



FIRST NEWFOUNDLAND REGIMENT

018

ATTESTATION OF

No. 2904 Name Samuel James Sturbridge Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Samuel James Sturbridge</u> |
| 2. What is your full Address? | 2. <u>Port Sturbridge</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. <u>Yes</u> |
| 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. <u>Yes</u> |

FOR THE DURATION OF THE WAR

I, Samuel James Sturbridge 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 James Sturbridge SIGNATURE OF RECRUIT.

Charles A. [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel James Sturbridge 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 Port Sturbridge on this 29th day of July, 1915.

Signature of Attesting Officer Charles A. [unclear]

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the 1st Regiment.

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

Date.....1915 } 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).....



FIRST NEWFOUNDLAND REGIMENT C. 18.

ATTESTATION OF

No. 2934 Name Samuel J. Strubidge Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Samuel James Strubidge</u> |
| 2. What is your full Address? | 2. <u>Point Strubidge</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Wideman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name
Corps } |
| II. 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. <u>Yes</u> |

I, Samuel James Strubidge 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.

8. July 2nd/16. X. Samuel J. Strubidge RECRUIT.
Chas. H. Aye Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel James Strubidge 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 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 2nd day of July 1916.

Signature of Attesting Officer Chas. H. Aye Cpl

†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).....

3
31
30
18
82
365
82
283

Sturbridge, S.F.

2934

Ray Sept

March 13, 1919

#2934 Pte. Samuel H. Stubridge,
Point Rossey, F.B.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 1263."

Yours truly,

Captain,
Paymaster & O.I/c Records

Enc'l 1.

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

S. Stuberger

Signature of Man.

Reg. No. *2984*

Robt. A. Capp

Signature of the Vocational Officer or his representative.

Place

St. John's

Date

25/2/19

191

S. J. Sturbridge

C.R.

2934

~~110~~

Stowell 29.10.17

Only for use with Men returned from an Expeditionary Force or from
Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

Date 29/10/17 1917

(1) To the Officer i/c Records, 58 Victoria St London (Station).

(2) The Officer Commanding, (Station).

(3) The Paymaster, (Station).

Serial No. 2934

Surname and Name.

Regiment or Corps

has been granted a furlough from to

Home address while
leave will be:

consider he is
fit for*

Strike out that
which is inapplicable.

- i. Duty. ~~Field I~~
- ii. ~~Command Depot~~
- iii. ~~Employment~~

Officer in charge

Handwritten signature: *Stowell*

London Gen. Hospital, St. Bartholomew's (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Flying Corps, Royal Engineers, and Army Ordnance Corps two copies of W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

No. 2934 Rank Plt Name Stowbridge S.

Pay	F.A.	28	Total
100	10		110
Less Allotment			60
Net Rate			50

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	Sa	1	3	c	a
						From	To							
For 11 days pay				4										
Balance					Balance		8/6/17							6 50
Acquittance Rolls		3	10	10	Pay @ Net Rate	9/6/17	25/11/17	175	50	87	50	17		19 7 1/2
Hospital Advances		1	0	0	Ration allowances									1 0 0
A.B. 84					10 days @ 2/-									
P. & R.O. Payments		1	0	0										
Receipt No 4577		30	11	8	12-10-8									19 6 50

25-4

CHECKED.
 30/11/17.

MEDICAL TRANSFER CERTIFICATE

Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of

Hospital at

Date

Nov 30. 11. 17

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
	1st Newfoundland		2934	Stubridge, S	25	1 1/2		29/10/17	30/11/17			To Records 58 Victoria St London SW

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

Expeditionary France

Has not received Furlough

R. A. M. C.
 Captain R.A.M.C. (T).

Medical Officer in Charge.

NO. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

G.K. 110-0

Rml.

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

Please remit to

Pte. S. Stubridge

the sum of one pound 4 shillings, on
account of any balance that may be due to me.

(£17.0.0)

PAY & RECORD OFFICE

Ref. No.

6598

Rec'd.

7 NOV 1917

Ack'd.

Ans'd.

11916/1

File No.

100.6Regtl No. 2934 Rank Pte.

BRANCH

Name

Sam StubridgePay

APPROVED BY

W. H. Adam Eels

BY

Officer i/c Major R.A.M.C. (T.)

DATE

H. Bartholomew'sHospital.

Dated at

100.6

1917.

11918/1

8th, November

St. Bartholomew's

W.C.

2934 Pte S. Stubridge

1. 0. 0.



No.

Regtl. No. 2924

Rank 1st Lieut

Name Sturridge

Regiment 1st

Date from 30. 11. 1917

to 9. 12. 1917

To proceed to Scotland

I/c. Hospital

Station ~~.....~~

Date 30. 11. 17

Address whilst on furlough to which any orders will be sent.

