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STATEMENT OF SERVICE IN THE CANADIAN ARMED FORCES – WORKSHEET

ÉTATS DE SERVICE DANS LES FORCES ARMÉES DU CANADA – FEUILLE DE TRAVAIL

Service Rank or Number – Grade ou numéro matricule: 1325

Name – Nom: Fred Stronde

1. Branch of Service – Arme de service: ~~A C N F R.~~ ,

2. Date and Place of Birth – Date et lieu de naissance: Alexander Bay Nfld.

3. Date and Place of Enlistment – Date et lieu de l'enrôlement: 18-3-15 St. John's Nfld

4. Theatres of Service – Théâtres de service: ~~Ca~~ Nfld + Britain

5. Date and Place of Discharge – Date et lieu de libération: 30-4-16 ~~Newton on Ayr, Scotland~~

6. Type of Discharge – Genre de libération: Hon.

7. Rank on Discharge – Grade à la libération: Pte

8. Medals and Decorations – Médailles et décorations: BWM.

9. Remarks – Remarques: Nil

Date

Clerk's Initials – Initiales du commis

ARC-877 (6/80)

Recruiting
Form A, 1914.

First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1325

Name in full Fred Stroude Age 21

Address Alexander Bay, NB.

~~Married~~ Single Height 5 ft 6 Weight 133

Color Dark Hair Black Eyes Grey.

Other distinguishing marks Scar on forehead.

Nearest relative Mother (Isabella.)

Address Alexander, NB.

Dependents None.

Occupation Lumberman Present Wage $26.00 per month

Previous service

Decorations

General Remarks

Date of Enlistment March 1915

I, Fred. Stroude, do solemnly swear that I will be faithful and bear true allegiance to His Majesty, and will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Fred Stroud

Declared before me this 31st day of March 1914

Eric Lyveapt

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1325

Name Fred Stroude

Apparent age 21 years ____ months. Height 5 feet 6 inches.

Chest measurement { Girth when fully expanded ____ inches. Range of expansion ____ inches.

Distinctive marks Color: Dark, Hair: Black, Eyes: Grey.

Other distinguishing marks: Scar on forehead.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Priscilla Stroude, Alexander, B.B.

Relationship Mother.

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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d) Verified from certificate

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension: years	days	Service in Reserve not allowed to reckon towards G. C. Pay: years	days	Signature of Officers certifying correctness of entries
Service towards limited engagement reckons from Mar. 18/15									
Joined at St. John's on Mar. 18/15									
Repatriated Med. Unfit				4/4/16					
Embarked St Stas SS Blyshavn for U.K. 22/4/15					Admitted Crepitus & Sep. Loose Cartilage				2/8/15
Discharged to Unit 24-9-15					Admitted Sprained & Sulled		Y.H. Reserve 24-1-16		R. Knee.
Discharged to unit 9-3-16									
Discharged Medically Unfit Newton-on-Ayr. Scotland									
				4-4-16					
Enlisted in Forestry Corps. #8083									
Medal entitled for as Sowter									
Total Service forfeited as above									

Total Service towards Engagement to 4-4-16 (date of discharge) 1 years 18 days

" " " Pension " ____ (") ____ " ____ "

60

116

Army Form O. 1625.

PAY LIST. 18/3/16 to 4/4/16 191 6. **Voucher No.**

NON-EFFECTIVE ACCOUNT.

Regiment or corps Pt Newfoundland Regt.

No. 1325 Rank Private Name F Stroude

Died[a] at on the of 191 .

Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

H K Goodyear, Capt Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s	d.
	Balance *Dr.* last month.....				Balance *Cr.* last month.....			5
	Cash issues				Pay 14 days at 1·10 from 18/3/16 to 31/3/16	3	3	4
	(Date of each issue to be stated)				Proficiency, Service or good conduct pay			
	£ s. d.				days at from ——— to			
	March 24th 1916 12 6				Messing allowance days at			
	" 31st " 16 9				from ——— to			
	"	1	9	3	Clothing and kit allowance			
	Allotment of 60 a/c per day				Amount produced by the sale of Necessaries			
	for 14 days = 8·40	1	14	6	Personal Clothing and Effects from Form 2...			
	Consolidated stoppage							
	Barrack Damage			7	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			7
	£	3	4	4	£	3	4	4

I hereby Certify that the above account is correct in every particular, *and that the debtor balance of £ is correctly chargeable against the Public*[b]

Dated at

this day of 191 . *Paymaster.*

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance..

