Service in Reserve not allowed to reckon towards G. C. Pay</small>		<small>Signature of Officers certifying correctness of entries</small>
					<small>Years</small>	<small>Days</small>	<small>Years</small>	<small>Days</small>	
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. 4794 Name Thos Stride Corps R.C.

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Thomas Stride
- 2. What is your full Address? 2. Lower River
Bay d'Esprit
- 3. Are you a British Subject? 3. Ys.
- 4. What is your age? 4. 19 Years Months
- 5. What is your Trade or Calling? 5. Lumberman
- 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, Thomas 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.

A Thomas Stride Witness J. Pittman
29-4-18 J. W. Pittman SIGNATURE OF RECRUIT.
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas 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 29 day of April 1918

Signature of Attesting Officer J. James

†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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas Stude
 Apparent age 19 years - months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Stude, Bay D'Espoir
 | 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>29-4-18</u>									
Joined at <u>St. Denis</u> on <u>April 29-1918</u>									
<p><u>Discharged at John's Jan 11/1919</u></p> <p><u>Admitted to H.O. Hospital 22-5-18,</u></p> <p><u>Discharged from Hospital to 10 days leave,</u></p> <p><u>Admitted to Barracks Hospital 4-7-18</u></p> <p><u>Discharged from Hospital 6-7-18.</u></p> <p><u>Transferred to 1-8-18.</u></p> <p><u>Admitted by St. Hubert unable to report for 3 weeks</u></p>									
Total Service forfeited as above <u>Demobilization</u>									<u>John's 11-1-1919</u>
Total Service towards Engagement to <u>11-1-1919</u> [date of discharge]					years	<u>25</u>	days		
Pensions _____									

C.R. 4794


Extract of Daily Orders Part II, Depot St. John's, dated
Jan. 14th 1919.

Discharge confirmed on demobilization

The discharge of the undernoted man on demobilization has been
confirmed by the Officer i/c Records on noted date.

4794 Pte. Thos. Stride.

Discharged 11-1-19



C.R. 4794

Extract from Daily Orders part 11, report. St. John's
dated December 14th., 1918.

The undernoted discharge on demobilization have been
approved by O. G. Discharge Depot from noted date.
He is removed from Depot Strength and is transferred
to discharge depot pending confirmation by Officer
I/O Records.

#4794 Pte. Thos Stride

14-12-18.

C.R. 4794

Extract from PRELIMINARY REPORT from MEDICAL DIRECTOR to
O.C. Depot, dated December 9th. 1918.

At a Medical Board held on Saturday, December 7th. the following
was a finding:-

4794 Pte. F. Stride

Recommended Discharge - Unfit for General Service.

C.R. 4794

Extract from Daily Orders part 11, from Unit The Royal
Wfld. Regt. St. John's, dated July 5th, 1918.

#4794 Pte. E. Stride.

Admitted to Barracks Hospital 5-7-18

C.R. 4794

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 30, 1918.

#4794 Pte. T. Stride.

Attested for General Service with the Royal Newfoundland
Regiment, from 29/4/18.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

August 3rd. 1918.

SA

The Officer Commanding,
Royal Newfoundland Regiment,
Headquarters.

Dear Sir:

I enclose note from P.F. Coleman
of Badger Brook, which speaks for itself.

We are unable to locate the ^{bill}~~note~~
referred to in his letter, and as it concerns a man
attached to headquarters, it was probably sent there
for attention.

Will you kindly inform me if you
have received this bill, and if so, whether the amount
has been paid.

Yours truly,

H. M. Maddick
Lieut.
For Paymaster

Processed

Home L. 24-7-18.

2032

Badger Brook

July 27th/8

Levi Waddick

Left Militia

Dear Sir:

Would you kindly attend to note
sent in to Collet, from Thos. Smith
\$900, before he proceeds overseas.

P. T. Coleman

Badger.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

June, 14th., 1918.

Officer Commanding,
Headquarters,
City.

Dear Sir:-

I enclose three orders signed by
Isaac Hynes, Thos. Stride and Thos. Lafitte in favor
of J.L. Plotsky of Badger Brook.

Will you kindly attend to these men's
wishes in the matter of declaring allotments to cover
these amounts, and oblige.

Yours faithfully,

Capt. & Paymaster.

Badger, NPLD. April 26th, 1918.

This is to certify that I, Thomas Stride owe to
J.L. Platsky, Badger, the sum of Twenty six dollars (\$26⁰⁰)
and that I agree to pay to him the sum of (~~26⁰⁰~~) Ten Dollars
per Month, out of my wages while I am serving in the Army, until
said amount is fully paid up.

Signed

Thomas^{his} Stride

Witness

J.L. Platsky

0794

in Military Hospital
12-6-18

Badger Brook nfld.