Q. J. S.

12017

(4 27 19) W6875— 816 400,000(40) 9/16 HWV(gp1467)
3732—M2324 500,000 9/17

Forms/W.3288/2

Army Form W. 3288.



To O.C. St. Bartholomew's Hosp

Hospital

London E.C.

Station _____

Herewith Army Form B. 178 (Medical History Sheet)

In the case of 2934 Stubridge Pt S. 1st Newfoundland

NEWFOUNDLAND CONTINGENT.

Please acknowledge receipt hereon.

RECEIVED

ad Board for HQ

Signature

[Signature]

CHIEF PAYMASTER & OFFICER I/O RECORDS.

Commanding

(Section) St. Bartholomew's Hospital

Date

12.11.14

London E.C.

No. 11101/346

NEWFOUNDLAND CONTINGENT

N.F.P./SO.

From:

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

To:

Officer Commanding,
1/Bn. Royal Newfoundland Rgt.
B. E. F.

10th, July 1918

Subject: 2934, Pte.S.J.Stubredge

With reference to the following telegram (6187) from the Hon the Minister of Militia, received

*Pay to 2934 Stubredge £11.18. 0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

W. H. ...
Chief Paymaster & O. i/c Records.

July 17th 1918
ANSWER

This Soldier wishes £5 to be remitted and the balance retained to his credit.

A. S.aley
Capt.
COMMANDING 1st Bn: ROYAL NEWFOUNDLAND REGIMENT.

11823

CHIEF PAYMASTER & OFFICER I.C. RECORDS.
NEWFOUNDLAND CONTINGENT,
53, VICTORIA STREET,
LONDON; S.W. 1
ENGLAND

Officer Commanding,
Royal Newfoundland Regt.
B. E. F.

Pay & Record Office,
23rd July 1918.

Postal Draft for £5:0:0 has been
forwarded to Credit Lyonnais for trans-
mission to you for payment as indicated.

[Signature]
Major,
Chief Paymaster & O. i/c Records.

FM/S

2.
CHIEF PAYMASTER & OFFICER I.C. RECORDS.
NEWFOUNDLAND CONTINGENT,
53, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

*Les 134 has been received
from Credit Lyonnais, and handed
to The Lieut. Col. his receipt
obtained and forwarded direct.*

V. G. Mathews Major.
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

30/7/18.

11824/16/P&A

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS
NEWFOUNDLAND CONTINGENT,
63, VICTORIA STREET,
LONDON, S.W. 1
ENGLAND

Credit Lyonais,
Cockspur Street,
London, S. W.

Pay & Record Office,

23rd July 1918

2934, Pte. S.J. Stubredge,
Royal Newfoundland Regt.

Kindly remit to O. C.
1/Bn Royal Newfoundland Regt.
B. E. F. the sum of £5:0:0, for
payment to 2934, Pte. S. J.
Stubredge.

Charges included, insure
and register, Bank incurring no
risk.

Postal Draft for £5:0:0
enclosed, together with Voucher
the latter for discharge and
return, please.

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

FM/S

KB
23/7/18

NEWFOUNDLAND CONTINGENT

VOUCHER

In A/c with Credit Lyonnais,
14, Cockspur Street,

Voucher No. John Duff
Cheque No. _____

A/c No. _____ Name 2934, Pte. S. J. Stubredge, C.B. Folio No. _____

Date	Sub-Voucher No.	Particulars	Amount		
			£	s	d
July 23		Equivalent in French Currency for transmission to O. B. 1/Bn Royal Newfoundland Regt. B. E. F. for payment to 2934, Pte. S. J. Stubredge,	5	0	0
			£	5	0 0

CERTIFICATION

Date 23/7/18

Reference _____

Checked by [Signature]

[Signature]
Paymaster & Officer i/c Records.

RECEIPT

191

Received from the NEWFOUNDLAND CONTINGENT the sum of

Five Pounds 00 Shillings,

and _____ Pence, in payment as above stated.

£ 5:0:0

CREDIT LYONNAIS - LONDON
WEST END BRANCH

[Sig.] [Signature]

NOTE: Please return this whole form intact to:

PAY & RECORD OFFICE,
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET, LONDON, S.W.

NEWFOUNDLAND CONTINGENT.

VOUCHER

In A/c with Credit Lyonnais,
14, Cookspur Street,

Voucher No. _____
Cheque No. _____

A/c No. _____ Name 2934, Pte. S. J. Stubredge,

C.B. Folio No. _____

Date	Sub-Voucher No.	Particulars	Amount		
			£	s	d
July 23		Equivalent in French Currency for transmission to O. B. 1/Bn Royal Newfoundland Regt. B. E. F. for payment to 2934, Pte. S. J. Stubredge,	5	0	0
			£	5	0 0

CERTIFICATION

Date 23/7/18

Reference _____

Checked by [Signature]

[Signature]
Paymaster & Officer i/c Records.

