



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3564 Name Samuel Strong Corps Sa

Questions to be put to the Recruit before Enlistment.

1. What is your name? Samuel Strong
2. What is your full Address? 70 St. John's St.
3. Are you a British Subject? yes
4. What is your age? 18 Years 5 Months
5. What is your Trade or Calling? Fisherman
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Are you willing to be enlisted for General Service? 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? } II. yes



I, Samuel Strong 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.

Samuel Strong SIGNATURE OF RECRUIT.

Arthur Burgess Signature of Witness.

821-3-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Strong 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 27th day of March 1917

Signature of Attesting Officer [Signature]

†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).....

3564



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3564 Name Samuel Strong Corps Sa

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? Samuel Strong
- 2. What is your full Address? } Fortune 7B
- 3. Are you a British Subject? } yes
- 4. What is your age? } 18 Years 5 Months
- 5. What is your Trade or Calling? } Fisherman
- 6. Are you Married? } no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } no
- 8. Are you willing to be vaccinated or re-vaccinated? } yes
- 9. Are you willing to be enlisted for General Service? } 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, Samuel Strong 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.

Samuel Strong SIGNATURE OF RECRUIT.

Arthur Burgess Signature of Witness.

Samuel Strong OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Strong 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 27th day of March 1917.

Signature of Attesting Officer [Signature]

†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 7th If enlisted by special authority, such will be attached to the original attestation.

Date 1917 } Approving Officer.
Place

† 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. 3564

Extract from Orders by Major G.T. Mathias, B.S.O.

Commanding 1st Bn. R.N^{ld}. Regt. 8-8-18

The u/m is admitted to Hospital this day.

3564 Pte. S. Strong.

C.R. 3564

Extract from Orders by Lt. Col. G. Mathias, D.S.O.,
Commanding 1st Battalion Royal Newfoundland Regiment,
dated 4/9, 18.

DISCHARGED HOSPITAL.

The undermentioned is discharged to duty.

⁵
3064, Pte. Strong, C. Coy.

C.R. 3564

Extract from Daily Orders Part II Unit The Royal NEM.
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/o Records with effect from 3-7-19.

3564 Pte. Saml. Strong.

C.R.

3564

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 9th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 19-6-19.

3564 Pte. S. Strong.

C.R!

3564

Extract from Daily Orders Part A1 Depot, Sg. Johns,

Date June 7th, 1919

3564 Pte. S. Strong

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 3564

Extract from Orders by Major G.T. Mathias, D.S.O.
Commanding 1st Bn. Royal Nfld. Regt. 10-8-18.

The u/m has been evacuated and is struck off the strength
of the Unit.

3564 Pte.S. Strong.

C.R. 3564.

Extract from Daily Orders Part 11 By Lt. Col. B.J.Barton,
D.S.O. Commanding 2Bn. Royal Nfld. Regt. 1-3-19.

The following having reported back from the
first Battalion is taken on the strength and posted to
"H" Company from 28-2-19.

3564 Pte. S. Strong.

3564

C.R.

Extract from Casualties received from Pay and Record Office
London, dated 20 Feb. 1919.

The U/M was discharged from the 5th. London General S.E.I., reported
back at the P.&.R.O. same date and was granted furligh to
28/2/19. He is marked fit for I. Duty.

3564 Pte. S. Strong.

C.R. 3564

Jan. 20th, 1919

Mr. John Strong
Fortune

Dear Sir:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning your son, No. 3564, Private Samuel Strong to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 3564

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT IN FRANCE DATED 21/11/18.

To England.

#3564 Pte. S. Strong

28/10/18.

4954 C.R.

Extract from War Office List No.H. A. 30893. dated Nov. 3rd. 1918

ADMITTED 3 AUST. GEN. H. BOULOGNE 25th OCT. 1918.

#3564 Pte, S/ Strong,

OTITIS MEDIA MILD.

BC.