May 24th 1918

This is to certify that I Isaac Hynes
 owe to J. L. Plotsky Badger the sum
 of Eighty Five Dollars (\$85⁰⁰)
 and that I agree to pay to him
 the sum of \$15⁰⁰ per month out
 of my wages while I am serving
 in the army until said amount
 is fully paid up

his
 Isaac X Hynes
 mark

Witness J. L. Plotsky

no 4772

Proceeded rous as 11-6-18

W. H. H. H. Ass't Adjutant
 Depot The Royal Newfoundland Regiment
 St. John's, Nfld.
 14, 6-18

Badger, Nfld. April 26th, 1918.

This is to certify that I, Thomas Lafitte owe to
J.L. Platsky, Badger, the sum of Forty Two Dollars and 88¢ (\$42.88)
and that I agree to pay to him the sum of \$10.72
per Month, out of my wages while I am serving in the Army, until
said amount is fully paid up.

Signed

Thomas Lafitte

Witness

J.L. Platsky

2.

gone overseas 11-6-18.

H.S. L. Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

14-6-18

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 25 Sent by Mr. Metton Rec'd by Mr. Metton Check ✓ No. 28
Place from St. John's to Capt. O'Grady



Examined by Dr. Wilson
today states to report
for duty in three
weeks.

Pte. L. Stude

To Note
J.H.

Med. Dept.



To be Noted

Part II. Orders
Card Index W.H.
Nominal Roll

No enquiry respecting this Message will be attended to without the production of this page.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. Sent by *J. Nelson* Rec'd by *J. Scott* Check

Place from *Capt & Gady*



to *private Thomas Slide*
Consalering from
pneumonia when treated
by me

A E Nelson
M.D.

Med Dept.
For your information

M.S.P.
Deputy Assistant
St. John's, Nfld.

OCT 2 1918

No enquiry respecting this Message will be attended to without the production of this paper.

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.

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	Rcd	By	Sent	By	Check

Dated Sept 28th 1915
 To H. A. C. Wilson

Harbour Breton.

Will you please wire me history of illness of #994
The Thomas Stride he states he has pneumonia while
at home leave. this information is required for our records

Det / Adjutant.

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To Pension's Board

Please receive documents as indicated below

No. 1994 RANK AND NAME

Private Thomas

N.F.P. 36	Non-effective account	Medical history sheet	Nfld. medical history sheet	Medical report on an invalid	Proceedings on discharge	Civil life qualifications	Descriptive return	Active service casualty form	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards				Attestation paper	Identity certificate	Allotment papers	Kit issue on payment	Headquarters Travelling Board
B. 178	B. 178a	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 120	B. 121	B. 122	1st Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	Form I		
				1.1																

1.1
1.1

Receipt above noted documents,

Date 19



Signature of officer forwarding documents:

Date 14-12-18 79



The Anglo-American Telegraph Company Ltd.

ESTABLISHED 1866

EIGHT ATLANTIC CABLES
AUTOMATIC DUPLEX SYSTEM



IN DIRECT COMMUNICATION WITH ALL PARTS OF THE WORLD.

No. *10/ Conn River*
Wds.

THE ANGLO-AMERICAN
TELEGRAPH CO. LIMITED
AUG 12
ST. JOHN'S,
NEWFOUNDLAND.

TO { *Capt Grady*
C. L. B. Army

Re
Import myself was
sick / feeling little better
now / reply quickly
Thomas Stride

PLEASE HAND YOUR REPLY DIRECT TO THIS OFFICE.

Stride, Thomas

4794

Ray Sept.

January 11, 1919.

#4794 Pte. Thomas Stride,
Comm River,
Bay D'Espoir.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 398."

Yours faithfully,

Captain,
Paymaster & C. i/c Records.

Enc '1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4794 Rank 166 Name Thos Stride
 Intended place of residence Longview, Tortuere
2. Occupation Lumberman
 Classification of soldier B Medical Category 1
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 12 1918
 Date
- W. H. Cap
 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. Johns
Dec 12th 1918
- Thos. Stride
 Signature of soldier
- W. H. Cap
 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
11-12-18
- Thos. Stride
 Signature of soldier
- W. H. Cap
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-4-18 No of days on Military
 Discharged from service 11-12-18 plus 28 days Service 258

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
DEC 14 1918
- R. H. Cap
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. Johns, Nfld
January 11th 1919
- W. H. Cap
 Officer in Charge
 The Royal Newfoundland Regiment

2
 21
 30
 31
 31
 30
 31
 11
 1918

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4794 Rank Plt Name Spence - Thos.
 Date of Enlistment 29.4.18 Address Connaught Row, St. John's District St. John's
 Occupation General Classification for Discharge B Medical Category 8
 Recommendation S.M.B. Permanently unfit Disability Rating Nil
 Passed to Demobilization Officer with following documents—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
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 10.11.18

Stanley Capps
O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Thos Spence Thos

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. Brown

Date 12-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1 to his home
Q. P. D. and Basu and Release Certificate No. 283 issued.