RECEIPT

191

Received from the NEWFOUNDLAND CONTINGENT the sum of

Five Pounds 00 Shillings,

and _____ Pence, in payment as above stated.

£ 5:0:0

[Signature]
CREDIT LYONNAIS - LONDON,
WEST END BRANCH.
[Signature]

NOTE: Please return this whole form intact to:

PAY & RECORD OFFICE,
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET, LONDON, S.W.

O.K. £ 1-0-0. 22/10/18
Receipt No 9286 N.R.

3rd London General
Wandsworth

Dear Sir.



Will you kindly allow
one pound from my
credit.

Yours Sincerely

Pte S. Stubbege

Royal Newflld Regt

Approved
S. Stubbege
2934

P.L.D.



3rd London General
Wandsworth



Will you kindly
allow me one pound from
my credit:—

Yours sincerely

OK for £10
J.H. 18
16-10-18

2934 Pte S. Stubbridge
Royal Newfoundland
Regt

Receipt
9083

Approved

W. J. R. Russell

Registrar, R.A.M.C.
3rd London General Hospital
WANDSWORTH, S.W.

Admitted 2/10/18. Army Form W. 3202.
(In books of 100.)

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 992 (xvi.) King's Regulations.

Soldier's Regtl. No. } 2934 Rank PL6

Name Sturbridge (Surname first)

Corps or Regiment (also Unit if known) R. Infd. Winchester

To Officer i/c of Records 58 Victoria St SW

Regimental Paymaster 58 Victoria St SW

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 23-11-18, has been sent to the address below-

warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 26-11-18

to (full address) 98 Victoria St SW

Date 26. 11. 18

Place Wandsworth Hospital. 9 Chalk Capt

Three copies to be made; one copy sent to Officer above-mentioned, and one copy filed in the Office of the Registrar, R.A.M.C.I., London General Hospital, Wandsworth, S. W.



NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's } 2934 Rank PL
Regtl. No. }
Name Sturbridge, S. J. F.
(Surname first)
Corps or Regiment } R. Highland Light Infantry
(also Unit if known) }
To Officer i/c of Records 58 Victoria St
Regimental Paymaster 58 Victoria St

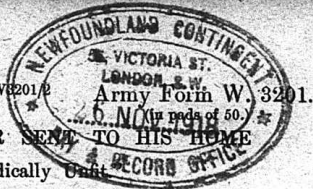
The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 23 11 18, has been sent to the General Hospital on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 26/11/18
to (full address) 58 Victoria St

Date 26/11/18 G. C. Hall Officer
Capt Comm.
Place Wandsworth Hospital.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

(9 25 40) W372—M1960 150,000 9/17 HWV(M1351) Forms/W3201/2



FOR USE IN THE CASE OF A SOLDIER SENT TO HIS HOME

From a Hospital or Unit as "Medically Unfit"

R. Med.

(Regiment).

No. *2934*, Rank

PLC

, Name

Sturbridge S J

has orders to proceed to his home:

(Address

*58 Victoria St.
S.W.*

*Final discharge for
for 26-11-18 to 10 AM
28-11-18*

and there to await further instructions as to his discharge from the Service.

[Signature]

Officer Commanding.

3rd London

Place WANDSWORTH

Capt. Rame

Registrar, R.A.M.C.*T.

Date 26/11/18

*3rd London General Hospital,
WANDSWORTH S.W.*

*Here enter name of Hospital or Unit from which the Soldier proceeds

15.11.18

Regimental Paymaster
Royal Newfoundland
Regt

Approved
C. A. Simpson C.M. ^{Comd}

3RD LONDON GENERAL HOSPITAL
No. 15 NOV 1918
WATERLOO BRIDGE, S.W. 18.

P.S.O.

no 2934 Pte Sturridge
wishes to deposit
the sum of £2
two Pounds from
his c/c please
O.K. L 2-0-0 M.R. 15/11/18

Receipt No. 9778
15/11/18

3rd London General
Wandsworth

Dear Sir:

Will you kindly
allow me one pound from
my credit.

Yours Sincerely
2934 Pte S. Stubbridge

~~his name witnessed~~
his approval
Wagon
signature

O.K.
£ 1-0-0
11/10/18 O.K.

Receipt No. 9098

FILE	BRANCH
	INITIALS P.L.H.

Notification to the Officer i/c Records that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service

NOTE.—On receipt of this notification the Officer i/c Records is to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of absence or loss of the originals.