Counter No. 3564

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 _____ Dept of Militia

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

Oct 31st 1918

Dated

To John Strong, Fortune

Regret to inform you that Record Office, London, officially reports No. 3564 Private Samuel Strong

at City of London Red Cross Hospital suffering from inflammation middle of ear slight.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett.

Minister of Militia.

FOR TYPEWRITER

2160

C.R. 3564



C. 2.—Casualties.

COLONIAL CONTINGENTS ONLY.

(Continuation Sheets are supplied separately.)

CITY OF LOND. RED CROSS HOSPITAL, at FINSBURY SQUARE E.C.

Affiliated to 5th LONDON G. HOSPITAL

NOMINAL ROLL of Sick and Wounded from the * FRANCE Expeditionary Force

admitted on 28/10/18 from Hospital Ship _____, disembarked at _____

* Here insert which Expeditionary Force.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission :

- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**
- (ii) The other direct to the O. i/c of Records of the Colonial Contingent concerned.

* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases :

- (a) In the case of sickness, the nature and degree should be stated, *e.g.*, enteric, slight.
- (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, *e.g.*, gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

| Regtl. No. | Rank | Name (Surname first) | Corps (Battn. numbers to be shown, also full title of Colonial Unit) | Casualty * (See note in large type above). |
|------------|------|-------------------------|-------------------------------------------------------------------------|-----------------------------------------------|
| 3564 | Pte. | Strong, S. | R. Nfld R. | Otitis Media slight |

(Handwritten mark)

SICK AND WOUNDED N:C:O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3564

LONDON INFANTRY RECORD OFFICE LONDON E:C:

No. H.A.28185

Dis to 5. Rest Camp, St. Martins Boulogne ex 10 Con. Dep. 26 Aug '18



| | | |
|-------------------------|-------------------|---------------|
| 47549 Pte Green W.A. | 11 K.R.R.C. | Lac Wd Knee R |
| 394299 Pte Wood W.G. | 13 Londons | ICT Knee R |
| 10834 Pte Stubbs H.J. | 41 MGC X 6 R. Fus | ICT Leg |
| 38776 L/C Glover E. | 18 K.R.R. | Influenza |
| 46356 Pte Adnitt A.R. | 1 R.Bde | Bronchitis. |
| 43477 Pte Parker G. | 1/16 Londons. | GSW Shldr L. |
| M4768 " Liddle J. | 12 K.H.R. | Influenza |
| O/280 " Knight H. | 7 R.Bde | Ecthyma |
| 9864 Pte Smith T. | 20 K.R.R. | Seborrhoea |
| 252095 " O'Connor J. | 1/2 Londons. | GSW Leg R. |
| 12467 Pte Smith W. | 1 R.Fus. | Boils |
| 209795 L/C Ashford A J. | 2 R.Fus | Wd Gas Shell |
| 703531 Pte Rakin A F. | 2/23 Londons | GSW Btk R |
| 45025 Pte Lees J. | 2 K.R.R.C. | Piles |

Adm. 16. Con. Dep. Marseilles 26 Aug '18

| | | |
|---------------------------|----------|--------------|
| 10642 Pte Boothroyd E. | 2 HAC. | Abscess Face |
| 10867 Pte Ffoulkes C.E.W. | 2 H.A.C. | Cont Hand R |

NEW ZEALAND EXPEDITIONARY FORCE

No. H.A.28185

Dis to 5 Rest Camp, St. Martins, Boulogne ex 10 Con. Dep. 26 Aug '18

| | | |
|-----------------------|-----------|----------|
| 3564 Pte Strong S 'Q' | 1 R.Nfld. | Scabies. |
|-----------------------|-----------|----------|

CAVALRY CANTERBURY

No. H.A.28185

Dis to 5. Rest Camp, St. Martins Boulogne ex 10 Con. Dep. 26 Aug '18

| | | |
|--------------------|------------|-------------------|
| 6128 Pte Bent H.P. | 9 Lancers. | Influ. Bursa Knee |
|--------------------|------------|-------------------|