W 14066—626—300M. 4/15. (C. & Co., Grange Mills, S.W.) Forms O. 1625 27

60

Army Form O. 1625

PAY LIST. to **31st March.** 191**6**. **Voucher No.**

NON-EFFECTIVE ACCOUNT.

Regiment or corps **1st Newfoundland**

No. **1325** Rank **Private.** Name **F. Stroude.**

Died [a] at on the of 191 .

Deserted at **Embarked s.s. Scandinavian.** on the **4th** of **April** **1916** 191 .

I Certify to the correctness of above in every particular.

_____ { *Commanding Squadron, Troop, Battery or Company.*

STATEMENT OF ACCOUNT. [FORM 1.

Date	*Dr.*	£	s.	d.	*Cr.*	£	s.	d.
	Balance *Dr.* last month **31/3/16**			**7**	Balance *Cr.* last month.....			
	Cash issues (Date of each issue to be stated) £ s. d.				Pay days at from to_____			
	191				Proficiency, Service or good conduct pay days at from_____to			
	"				Messing allowance days at from_____to			
	"				Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
	Consolidated stoppage				Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			**7**
	£			**7**	£			**7**

I hereby Certify that the above account is correct in every particular, *and that the debtor balance of £_____ is correctly chargeable against the Public*[b]

Dated at

this day of 31 AUG 1916 191 .

_____ *Paymaster.*

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

W 14066—626—300M. 4/15. (C. & Co., Grange Mills, S.W.) Forms O. 1625 27

60

Army Form O. 1625.

PAY LIST. to 31 March 1916. **Voucher No.**

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 1325 Rank Private Name F. Francis

Died[a] at "Embarked S.S. Scandinavian" on the of 191 .

Deserted at on the 1 of April 1916.

I Certify to the correctness of above in every particular.

_____ { *Commanding Squadron, Troop, Battery or Company.*

STATEMENT OF ACCOUNT. [FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s	d
	Balance *Dr.* last month 31/3/16			7	Balance *Cr.* last month			
	Cash issues (Date of each issue to be stated) £ s. d. 191 " " "				Pay days at from to			
					Proficiency, Service or good conduct pay days at from to			
					Messing allowance days at from to			
					Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2			
	Consolidated stoppage				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster				Balance due to the Paymaster			7
	£			7	£			7

I hereby Certify that the above account is correct in every particular, *and that the debtor balance of £ _____ is correctly chargeable against the Public*[b]

Dated at

this day of 191 . *Paymaster.*

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

W 14066—626—300M. 4/15. (C. & Co., Grange Mills, S.W.) Forms O. 1625 / 27

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St.John's,Newfoundland.

11466
11P

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 question 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,R.A.Y & RECORD OFFICE,ST.JOHN'S.

Christian name Fred. William.. 2.Surname...Stroud.....

3.Rank..Pte..... 4.Regtl.No..1.2.2.5.....

5.Address in full to which future payments of gratuity are to be forwarded....Grand..Falls..Station.....N.F.L.D.....

.....

6.Date of enlistment in the Regiment..March..18...1915.....

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

....Not.....Applicable.....

8.Relationship of such dependents....Not...Applicable.....

9.Address in full of such dependent..Not..Applicable.....

.....

10.Is said dependent,now,or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.Not..Applicable

11.Were you on active service only in Nfld.If so,give dates,and particulars of such service..No.....

.....

.....

12.Give total length of time which you served on active service, whether in Nfld,or Overseas...One..Year..43..days.With.Regt... Forestry..Corps..Served....281..days.....

28.4.17. end
30.4.6 disch

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....
..Discharged...with...Chronic..Synovitus.....
No. 2 S....Forty...Corps....enlisted..April 28-1917.....
.Discharged Feb 2-1918.....

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...Received..$150.00.....
..From..the..Pensions...and..disbilities..Board.....
.....

15. Have you been issued with a War Service Badge?...No.....

16. Have you, during the present war, served in the Imperial Forces. No.

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..Received..None
...I..not..know..how..much I..am..entitled..too.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?....No..reason..too.....
(b). If so, was such reversion in consequence of misconduct or inefficiency?....Not...Applicable.....

19. Are you now serving in the Regt.? No.....If not give:- (a) Date of discharge..Feb..2-1918.....(b) Reason for discharge Chronic Synovitus
...in..right..Knee.....
.....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....
.....No.....
.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?
(b). If so, are you in receipt of full pay and allowances from that Committee.....No.....

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

Signature of Applicant: Fred. W. Stroud

Place of Residence: Grand Falls

Declared before me at: Grand Falls N.B.

This 21 day of Mar 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. Nathan Pike Commissioner S.C.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			1 40	70.00

Certified Correct. Paymaster.