Army Form W. 3977c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children for whom separation allowance is being paid, on receipt of which the Army Form is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3977c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If the Army Form has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

Part I.

A.F. W. 3977a has been sent to
O.O.

The Officer i/c Records,

A.F. W. 3977c has been sent to
The Regimental Paymaster,

58 Victoria St
S.W.

58 Victoria St
S.W.

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

You are requested to forward without delay Army Form B. 178, or temporary document, for the soldier.*

No. 2934 Rank Private
 Name Stubbridge (Surname) Samuel James (Christian names in full).
 Unit and Corps Royal Newfoundland Regt
 Station Infon. Gen. Hospital Wandsworth S.W. 18 Stonely, Alderman Officer i/c Hospital.
 Date 13 November 1918 * Strike out if inapplicable.

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital is to complete such of the following particulars as the soldier can furnish before transmitting the Army Form to the Officer i/c Records:—

- The soldier claims repatriation to _____ (Country).
 (i) Where enlisted _____
 (ii) Date of arrival in United Kingdom _____
 (iii) Port of arrival _____
 (iv) Ship on which arrived _____
 (v) Name of Shipping Line or Agent _____
 (vi) Names and addresses of two references who can verify the above particulars _____



In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report on Part II. of this Form whether the claim is substantiated or not.

Part II.

Officer i/c Hospital,

The soldier's claim to be repatriated abroad* _____ accepted. { Insert "is" or "is not." }
 On termination of his leave he is to report to the Officer Commanding, _____ at _____ (Station) { Strike out if inapplicable }

Station _____

Date _____ 191 _____

Officer i/c _____ Records.

C.R.

2934

Saml. J. Strowbridge was attested for General service
with the NEWFOUNDLAND REGIMENT on July 3rd 1916.....

Regimental No 934 was allotted to Pte. Saml. J. Strowbridge

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

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 **October 20, 1917.**

To **Mrs. P. Strowbridge,**

Point Enragee.

Regret to inform you that Record Office London, officially reports **No. 2934, Private Samuel J. Strowbridge, was at Sixth General Hospital Rouen, October eleventh, severely gassed by a shell.**

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

~~JOHN B. BENNETT~~, **R.A. SQUIRES**
Colonial Secretary.

FOR TYPEWRITER

WFOUNDLAND 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

November 1, 1917.

To

Mrs. P. Stowbridge,

Point Enragee, F.B.

Record Office, London, today reports No. 2934,
Private Samuel J. Stowbridge, is at St. Bartholmews
Hospital, London, suffering gunshot wound chest left.

R.A. SQUIRES

Colonial Secretary

C.R. 2734
Counter

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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.

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____ Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 5th, 1918

To Mrs. P. Strowbridge, Point Enragee, Fortune Bay

Regret to inform you that Record Office, London, officially reports No. 2934 Private Samuel Strowbridge at 3rd London General Hospital, Wandsworth suffering from G.S.W. left hand.

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

C.R. 2934

Nov 5th, 1918

Mrs. P. Stowbridge
Point Barages
F.B.

Dear Madam:-

I beg to inform you that additional information concerning No. 2934, Private Samuel Stowbridge has been received through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.

Chief Staff Officer.

C.R. 2934

Oct. 16th, 1918

Mrs. Mary Dikken
Ball's Cove, Burin

Dear Madam:-

I beg to inform you that additional information concerning No. 2934, Private Samuel Strowbridge, has been received through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is now progressing favourably.

Yours faithfully

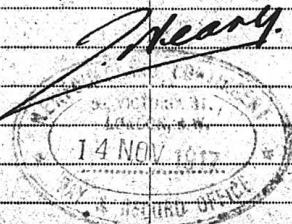
Lieut. Col.

Chief Staff Officer.

Casualty Form—Active Service.

Regiment or Corps Newfoundland
 Rank P/O Surname Sturbridge Christian Name Samuel
 Religion Cof. E Age on Enlistment 25 years 1 months.
 Enlisted (a) 3-7-16 Terms of Service (a) Duration Service reckons from (a) 3-7-16
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
Yosherman E. J. Frost Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 38, 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>Hampton</u>	<u>11.6.17</u>	
			Disembarked... <u>Rouen</u>	<u>12.6.17</u>	
			Joined Battalion	<u>2 JUL 1917</u>	<u>B 213</u>
<u>27/10/17</u>	<u>6e Mnt</u> <u>4 CCS</u> <u>6 Gen Mt.</u>	<u>Wounded in Action</u> <u>Ad. G. W. Arms - Chest.</u> <u>Gen. Mt. Shell wounds</u>		<u>9 OCT 1917</u>	<u>B 213</u> <u>12 OCT 1917</u>
		<u>Transferred to England</u>	<u>Rouen</u>	<u>10/10/17</u> <u>14/10/17</u>	<u>Ad. 1956</u> <u>Ad. 15.119</u>
					<u>MAJOR</u>
					<u>Infantry Section</u> <u>Gen. Mt. Battalion</u>



(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, Sholing-Smith, &c.