1706

C.R. 3564

SICK AND WOUNDED N.C.O.'s and MEN OF THE EXPEDITIONARY FORCE - FRANCE

ROYAL GARRISON ARTILLERY

LIST NO.H.A. 28032

| | | | | | | |
|--------|------------------------|------------------|--------------------|------------------------------------------|---------------------------|---------------|
| 196387 | Gnr Holden L. | RGA.351 S.By. | Wd.Gas shell Mild | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 102001 | Sig Schofield N. | RGA.120 H.By. | Wd.Gas shell Mild | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 186434 | Gnr Matson H.A. | RGA.348 S.By. | Wd.Gas shell Mild | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 97769 | Gnr Atkinson R.S. | RGA.544 HLI. | Wd.Gas shell Mild | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 3430 | Gnr O'Donovan T. | RGA.126 H.By. | Ac.Bronchitis Mild | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 95413 | Gnr White J.H. | RGA.274 Sge.Bty. | Wd.Gas shell Mild | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 79484 | Cpl Mitchell A.J. | 168 S.By.RGA. | Wd.Gas shell Mild | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 176228 | Gnr Simpson A. | RGA.att 74 A.D. | Enlarged Splenon | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 207430 | Gnr Hatfield J.A. | RGA.172 S.By. | Myalgia Mild | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 78909 | Gnr Riley W. | RGA.232 Sge.Bty. | Wd.Gassed Mustard | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 182152 | Gnr Gater A.G. | RGA.500 S.By. | Influenza Mild | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 188002 | Dvr Dunn R. | RGA.1/1 NM.H.By. | Trench Fever Mild | Adm.10 | Con.Dep.Escult | 22 August/18. |
| 75273 | Cpl Appledore A.M. 'E' | RGA.100 Sge.Bty. | P.U.O. | Adm. New Disease supervening | 10 Con.Dep.Escult | 22 Aug/18 |
| 117694 | Gnr Ramsden W. | RGA.99 Sge.Bty. | Wd.Gas shell | Dis. to 5 Rest Camp St. Martins Boulogne | ex 10 Con.Dep. | 22 August/18. |
| 151438 | Gnr Gledhill T.A. | RGA.21 SB. | GSW. Thigh R. | Dis. to 5 Rest Camp St. Martins Boulogne | Class 'A' ex 10 Con. Dep. | 22 August/18. |
| 75567 | Bdr Lawie G.D. | RGA.12 HB. | Wd.Gas shell | Dis. to 5 Rest Camp St. Martins Boulogne | Class 'A' ex 10 Con. Dep. | 22 August/18. |
| 131007 | Bdr Entwistle R. | RGA.137 HB. | Impetigo | Dis. to 5 Rest Camp St. Martins Boulogne | Class 'A' ex 10 Con. Dep. | 22 August/18. |
| 145718 | Gnr Marsh F.O. | RGA.199 SB. | Wd.Gassed | Dis. to 5 Rest Camp St. Martins Boulogne | Class 'A' ex 10 Con. Dep. | 22 August/18. |



NEWFOUNDLAND EXPEDITIONARY FORCE

LIST NO. H. A. 28032

3564 Pte Strong S. 'Q' 1 R. Newfoundland. Scabies . . . Adm.10 Con. Dep. Escult 22 August/18.

C. No. 3564

Extract from War Office List. No. H.A. 27307;

3564 Pte. Strong, S.

Scabies.
LNfld. R. Inf. ~~V.D.C.~~ Mild..Adm. to 25 Gen.Hos. Hardelet 8.Aug'18.

C.R. 3564

Extract from Nominal Roll Draft No. 32: 111 Other Ranks from 2/1st
Newfoundland Regt., Ayr, 1/1st Nfld. Regt., B.E.F. Embarked
Southampton 6/11/17.