Date

11-12-18

Q. P. D. and Basu
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 11-1-19

Date

12-12-18

W. H. S. Capt.
 Depot Paymaster.

Discharge approved for

14. 12 18

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268.	B 121.	X	N.F. Med.	D.F. 1	
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 103.	ME 2.			" 6	
B 179c.	B 120.	M 93.				

Date

12. 12 18

Q. P. D. and Basu
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Date

DEC 14 1918

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

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

Date

Dec 14/1918

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

MEDICAL HISTORY

OF

Surname

Stuide

Christian Name

Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish

Conn River Bay St. John's nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>29</i> day of <i>April</i> 191 <i>8</i>		on day of 191	
	at <i>St John's nfld</i>		at	
Declared Age	<i>19</i> years — days		years days	
Trade or Occupation	<i>Lumberman</i>			
Height	<i>5</i> feet <i>8½</i> inches		feet inches	
Weight	<i>135</i> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <i>34</i> inches		inches	
	Range of Expansion... <i>4</i> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>46</i>	R. E.—V=	
	L. E.—V=	<i>46</i>	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>Lamm St John's</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St John's nfld</i>		at	
	on <i>29</i> day of <i>April</i> 191 <i>8</i>		on day of 191	
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.	<i>4794</i>	Regtl. No.	
Transferred to	<i>The Royal nfld Regt.</i>			
Became non-effective by				
	on day of 191		on day of 191	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
M. J. D. Hospital	22	5	18	17	6	18	Measles	26	

ist in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In case of
and re-admissions to hospital 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

H. W. Berden

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
<p>30.4.18. 10-5-18</p>	<p>Vac. LP T.A.B. LP</p> <p><i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>E</u></i></p> <p><u>7.12.18</u> Date of S.M.B.</p> <p><i>A. D. King</i> Captain Adjutant Adjutant Discharge Legal-Intelligence</p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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 *Alfred Thomas*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4794*
 Intended address *Bay de Spour*
 Height on discharge *5* Feet *10*
 Color of hair on discharge *Dark*
 Complexion *Yellow*
 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. *Bay de Spour Jan. 30th 1899*
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Thomas Alfred*

(Rank) *Pte*

Station *St. John's*

Date *Nov 26/18*

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.

L. Paterson
 Medical Officer of Hospital.
 Unit, or Command Depot.

Station *St. John's*

Date *Nov 26/18*

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 Sailor

^{his}
Shos. & Stude
mark.

Signature of Man.

Charles A. G. W.

Reg. No. 4794

Signature of the Vocational Officer or his Representative.

Place

St. Johns N. Y. C. O.

Date

11/12/18.

191



KA. 1

The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 1st 26 1918

Regimental No. 4794

Name S. Wade Thomas

Address Bay de Spier

Disease or Disability Pneumonia

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition _____

Recommendation Standing Medical Board

Category B

Members
of
Board

R. H. Lait Capt.

O. C. Depot

Mason

D. D. M. S.

S. W. Borden

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

Date
Nov. 26th 1918.

- | | | | |
|-------------------|---------------------------|-------------------------------|------------------------|
| 1. Unit | <i>Royal Newfoundland</i> | 5. Age last birthday | 19 years |
| 2. Regimental No. | 4794 | 6. Enlisted on | April 29th '18. |
| 3. Rank | PTE. | at | St. John's |
| 4. Name | STRIDE, THOMAS | 7. Former trade or occupation | Lumberman |
| | | 8. Disability | |

PNEUMONIA

9. History

Joined Regiment in April 1918. Later developed measles; after convalescence, proceeded on home leave. Whilst at home, developed pneumonia, and was treated by Dr. A. Wilson, Mr. Breton. Reported at Depot 27-9-18. Since then has been absent without leave until about a week ago. Since return, he has been complaining of pain in both sides.

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)

General appearance good. Well nourished, somewhat anaemic. Pulse 84. Temp. Normal. No accompaniments chest. Complains of tenderness over right lower ribs, which he says was the result of an old injury received three years ago, when working in lumber woods.

11. Was sanatorium advised and refused? -----
operation

12. Do you recommend discharge as permanently unfit? **Yes.**

Signature

L. PATERSON,

Rank or Qualification

Major.

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.