[P.T.O.]

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 29311 Rank Pvt Name S. Stubridge

Intended place of residence Point Grey Station

2. Occupation fisherman

Classification of soldier B Medical Category 2

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

Date FEB 25 1919 W. H. Lait
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 S. Stubridge
Signature of soldier

25-2-19

W. H. Lait
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 S. Stubridge
Signature of soldier

25. 2. 19.

W. H. Lait
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11. 7. 16 No of days on Military

Discharged from service 26. 2. 19 per 1st War Service 986 Days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Lait
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

FEB 27 1919

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place A. Jones Mrs Bowley
Officer in Charge
The Royal Newfoundland Regiment

Date March 13/1919

2820 19/1363



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. Johns*

Date *29th January 1919*

1. Unit *Royal Newfoundland*
2. Regimental No. *2934*
3. Rank *Private*
4. Name *Starbudge Samuel* Former trade or occupation *Fisherman*
5. Age last birthday *25 yrs*
6. Enlisted on *1st July 1916*
at *St. Johns*
8. Disability *Left arm & chest.*

Left arm & chest.

9. History *was wounded at France Oct. 1917.
was also wounded in the front left hand
29 Sept 1918*

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.)

Scars of wounds out the joint and
finger left hand the joint ankylosed
Scars of wounds on antero-lateral & antio-
lateral surfaces of left arm just below
Shoulder. Entrance wounds on left side
of chest. Two anterior foci of amnesia
and wound just left of sternum midway
between umbilicus; all wounds healed.
Complain of tenderness to chest at times

11. Was sanatorium advised and refused?
operation

✓

12. Do you recommend discharge as
permanently unfit?

Yes

Signature

G. W. Barber

Rank or Qualification

act. M.D.

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 *may* be considered as aggravated by due to

(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—

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

Yes

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

10%

(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?

10%

(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance *no* (b) Misconduct *no*

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

Remarks if any:—

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

20. We recommend discharge from retention in the Army *permanently unfit*

Remarks if any:—

.....
President
Signatures..... *J. Sinclair, Dist*
..... *P. Patterson, Major*

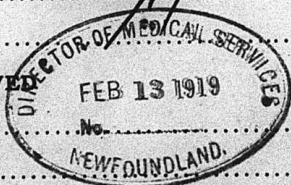
Place.....

Date..... *Feb 13/19*

APPROVED.....

Station.....

Date.....



Clayton Macpherson
Administrative Medical Officer *Macpherson*

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

Sturbridge MEDICAL HISTORY OF Sturbridge Christian Name Samuel James

Table I.—GENERAL TABLE.

Birthplace:—Parish County

Form with columns for SPECIAL RESERVE and REGULAR ARMY. Includes fields for Examined, Declared Age, Trade or Occupation, Height, Weight, Chest Measurement, Vaccination Marks, Vision, and Enlistment details. Includes stamps for NEWFOUNDLAND CONTINGENT and PAY & RECORD OFFICE.



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				
Military Hosp Windsor MS	12	3	17	24	3	17	Fluency	13	Discharged Fit for duty	Stanton <i>ms</i>
St. London Gen. Hospital (Section) St. Bartholomew's Hospital, London, E.C.	29	10	17	30	11	17	9560 w. Splid feet wounds of lft. abd. am. re-ltd on Prostator wound of chest & arm Necrotic	33	29/1/17 All wounds healed - Splid dressing + wound of feet below R. Clavicle.	Carleton Captain R.A.M.C. (T).
3rd London General Hospital, WANDSWORTH, S.W.	2	10	18				3. S.W. middle finger		Bound heel - on overlying tractility - 3rd middle finger in spec. post. phal. 3rd finger - Bound in action Discharge - 30th	W. H. C. P. K. M. O. 3rd London General Hospital WANDSWORTH, S.W.