3564 Pte. Strong, S.

MP.

C.R. 3564

Extract from Nominal Roll, embarked St. John's for Overseas 19-⁵/~~7~~-17

#3564 Pte. S. Strong

3564

C.R.

Extract from Daily Orders Part II Unit The Royal Wilt.
Regts., St. John's, March 27 th, 1917.

3564 Pte. S. Strong.

Attested thisday and posted to E. Company and assigned
number as shown.

S. Strong.

C.R. 3564

1880

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal N. F. Sp.*
2. Regtl. No. *3564* 3. Rank. *Pvt.*
4. Name *Shing Saul*
(Surname) (Christian Names)
5. Age last birthday. *29*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--------------------------------------------------------------------|-------------------------------------|--------------------------|
| (i.) Service during the present war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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

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

Refatuated
W.E. Proctor, Esq RMC
 Medical Officer in charge of case.

Station *Haydock*
 Date *29-3-19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



This Form is to be used in connection with Pamph. M. E. (1)
N. 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 Saul Strong
aged 48 yrs conducted at Hdqtr's
Date: Mar 24th 1917 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 no
- 8 no
- 9 no - as
- 10 ✓
- 11 ✓
- 12 ✓
- 13 ✓
- 14 ✓
- 15 ✓
- 16 ✓
- 17 ✓
- 18 ✓
- 19 6/6 B.M.
- 20 ✓
- 21 ✓
- 22 ✓
- 23 ✓
- 24 ✓
- 25 ✓
- 26 ✓
- 27 ✓
- 28 ✓
- 29 ✓
- 30 ✓
- 31 ✓
- 32 ✓
- 33 no
- 34 5.4
- 35 1.18
- 36 32-35
- 37 \$24 pr month
- 38 Father Mr John Strong fortune \$100,000
- 39 none

35.64

Signature of Medical Examiner: J. W. Gordon

**April
1939**

| SUN. | MON. | TUE. | WED. | THU. | FRI. | SAT. |
|------|------|------|------|------|------|------|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |

Saul Strong.

Fortune 3564

Mourishment

Get M.C. from Dr. Burke

April
1939

| SUN. | MON. | TUE. | WED. | THU. | FRI. | SAT. |
|------|------|------|------|------|------|------|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |

Saul Strong.
Fortune 3564

Mourishment

Get M.C. from Dr. Burke.

No. 3171



41 1ST. NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, Saul Strong, Regl. No. 5574, 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 ^{and} Family 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 May 1st 1917

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (full) | ADDRESS | AMOUNT (each person) |
|--------------------------|-----------------------------------------------|-------------|-----------------------|----------------------|
| 2916 | Father | John Strong | Fortune Fortune St | 60 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | |

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.) Max R. Aye Sept.
Officer Commanding

(Sig.) Saul Strong
(Rank) PTC

April 15th 1917

21120/1

City of London Red X
Finsbury Square.

19th December 8

3564 Pte

S. Strong

6:0:0

*charge no 11223
Date 20-12-18*

P.S.

21120/h

Dec 14th 1918

City of London

O.K. £6-0-0

Red Cross Hospital

M.R. 19/12/18

Tinsbury Sq^r E.C.1.

Sir

Will you kindly advance me the sum of £6 as part payment of the credit due to me. to the above address.

a oblige

Yours Obediently

J. S. Strong 3564

1st Royal Newfoundland Regt.



Alibon

NEWFOUNDLAND CONTINENT, PARK RECORD OFFICE, COT. REGT. IN V11035, 19 DEC 1918

CITY OF LONDON RED CROSS HOSPITAL, TINSBURY SQUARE, E.C.1.

Regt Paymaster

1st Royal Newfoundland

58, Victoria St

SWA A.L.P.H.D. Comds. 5th Lond. (City of Lond.) Gen. Hospl. P.S.D.

15028/477.

1/Bn. Royal Newfoundland Rgt.