March 24,1919

#1325 Pte Fred W.Stroud,
Grand Falls Station.

Dear Sir:-

Referring to your application I enclose cheque for Fifty-five dollars ($55.00), being amount due you on account of the "War Service Gratuity."

Yours truly,

Captain,
Paymaster & O.i/c Records

C.R. 1325

Fred Stroude was attested for General service with the NEWFOUNDLAND REGIMENT on March 18th 1915.

Regimental No 1325 was allotted to Pte. F. Stroude.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

5B

TEMPORARY

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Stroud *Christian Name* Fred. Age

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... ... on _____ day of _____ 191 ,
at _____

Declared Age ... ... _____ years _____ days.

Trade or Occupation ... _____

Height ... ... _____ feet _____ inches.

Weight ... ... _____ lbs.

Chest Measurement { Girth when fully Expanded _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

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

When Vaccinated ... ... _____

Vision ... ... { R.E.—V=
L.E.—V=

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

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

Approved by (*Signature*) _____
(*Rank*) _____
Medical Officer.

Enlisted ... ... at _____
on _____ day of _____ 191 .

Joined on Enlistment ... Corps: 1 Newfoundland Regt Regtl. No.: 1325

Transferred to ... ...

Became non-effective by ... _____

on _____ day of _____ 191 .
(*Signature*) _____
(*Rank*) _____

(5005.) W. 11330/4055. 600m. 10/15. G. P., Ltd.

Forms B. 178 39

P.T.O.

UK44440

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remar
	Day	Month	Year	Day	Month	Year			
4TH SCOTTISH GENL. HOSPITAL, GLASGOW	24	1	16	9	3	16	Chronic Synovitis of Left Knee-joint	45	

List in the case of Warrant Officers treated in quarters.

ks 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	John Barlow Lt Col. RAMC

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Shoud *Christian Name* F.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... ... { on _____ day of _____ 191 . at _____

Declared Age ... ... _____ years _____ days.

Trade or Occupation ... _____

Height ... ... _____ feet, _____ inches.

Weight ... ... _____ lbs.

Chest Measurement. { Girth when fully Expanded. _____ inches. Range of Expansion. _____ inches.

Physical Development ... _____

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

When Vaccinated ... ... _____

Vision ... ... { R.E.—V= L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... { (*a*) _____

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

Approved by (*Signature*) _____

(*Rank*) _____ *Medical Officer.*

Enlisted ... ... { at _____ on _____ day of _____ 191 .

Joined on Enlistment ... / Transferred to ... ...

Corps.	Regtl. No.
1st Newfoundland	1325

Became non-effective by ... _____

on _____ day of _____ 191 .

(*Signature*) _____

(*Rank*) _____

(7278.) Wt. 2869—[illegible]. 200M. 5/15. J. T. & S., Ltd.

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Rem
	Day	Month	Year	Day	Month	Year			
Craigpatrick	2	8	15	9	9	15	Affn appendix & Operation for Coxa cartilage	38	
St Leonard's Con: Hospital.	9.	9.	15.	24.	9.	15.		15.	

List in the case of Warrant Officers treated in quarters.

rks 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
Rd for Convalescent Home.	R R Ritchie Lt RAMC
	S. J. Graham Major RAMC (T) Registrar, 2nd Scottish General Hospital.

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

Date	Brief details, and signature
15th March 16.	Synovitis of knee. Unfit for foreign service. Dr Jmurrant Capt RAMC.

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

1325 Stroud.

N.M.D. Form B 179

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 Johns Nf

Date Jan 19, 1917

1. Unit 1st. Newfoundland
2. Regimental No. 1325
3. Rank. Pte
4. Name. Stroud Fred. William
5. Age last birthday. 22
6. Enlisted on 18 Mar. 1915. at St Johns Nf
7. Former trade or occupation Lumberman.

8. **Disability**

Lose Cartilage Right knee.

9. History Says he dislocated cartilage of knee going over with Drafts from St Johns. to Liverpool Apl. 1916 Was in Hospital at Craiglock. Edin. for about [illegible]

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.)

Always has pain in right knee. Crepitations in joint on movement. Swell on walking any distance.

11. Was ~~sanatorium~~ / operation advised and refused? No

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

Signature W Burden

Rank or Qualification Lieut.

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....

Opinion of the Medical Board.

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

13. For pension purposes, the disability x may be considered as ~~aggravated by~~ :— / due to

(a) Service during this war.

(b) ~~Climate~~.

(c) ~~Ordinary Military Service~~

Remarks if any:— Complaints of weakness in knee - joint which prevents him from running or any severe exertion. Wound healed.