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 style="text-align: right;"> <i>6-11-16</i> <i>2D</i> <i>30-11-16</i> <i>2D</i> <i>15-12-16</i> <i>2D</i> </p>
<i>23-11-16</i>	<i>vaccination</i> <i>2D</i>
<i>23-11-16</i>	<i>Remanently unfit.</i>
	<p><i>1st London General Hospital,</i> <i>WANDSWORTH, S.W.</i></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
<i>S.S. Florida</i>	<i>July 3rd</i>	<i>Feb 3rd</i>			
<i>W. Mass. S.</i>	<i>Feb 3rd</i>	<i>16.4.17</i>			
<i>S.S. Albatross</i>	<i>16.4.17</i>				

Original



ward 10
13 11 1918
Army Form B. 179A

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 W., 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 Regt. 7. Former Trade or Occupation } Fisherman
2. Regtl. No. 2934 3. Rank. Private 7a. If the soldier claims previous service in Army, he should state—
4. Name Stubridge Samuel James (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. 25
6. Posted for duty on: 10 Aug 16 at: St. John's Nfld. in category (or grade): A.1.

8. If the disability is an injury was it caused
(a) in action Yes (b) on field service Yes
(c) on duty Yes (d) off duty? No
9. If a Court of Inquiry was held on an injury state:
(a) When } None.
(b) Where }
(c) Opinion of Court }

COPIES SENT		
To	No.	DATE
M. OF M.	<u>2166/217</u>	<u>Rec. 30/10/18 aH</u>
O.C. 1ST. BN.		(b) Date of Discharge;
O.C. 2ND BN.		(c) Cause of Discharge.
		(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. 29-9-18
12. Place of origin of disability. Ypres Belgium
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.
G.I.H. Left middle finger.
Op fracture proximal
phalanx
divorced.
Proximal interphalangeal joint

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | Yes | ..... |
| (ii.) Previous active service | No | ..... |
| (iii.) Climate in pre-war service | No | ..... |
| (iv.) Ordinary military service before the war | No | ..... |
| (v.) Serious negligence or misconduct on the man's part. | No | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } ✓

In all cases with no facial injuries, eye, ear, nose and throat, disfigurement, 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.)

General Condition is good. Wounds to hand & forearm healed - unable to finger

16. Was an operation performed? If so, when and what was its nature?

~~Yes~~ No operation

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?

Permanently unfit

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

V.S. Brooke - C.1.

Station 145 P. Road Gen. Post Wandsworth

Date 16.11.18

Medical Officer in charge of case.

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
(b) The present condition thereof.

G.E.W. d. Middle finger. Fracture 1st Phal. Joint
Finger Stiff

22. State whether the disabilities are:—

- | | | |
|--|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war | Yes | ..... |
| (ii.) Previous active service | ..... | ..... |
| (iii.) Climate in pre-war service | ..... | ..... |
| (iv.) Ordinary military service before the war | ..... | ..... |
| (v.) Serious negligence or misconduct on the part of the soldier | ..... | ..... |

Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24.

Yes.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

30%

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

no

Signatures:—

W. G. Gore } President or
William H. Williams } Chairman.

Station

W. B. W. J. ...

Members.

Date

Discharge Approved under Para. 392 (xvi) King's Regulations

Station

A. G. ...

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Date

OR
 Discharge Approved under Para. 392 () King's Regulations
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 2934 Rank Private

Name Stalbridge Samuel James Unit and Corps } No. 16 S. I. D.
(Surname) (Christian Names)

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*France,
16 Months*

(b) In what capacity?

Private

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

*Bullet wound middle finger left hand.
Sept 29th 1918. In Action*

*Through Left Arm & Chest from shell wound
Oct 9th 1917. In Action*

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

*St. Bartholomeus. London.
3rd London General.*

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

None.

7. What is the name and address of your last employer before joining the Army?

*Mr. Burk.
St. Jacobs, Fortrose Bay,
Newfoundland.*

8. (a) What was your occupation before joining the Army?

Fisherman

(b) What was your trade before joining the Army?

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *3rd London General*

Signed (Soldier) *Pt. Mulridge*

Date *16. 11. 18*

Signed *Pt. D. Price*



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 *Samuel James Sturbridge*
aged *23* conducted at *C. L. B.*
Date: *July 3rd 1916* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *n - no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 } *29 30x*
- 17 }
- 18 }
- 19 *right eye $\frac{6}{6}$ left eye $\frac{9}{9}$*
- 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*

29 30x
—

34 *5 ft 8 mo*
35 *141 lbs*
36 *34.34*
37 *350 dollars*
38 *Mother Priscilla Sturbridge Point Sturbridge*
39 *Mother*

Signature of Medical Examiner:

W. Burdick
Recr

Reg. No. 2904 Rank Pte Name Newbridge J
Attested Address Pt Ensigns
Allotment Allottee
Date of Allotment Returned from Overseas 2.1.12.18
Embarked for Overseas Cause Discharged

9. leave from 21-12-18 to 6-1-19.

13-2-19 Rec. Dis-Permanently unfit.

15-2-19

PASSED TO DEMOBILIZATION OFFICER

21-2-19

DISCHARGE APPROVED ON DEMOBILISATION.