B. E. F.

September 19th, 8.

3564, Pte. S. Strong,

3564, Pte. S. Strong,

8164.

Reference the above named
~~MAN~~ this soldier has been
sent to Hospital, sick.

"Pay to 3564, Pte. S. Strong, £4:2:0.

(sd) S. G. Mathias, Lt. Col.
Com. 1/Bn Royal Newfoundland Regt

MAN

P. G. H.

18125

Officer i/o
City of London Red Cross Hosp.
Finsbury Square.

Pay & Record Office.
7th November 1918.

Reference reverse: Kindly
indicate your wishes hereon,

Major,
Chief Paymaster & O.i/c Records,

No. 3564 Rank Pte Name Strong, S.

| | | | |
|----------------|------|-----|-------|
| Pay | F.A. | Wkg | Total |
| 100 | 10 | | 110 |
| Less Allotment | | | 60 |
| Net Rate | | | 50 |

| DEBITS | Date | £ | s | d | CREDITS | | Period FROM To | Days | Rate | £ | s | d |
|-------------------|------|----|---|---|-----------------------|--|-------------------|------|------|----|----|---------|
| | | | | | | | | | | | | |
| Balance | | | | | Balance | | 20/2/18 | | | | | 94 8 9 |
| Acquittance Rolls | | | | | Pay @ Net Rate | | 21/2/18 19/2/19 | 61 | 50 | 30 | 50 | 6 5 4 |
| Hospital Advances | | 1 | 0 | 0 | R. A. | | 19/2/19 28/2/19 | 10 | 7/1 | | | 1 0 10 |
| A.B. 64. | | | | | | | | | | | | 22 4 11 |
| P.&R.O. Payments | | | | | Balance br. | | | | | | | |
| <i>Cash 1348</i> | | 21 | 0 | 0 | £ 21 11 11 | | | | | | | |

£ 1-0-0
J. G. G.
14.2.19

RECEIVED BY
BY RECEIPT NO. 0
MEMORANDUM AND CONTINUATION

No. 6683/1026

N.F.F. / 79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding
2nd Batt. Ryl. Nfld. Regiment
Winchester



3rd May 1919

3564 Pte S. Strong

With reference to the following telegram from the Minister of Militia / / (162)

"Pay to 3564 S. Strong
£15-0-0

Cheque £15-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.A. Minnow
Chief Paymaster & O. i/c Records.

AS

I Receipt hereunder
for LIEUT. COLONEL,
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

Received the sum of fifteen
Pounds in respect of telegraphic remittance from the Minister of Militia.

S Strong
No. 3564 Rank Private
Witness Cheddell

Strong, S.

3564

Hay - Sept.

July 3, 1919

#3564 Pte. Saul Strong,

Fortune, F.B.

Dear Sir:-

Referring to your application I enclose
cheque for seventy dollars (\$70.00), being amount
of first payment due you on account of the War
Service Gratuity.

Yours truly

7
Paymaster & O.i/c records. Captain.

582

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *James* 2. Surname..... *Strong*

3. Rank..... *Pte* 4. Reg'tl. No..... *3564*

5. Address in full to which future payments of gratuity are to be forwarded,..... *Fortune*..... *Fortune Bay*.....

6. Date of enlistment in the Regiment..... *March 27 1917*

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

8. Relationship of such dependents..... *Not applicable*.....

9. Address in full of such dependents..... *do*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*.....

11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*.....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Twenty Six months and 3 weeks*..... 1. $\frac{3}{4}$

2

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *Not applicable*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *£*

15. Have you been issued with a War Service Badge?.....

16. Have you, during the present war, served in the Imperial Forces?.....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

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

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

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge.

..... *June 19/19*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

..... *France 1917, 1918, and Belgium 1918*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Saul Strong*

Place of Residence: *Tartan, Tartan Bay,*

Declared before me at: *S. Johnson*

This *5th* day of *June* 19*19*....