Y E S

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **Nil**
- (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? **Nil**
- (State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation in 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.
20. We recommend discharge from retention in the Army. **Unfit for General Service**

Remarks if any:—

(Sgd) **M. S. FRASER**

President

J. SINCLAIR TAIT

Signatures

L. PATERSON, Major

Place St. John's,

Date Dec. 7th., 1918

APPROVED

Station

Date



(Sgd) **CLUNY MACPHERSON, Major**

D. M. S. NEWFOUNDLAND.
Administrative Medical Officer

Nº 6480



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Stude, Regl. No. 4794

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 ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins August 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6480	—	Bank of Montreal in Trust for Pte D Stude 4794	St John's	60
Total Allotment, \$				60

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

(Sig.) L. Campbell, Capt.
Officer Commanding.
6th Company

(Sig.) Thomas Stude
(Rank) Private

1918



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Stude, Regl. No. 4794
 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 ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6480	—	Bank of Montreal in Trust for Pte T. Stude 4794	St. John's	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.) L. Conroy Capt
 Officer Commanding
6th Company

(Sig.) Thomas Stude
 (Rank) Private ^{W. Rmt}

St. John's Mld
July 6th 1918



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Stride, Regl. No. 4794
 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 ^{AND} _{OR} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{AND} _{OR} Persons
 concerned, viz.:

Allotment begins August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6480	—	BANK of Montreal in Trust for Pte D Stride #994	St. John	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.) L. Murphy Capt
 Officer Commanding
B Company

(Sig.) Thomas Stride
 (Rank) Private

St. John
July 1st 1918



This Form is to be used in connection with Pamph. M. E. (1)
H. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Thomas Stude*
aged *19 years* conducted at *Headquarters*
Date: *April 29/18* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *6/6 both*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*
- 33 *no*
- 34 *5 ft 8 1/2*
- 35 *155 lbs*
- 36 *30-34*
- 37 *Brother John Bay-De-Spair*
- 38 *no*
- 39

4794

BT

Signature of Medical Examiner:

L. W. Burdick

St. John's,

SEP 27 1918

Royal Newfoundland Regiment.

Billeting Account,

To

Mrs Dalton

Queen Street

Billeting Soldiers as undermentioned

from Sep 27th /18 to Sep 27th /18

4794 - Mr. J. Stride	5	50
----------------------	---	----

Paid

K. Walter

3305

ew

28-9-18.

Certified correct for \$

5.50

R-7

C. S. D. [Signature]
Billeting Officer.

ST. JOHN'S, Mar 31st /19

Royal Newfoundland Regiment.

Billeting Account,

To Miss Dalton

Queen Street

Billeting Soldiers as undermentioned

from Oct 29th /18 to Nov 25th /19

4794 Lt. J. Stude 28 80

REGIMENT	<u>R.N.R.</u>
NO. <u>1489</u>	<u>1489</u>
ISS. LONDON	<u>INITIALS</u>
ISS. LONDON	<u>INITIALS</u>

Certified correct for 28

J. R. Mansfield
Billeting Officer.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1 to 1

Q. P. B. and Basque and Release Certificate No. 283 issued.

Date 11-12-18 Chap

Q. P. B. 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 11-1-19

Date 12-12-18

Staley Capt.
Depot Paymaster.

Discharge approved for 14 12 18

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	X	N.F. Med.	D.F. 1	<u>11</u>	
F 178	W 3494	B 122		Board 1st	" 2	<u>11</u>	<u>2</u>
B 178a	D 400A	B 1915	<u>2</u>	do 2nd	" 3	<u>12</u>	<u>2</u>
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	<u>1</u>	do 4th	" 5		
B 179b	B 103	ME 2	<u>1</u>		" 6		
B 179c	B 120	M 93					

Date 12-12-18

Q. P. B. Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 14 1918

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

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

Date Dec. 14/1918

M. Rowley Capt.
Capt.

Reg. No. 4794 Rank Oli Name Stide Geo
 Attested 29-4-18 Address Canoe River Bay
 Allotment Can Allotee Bank of Montreal
 Date of Allotment 1-8-18 Returned from Overseas _____
 Embarked for Overseas _____ Cause _____

30-4-18	Vacc Inoc 10 ⁵ / ₁₈
22 ⁵ / ₁₈	Admitted N.I.H. measles
17 ⁸ / ₁₈	Quarantined du de Fee. 10 days leave.
25 ⁶ / ₁₈	Sick at 13 Quays St leave until July.
4-7-18	Admitted to Barracks Hos.
14-7-18	discharged from " " To 2 days off duty.
	Sick leave 20 ⁷ / ₁₈ to 1-8-18
29-8-18	advised by Dr. Willon, unable to report for 3 weeks.
10-12-18	Rec Discharge unfit for General Services.
11-12-18	FORWARDED TO DEMOBILIZATION OFFICER

14 72 18

DISCHARGE APPROVED ON DEMOBILISATION