The Royal Newfoundland Regiment

2934

DEMOLIBILIZATION OF

Reg. No. 7934 Rank Plt Name Stubridge S
 Date of Enlistment 1.7.16 Address Point Rosey District Fortuna
 Occupation Fisherman Classification for Discharge B1 Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 100%

Passed to Demobilization Officer with following documents:—

N.F. P136	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 15.2.19 W. W. Kelly Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBILIZATION

1. Civil Re-Establishment.

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

S Stubridge

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. Brownlie

Date 25-2-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R635 to his home at Belloram and Release Certificate No. 1224 issued.

Date 25-2-19

Erskine 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 13-3-19

Date 25-2-19

Atkinson Capt
Depot Paymaster

Discharge approved for 27. 2. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 1	B 268	B 121	N.F. Med	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	1
F 178a	D 400A	B 1915	do 2nd	" 3	2
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 25. 2. 19

Erskine Capt
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 FEB 27 1919

R.H. Jarrett
O. C. Discharge Depot.

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

Date March 1/1919

G. A. P. [Signature]
F. [Signature]

Supplement
 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... *R. New Zealand* } 7. Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *2934* 3. Rank... *Pte* } 7a. If the soldier claims previous service in Army, he should state—
 4. Name *S. Stubridge* *S. J.* } (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
 5. Age last birthday... *25*
 6. Posted for duty on... *1/7/16* at... *S. Johns* } *14/17*
 in category (or grade)... *A...*
 8. If the disability is an injury was it caused
 (a) in action *Yes* (b) on field service *Yes*
 (c) on duty *Yes* (d) off duty? *No*
 9. If a Court of Inquiry was held on an injury state:—
 (a) When } *None*
 (b) Where }
 (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 a (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. *29.9.18.*
 12. Place of origin of disability. *Ipres Belgium.*
 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.
G.S.W. Left middle finger.
Cpd. fracture proximal phalanx. Proximal interphalangeal joint disorganised.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war **Yes**
- (ii.) Previous active service **No**
- (iii.) Climate in pre-war service **No**
- (iv.) Ordinary military service before the war **No**
- (v.) Serious negligence or misconduct on the } **No**
- 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, &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.)

General condition is good.

Wound is healed. Unable to bend his wounded finger.

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?

No operations.

20. Do you recommend—

(a) Discharge as permanently unfit? **Permanently Unfit.**

(b) Change to United Kingdom?

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

Sgd.

V.D. Broock C.B.

Medical Officer in charge of case.

Station **Wandsworth**

Date **23/1/19**

* 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.

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. *G.S.W. L. middle finger*
 (b) The present condition thereof. *fracture 1st Phalanx joint*
finger stiff

22. State whether the disabilities are:—

(a) Attributable to (b) Aggravated by

(i) Service during the present war .. .. .	..... <i>Yes</i> .....	.....
(ii) Previous active service .. .. .	.....	.....
(iii) Climate in pre-war service .. .. .	.....	.....
(iv) Ordinary military service before the war' ..	.....	.....
(v) Serious negligence or misconduct on the part of the soldier .. .. .	.....	.....

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

..... *✓*

23. Is the disability in a final stationary condition? If not

Yes

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures) 30%
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army? ✓

25. If an operation was advised and declined, was the refusal unreasonable? ✓

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? Yes
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home? No
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Sgt J. G. G. Gillen } President or Chairman.

Station *Wandsworth* *Sgt J. G. G. Gillen* } Members.

Date *23-7-18*

Discharge Approved under Para. 392 (xvi) King's Regulations

Station *Wandsworth* } Only applicable in cases of Patients in Hospitals.

Date *23-7-18* *H. G. Jones* } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station *Wandsworth* } O.C. Discharge Centre.

Date *23-7-18*

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.G. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer in Charge of the Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer in Charge of Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Stubredge, Samuel James
(Surname) (Christian names in full)

Unit from which discharged Royal Newfoundland Regiment

Regimental Number 2954 Rank on discharge Private Age on discharge 25

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life } cannot say what he could do, owing to wounds

Nature and locality of employment desired Newfoundland

Full postal address to which proceeding on discharge } Point Rosey Fortune Bay Nfld.