Signature of Barrister of the
Supreme Court, Stipendiary Legis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.
John H. Carthy

POST DISCHARGE PAY.

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

July 3, 1919

#3564 Pte. Saul Strong,
Fortune, Nfld.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2346.

Yours truly

Captain
Paymaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3374 Rank Pl. Name Thompson Saul
 Intended place of residence Fortune
 2. Occupation Ironman
 Classification of soldier E Medical Category A1

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUN 5 1919 HSM Mrs H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
JUN 5 1919
S. Strong
 Signature of soldier
J. A. [unclear] 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
5-6-19
S. Strong
 Signature of soldier
James O. [unclear]
 Signature of witness Sgt.

STATEMENT OF SERVICE

7. Enlisted for service 27-3-17 No of days on Military
 Discharged from service 19-6-19 less 14 days Service 464

APPROVAL OF DISCHARGE

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

Place JUN 19 1919 R.H. [unclear] Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date

CONFIRMATION OF DISCHARGE

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

Place A. Davis, Med. M. Bowley, Capt.
 Date July 3/1919 Officer in Charge Records
 The Royal Newfoundland Regiment

Handwritten: 2079/5346

Vertical handwritten: 5, 30, 31, 30, 3, 99

The Royal Field. Regiment

DEMOBILIZATION

No. 3564 Rank _____

Name Stroy B

Warned for demobilization on

JUN 5 1919

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *3564*...

Name *S. Strong* *S.*

Address *F. M. ...*

Present Medical Category *A. 1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

J. Paterson
.....
Senior Medical Officer

D. W. Burden
.....
M. O. Depot

A3564

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3504 Rank Private Name Strong, Saul
 Date of Enlistment 29 3 17 Address Fortune District Fortune
 Occupation Postman Classification for Discharge 1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

| | | | | | | |
|----------------|---------------|---------------|---|----------------|-------------|---|
| N.F. P 36..... | B 268..... | B 121..... | ✓ | N.F. Med..... | D.F. 1..... | ✓ |
| B 178..... | W 3494..... | B 122..... | | Board 1st..... | " 2..... | |
| B 178a..... | ✓ D 400A..... | ✓ B 1915..... | | do 2nd..... | " 3..... | 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 11 5 19

[Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with

(a) Clothing Allowance payable 60.00

(b) Clothing Supplied none

[Stamp]

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P.143-6* to his home at *Fortune* and Release Certificate No. *2324* issued.

Date *5-6-19* *Arthur C. Constant*
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 *3-7-19*

Date *3-6-19* *J. H. [unclear]*
Depot Paymaster

Discharge approved for *14-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *5-6-19* *J. H. [unclear]*
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 19 1919* *[Signature]*
O. C. Discharge Depot.

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

Date *June 14/1919* *[Signature]*

Reg. No. *3564* Rank *Pte.* Name *Shang*

Attested Address *Fathurst.*

Allotment Allottee

Date of Allotment Returned from Overseas *1.6.19.*

Returned on S S *Corsican* Cause *Wasting*

4.5.19
19.6.19.

PASSED TO OFFICER

DISCHARGE APPROVED ON DEBILITATION.

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation

Signature of Man.

Al Johnson Reg. No. *8 Strong*
Signature of the Vocational Officer or his Representative.

Place

21 - Johns

Date

5-6-19

191

To be used only for Special Reserve Recruits, and for Special Reservists enlisted in Regular Army.