14. At present his capacity for earning a full livlihood in the general lat r market is lessened by:— (Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:— 10%

15. The refusal of operation / sanatorium is:—

(a) Reasonable. ✓

(b) Unreasonable.

Remarks if any:—

16. We recommend discharge from / ~~retention in~~ the Army

Remarks if any:—

Signatures. R S Fraser President
L Patterson Major
John M Tait

Place St John's

Date Jan 30th 1917

APPROVED

Station .....

Date .....

Army Macpherson Major
Administrative Medical Officer.

N.M.D. Form B 179

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 ..... Saint Johns Nf

Date ..... January 15/18

1. Unit *1st. Newfoundland*
2. Regimental No. (8083) 1325
3. Rank. Corp.
4. Name. Stroud, Frederick W.
5. Age last birthday. 23.
6. Enlisted on 28 April 1917 Grand Falls. } Forestry Co.
   at ~~St Johns Nf~~
7. Former trade or occupation Ex. Soldier Nfld Rgt.

8. **Disability**

Chronic Synovitis. (both knees)

9. **History** Stroud was discharged from Nfld Rgt. Apl. 30. 1916. for the above trouble. He enlisted in Forestry Co at Grand Falls Apl 1917. His trouble has before been [illegible]

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.)

Complains of pain in b[illegible]
Some fluid in rt. knee. [illegible]ows Scar
of Operation for removal of [illegible]
on rt. knee.

11. Was $\frac{\text{sanatorium}}{\text{operation}}$ advised and refused?

12. Do you recommend discharge as permanently unfit?

Yes.

Signature F. W. Burden

Rank or Qualification .....

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....

Opinion of the Medical Board.

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

13. For pension purposes, the disability x May be considered as ~~aggravated by~~ :— / due to

(a) ~~Service during~~ this war. ~~(b) Climate.~~ (c) Ordinary Military Service as reported in previous board

Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes

15. **Through Disability Aggravated by or Due to Military Service** 10% vide Board Jan 30th 1917

Through Disability neither Aggravated by nor Due to Military Service.

Remarks if any:—

16 Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance. (b) Misconduct.

18. The refusal of operation / sanatorium is:— (a) Reasonable. / (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to General Hospital, Naval and Military Convalescent Hospital, Jensen Tuberculosis Camp.

20. We recommend discharge from / ~~retention in~~ the Army

Remarks if any:—

Signatures. [illegible] President
[illegible] Capt
L. B. Paterson Major

Place St Johns
Date Jan 19th 1918

APPROVED

Station
Date

Army Macpherson Major
[illegible] Administrative Medical Officer
[illegible]

Opinion of the Medical Board.

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

13. For pension purposes, the disability x may be considered as ~~aggravated by:—~~ / due to

(a) ~~Service during~~ this war. ~~(b) Climate.~~ (c) Ordinary Military Service as reported in previous board.
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes

At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

16 Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance. (b) Misconduct.

18. The refusal of operation / sanatorium is:— (a) Reasonable. / (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital, Naval and Military Convalescent Hospital, Jensen Tuberculosis Camp.

20. We recommend discharge from / ~~retention in~~ the Army

Remarks if any:—

Signatures. [illegible] President
[illegible] Capt.
L. B. Paterson Major

Place St. Johns
Date Jan. 19th 1918

APPROVED

Station
Date

Army Macpherson
Major
Administrative Medical Officer
[illegible]

C.R. 1325

Extract from list of men discharged from the Royal Newfoundland Regiment on various dates.

#1325 Pte. E.Stroud, discharged Apr.30th 1916, Medically unfit

C.R! 1315

Extract from Roll of Officers, N.C.Os. and Men Discharged from The Royal Newfoundland Regiment. Auth: Pay Office, St. John's.

No.	Rank.	Name.	Date.	Reason.
1325	Pte.	F. Stroud	Apl. 30th 1916.	Med. Unfit.

C.R. 1325

Extract from Nominal Roll Embarked St. John's, for Overseas, per S.S."Stephano# April 22,1915.

1325 Pte.Stroude Fred.

January 20, 1919

1325

F.W. Stroud,
GRAND FALLS.

Dear Sir:

With reference to your letter of January 11th. to Lieut. Goodyear, I beg to state that your application for a Discharge Badge has been put through, and just as soon as I receive it from the jewellers, it will be forwarded to you.

With reference to your letter regarding your Pension, to the Pension Commissioners, I would suggest that you communicate with them for any further information on this matter.

Yours truly,

Lieut.
For Paymaster.