MEDICAL HISTORY

OF

Surname Strong

Christian Name Saul



Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|-------------------------------------------------------------------|-----------------------------------------------------------------|--------------|---------------------------|------------|
| | Right | Left | Right | Left |
| Examined | on <u>27th</u> day of <u>March</u> 191 <u>7</u> | | on _____ day of _____ 191 | |
| | at <u>St Johns</u> | | at _____ | |
| Declared Age | <u>18</u> years <u>5</u> ^{mo} <u>5</u> ^{days} | | years _____ days _____ | |
| Trade or Occupation | <u>Fisherman</u> | | _____ | |
| Height | <u>5</u> feet <u>7</u> inches | | feet _____ inches _____ | |
| Weight | <u>117</u> lbs. | | lbs. _____ | |
| Chest Measurement { | Grith when fully expanded | | _____ | |
| | Range of Expansion | | _____ | |
| | <u>35</u> inches | | inches _____ | |
| | <u>3</u> inches | | inches _____ | |
| Physical Development... .. | | | | |
| Vaccination Marks { | Right | | Right | |
| | Left | | Left | |
| When Vaccinated | | | | |
| Vision | R.E.—V= <u>6/6</u> | | R.E.—V=_____ | |
| | L.E.—V= <u>6/6</u> | | 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) | <u>W. S. Proctor</u> | | | |
| (Rank) | <u>Lieut.</u> | | | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at <u>St Johns</u> | | at _____ | |
| | on <u>27th</u> day of <u>March</u> 191 <u>7</u> | | on _____ day of _____ 191 | |
| Joined on Enlistment... .. | Corps. | Regtl. No. | Corps, | Regtl. No. |
| | <u>4/1 at nfld</u> | <u>35-64</u> | | |
| Transferred to | <u>Regt</u> | | _____ | |
| 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 list in case of Warrant Officers treated in quarters.

| Name of Hospital. | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|-------------------------------------------------------------------------------------------------------------------------|----------------------|-------|------|--------------------------|-------|------|--------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| | Day | Month | Year | Day | Month | Year | | | | |
| Annerc Hospital Fayalderg, Liverpool | 10 | 6 | 17 | 27 | 6 | 17 | Measles. | 17 | Moderate. no complications | W. R. Roberts Capt |
| Neville St. Out Hop. at L. W. by Hop. Liverpool | 27 | 6 | 17 | 18 | 4 | 17 | - do. | 22 | Discharged to sick furlough 18.7.17 class I | H. T. M. G. |
| CITY OF LONDON RED CROSS HOSPITAL. WESTON OF 8TH LONDON (CITY OF LONDON) GENERAL HOSPITAL FINSBURY SQUARE, E.C.2. | 25 | 10 | 18 | 19 | 2 | 19 | Otitis media | 115 | Drugs ototoxic on admission & consequent degeneration Condition - all cleared up. Perforation in posterior inferior quadrant of tympanum | A. R. Roberts Capt. |

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *3564* 3. Rank..... *Pte*
4. Name *Strong* *Saul*
 (Surname) (Christian Names)
5. Age last birthday..... *19*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil.*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|----------------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the } man's part. | ✓ | |
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? ✓

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

no disability claimed

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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

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

Repatriation

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

Station *Hazely Down*
Date *27-3-19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

ST. JOHN'S,

(date)

APR 17 P.M.

1st NEWFOUNDLAND REGIMENT,

Billeting Account,

To Mrs. Power,

69 Lime Street.

Billeting soldiers as undermentioned

from Apr. 6 to Apr. 13.

3564. D. Strong.

5 —

Certified correct for \$ 5.00

J. J. [Signature]
Billeting Officer.

[Signature]

Army Form B. 103.

Regimental Number 3564

Casualty Form—Active Service.

Rank Pte. Surname Strong Regiment or Corps Newfoundland Christian Name Savel C
 Religion S. Army Age on Enlistment 18 years 5 months
 Enlisted (a) 27.3.17 Terms of Service (a) Duration Service reckons from (a) 27.3.17
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Fisherman James Knight Signature of Officer.



| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents. |
|--------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------|----------------------------------------------------------------------------------|
| Date | From whom received | | | | |
| | | | Embarked | <u>Southampton</u> | <u>9/11/17</u> |
| | | | Disembarked... | <u>Rouen</u> | <u>7/11/17</u> |
| | | | | Joined Battalion | <u>24-11-17</u> |
| | | WITH . Bn. 30-13-17. | | | |
| | <u>26.6.18</u> | <u>Occ Bath</u> | <u>Awarded 14 days J.P. No 2</u> | <u>Field</u> | <u>5.7.18</u> <u>O1820 No 34 D</u> |
| | <u>18/8</u> | <u>O.C</u> | <u>for insubordination to N.C.O</u> | | <u>2.8.18</u> <u>B.213</u> |
| | <u>18/8</u> | <u>25. G.H.</u> | <u>Adm ~ Scabies m</u> | <u>Hardelot</u> | <u>8.8.18</u> <u>H.A. 27307</u> |
| | <u>8/8</u> | <u>10. An. Dep</u> | <u>Adm ~</u> | <u>Scout</u> | <u>22.8.18</u> <u>H.A. 28032</u> |
| | | | <u>ARRIVED D.I.B.D.</u> | | <u>28.8.18</u> <u>List</u> |
| | <u>29/8</u> | <u>D' 200</u> | <u>To Unit</u> | <u>Field</u> | <u>2.9.18</u> <u>"</u> |
| | | <u>36 Col</u> | <u>Ad Duties mka</u> | | <u>23/10/18</u> <u>Ed 8607</u> |
| | | <u>20/10/18</u> | | <u>Baraque</u> | <u>25/10/18</u> <u>HA 30893</u> |
| | | <u>St Denis</u> | <u>Transferred to England</u> | <u>"</u> | <u>28/10/18</u> <u>W 308</u> |

Wm. Carr

For Officer 1/c No 1 Infantry Battalion
3rd Echelon, General Headquarters

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. W. 11824—M1188 1000m 1/17 (37227) SP & Co, Ltd. Forms B./103/4 E./354. (P.T.O.)

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5564 Rank Plt Name Henry Paul
 Date of Enlistment 29-3-17 Address Fortune District Fortune
 Occupation Artist Classification for Discharge 1 Medical Category A
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 4-12-19

H. Paul
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with

(a) Clothing Allowance payable £6.00

(b) ~~Clothing~~ Supplied None

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.145-6 to his home at Fortune and Release Certificate No. 2324 issued.

Date 5-6-19 Arthur Constant
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 3-7-19

Date 5-6-19 H. M. H.
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 5-6-19 J. A. Snow Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JUN 19 1919

Eligible for War Service Gratuity

Date JUN 19 1919 R. H. Sait Capt.
O. C. Discharge Depot.

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

Date



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 *Sgt Saul Strong*

Regiment from which discharged **Royal Newfoundland**

Regimental number *3564*

Intended address *Fortune*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Amelia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Fortune, Oct 2nd, 1900*

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) *Saul Strong*

pte
(Rank)

Station *S + Johns*

Date *4-6-19*

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

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

Try Nfld Regt

DEPARTMENT

OF VETERANS AFFAIRS
War Service Records

JAN 22 1964

Referred to.....

Charged to.....

484519

Ottawa Ont.

Date Jan 21/64

To ● Copy for H.O. file

Attention of

NAME STRONG, Saul.

SERVICE NUMBER 3564

C.P.C. No.
W.V.A. No.

205621

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. Jan 9th/64 St. John'S NFLD. D.V.A. Telegram Memo.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Oct, 26th 1963

Cause of Death.....

Place of Death Cottage Hospital Grand Bank NFLD.

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~D.O.~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

Try Nfld Regt

DEPARTMENT OF VETERANS AFFAIRS
War Service Records

JAN 22 1964

Referred to.....

Charged to.....

484059

Ottawa Ont.

Date Jan 21/64

To ● Copy for H.O. file

Attention of

NAME STRONG, Saul.

SERVICE NUMBER 3564

C.P.C. No.

W.V.A. No. 205621

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

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V. I.
~~RAY~~
~~D.O.~~
H.O.

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E.C. Richards
for
Chief, Central Registry