FORM P/D

PAY DEPT.

No.

1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte.F.Stroude.

Voucher No. 21082

Cheque No. 21082

Reg'l A/c No. 1325 Name Pte F W Stroud C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.		Amount
May 8th.			Balance due. to Apr. 30/16	$ 33 00	
					$ 33 00

CERTIFICATION

Dissect[n] Sheet No.

Recap. Sheet No. 95.

Checked by

J. M. Howley

PAYMASTER

RECEIPT

May 8th, 1916

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Thirty Three..... Dollars

and ..... Cents in Payment as above stated.

May 26th 1916

$ 33.00

[Sig.] 1325 Pte F W Stroud

D. & Co. 2,000—3-15.

Reprint for 1st Nfld. Regt. of Army Form B. 178A.

COPY SENT TO Adjutant & Dep Paymaster St John's Dated MAR 31 1916

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

MEDICAL HISTORY

MAR 29 1916

Surname Stroud *Christian Name* Fred

Table 1.—GENERAL TABLE.

Birthplace:—Parish Alexander Bay County B.B.

	SPECIAL RESERVE.	REGULAR ARMY.
Examined	on 20 day of March 1915 at St Johns	on day of 191 at
Declared Age	21 years days	years days
Trade or Occupation	Lumberman	
Height	5 feet 6 inches	feet inches
Weight	153 lbs.	lbs.
Chest Measurement: Girth when fully expanded	36 inches	inches
Chest Measurement: Range of expansion	39 inches	inches
Physical Development		
Vaccination Marks: Arm / Number	Right: Left:	Right: Left:
When Vaccinated	Never	
Vision	R.E.—V= L.E.—V= N	R.E.—V= 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)	L Paterson	
(Rank)	Captain Medical Officer.	Medical Officer.
Enlisted	at St Johns on 18 day of March 1915	at on day of 191
	Corps. / Regtl. No.	Corps. / Regtl. No.
Joined on Enlistment	1325	
Transferred to		
Became non-effective by		
	on day of 191	on day of 191
(Signature)		
(Rank)		

[P.T.O.

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

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
St John's NF					

FORM K

No. 1215

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frede. William Stroude, Regl. No. 1325

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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
1099		Bank of Montl.	St. John's		60
	in name of Self and Mother,				
	Mrs Priscilla Stroude				
			Alexander Bay		
	to be drawn by either or Survivor				
		Apl 24/15			
			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.) Eric Hope Capt
Officer Commanding
Company

April 12th 1915

(Sig.) Fred William Stroud

(Rank) Private

Grand Falls

J. J. Brady Apl 9th/17
Capt. & Adjt
2nd N.B. Inf.
Regt.

Dear Sir

I see By the papers that they are giving wound Badges to those who are Honorable discharged By wounds & disabilities I wish to know if I am Entitled to the same #1325 pt

W. Rhoad
Co 1st Nfld

if I am [illegible] may

J.K. [illegible]

1917

Send it as I dont expect to Be in town
& oblige

Yours Etc
E W Rhoad
Grand Falls

Grand Falls

Pay & Record Off
F. C. James

Mar 8/18

1375

Dear Sirs

will you please send me a Blank for for the war Service Gratuity

and Oblige Yours Truly
Sgt Cpl F. W. Stroud

Form K

No. 1215

1st Newfoundland Regiment

ALLOTMENTS

I, Fred. William Stroud, Regl. No. 1325

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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)	Address	Amount (each person)	
1099		Bank of Montr.	St. John's		60
		name of Self and Mother,			
	Mrs Priscilla Stroud				
			Alexander Bay		
	to be drawn by Letter or Cheque				
			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.) Eric Hope Capt.

Officer Commanding Company

April 12th 1915

(Sig.) Fred William Stroud

(Rank) Private

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[251] W7020/998 350m 10/14ee 23 5 6

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms B. 121. 39.

Regiment of First Newfoundland.

Number of Sheet

Signature of O. C. Company J. G. Ferrier

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay.
No. 1325 Stroude, Fred.	Age on 21 years months	Lumberman	
Joined ____ Date ____	Place and Date of Enlistment St John's 18-3-15	Religion Methodist	
Joined ____ Date ____			
Joined ____ Date ____	Period of {with Colours 1 18 years. with Reserve 365 years}	Place of Birth Alexander Bay	
Joined ____ Date ____			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
		Pte.							
				Medically Unfit	Newton-on-Ayr Scotland		4/4/16		
				To be carried over					

Army Form B. 121.

COPY SENT TO
Adj. & Dep.
Letter Memorandum No.
Dated APR 5th 1916