Name of Approved Society (if any) _____

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed

Service towards pension

PART C. Number of G.C. badges 7 medals _____

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date Newfoundland 31-5-1893

Colour of hair on discharge Black Colour of eyes Blue Complexion Fresh

Christian name of father Abe (deceased)

Christian name of mother Priscilla

NOTE—Army Forms D. 400 and W. 3463a and b are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463a are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463a and b are to be completed by the Officer in Charge of hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463a are to be completed by the O.G. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children and dates of birth _____
 Date and place of 1st enlistment 1 July 1916 at St. John's
 Figure on discharge Thick-set HT 576 10 Dns
 Descriptive and other distinguishing marks Scar 2nd finger of R. hand Bullet wounds

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Sturledge Samuel James
 Rank Private

Station _____ Date 10/1/18

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank) L. S. Howl

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,
 MINISTRY OF PENSIONS,
 BURTON COURT,
 KING'S ROAD,
 LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations
 or
 Transferred to Class * _____ of the Reserve.

Strike out whichever inapplicable.

Military character _____

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station _____

Date 191

* Insert P., or P.(T).

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 *Samuel James* Surname *Stowbridge*
3. Rank *Private* 4. Regtl. No. *29314*
5. Address in full to which future payments of gratuity are to be forwarded *Pointe-a-la-Croix Fortune Bay*
6. Date of enlistment in the Regiment *3 July 1916*
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 *_____*
9. Address in full of such dependents *_____*
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 Nfld. If so, give dates and particulars of such service *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas *From 3/7/16 To 13/3/19 1 1/2*

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

..... no

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...

..... no

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

..... no

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...

..... no

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?..... not app

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge... 12/31/19 ... (b) Reason for discharge.....

..... Demobilization

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 & Belgium

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.

-3- Samuel James Strawbridge

Signature of Applicant:

Place of Residence: Point Enragee, Tortue Bay

Declared before me at: St. John's

This 17th day of December 1919.....

Chas. B. Hunt

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *Barrister at Law*

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	due
.....
.....
.....
Certified correct.				Paymaster

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2934 Rank Plt Name Stibridge S
 Date of Enlistment 1.7.16 Address Rank Rosby District Larkness
 Occupation Tradesman Classification for Discharge B1 Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 100%

Passed to Demobilization Officer with following documents:—

N.F. P136	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 15.2.19 W. Stibridge Capt
 G. C. Discharge Depot
for

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Stibridge

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
- (b) Clothing Supplied Joseph A. Snowling

Date 25.2.19

O [c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.635* to his home at *Belloram* and Release Certificate No. *1224* issued.

Date *25-2-19* *CRD Dicks 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 *13-2-19*

Date *25-2-19* *Stanley Capt.*
Depot Paymaster.

Discharge approved for *27 2 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	1 2 3 4 5 6
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 *25 2 19* *CRD Dicks Capt.*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *FEB 27 1919* *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

C.R. 2934

Excerpt from Nominal Roll of Draft No.57 embarked Southampton 8/2/18
from 2/1st Newfoundland Regiment, to 1st Batta, Royal Newfoundland
Regiment B.E.F.

2934 Pte. Syubredge, S

C.R. 2934

Extract from Daily Orders part II, Depot
St. John's dated March 19th., 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records on ~~25-3-19~~ 13-3-19

#2934 Pte. Saml. Stubridge.

C.R. 2934

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

The discharge of the undernoted on demobilisation have been APPROVED
by C. C. Discharge Depot on 27-2-19.

#2934 Pte. S. Stubridge.

C.R. 2934

Extract from Preliminary Report of the Medical Board held on Thursday
February 13th 1919.

2934 PTE. S. Sturbridge.

Recommended Discharge as Permanently Unfit.

C.R. 2934

Extract from Daily Orders part 11, Depot St. John's dated Dec. 23rd/1918.

The u/m returned from special duty and reported at Depot 21-12-18.

#2934 Pte. S. Stubredge,

C.R. 2934

Extract from ~~the~~ Nominal Roll of repatriation draft No. 79, per
S. S. CORICAN, which embarked at Tilbury Docks 12/12/18 from
the 2nd., Battalion of the Newfoundland Regiment.

"#2934 Pte. S. Stubredge.

C.R. 2934

Extract from Casualties received from P & R. O. London,
Nov. 26th, 1918.

2934 Pte. S. J. Stubridge.

Ex 3rd London General Hospital 26-11-18 is granted furlough
to 10 a.m. 28-11-18 with orders to report at the P.&.R.O.
on the latter date for disposal. To be repatriated.

C.R. 2934

Extract from Casualties received from Pay & Record Office
London, Nov. 19th, 1918.

The undermentioned ~~xxxxxx~~ reported at the pay & record
Office 29-11-18 and proceeded direct to Depot, Haseley
Down Camp, Winchester, to await repatriation.

2934 Pte. S.J. Stubredge.

C.R. 2934

Extract from Casualties List No. H.A. 29656.

2934 Pte. G. Stubridge.

ADM. 2 AUST GEN. H. BOULOGNE ~~30~~ SEPT. 18.

GSW Hand Lt. Mild.

M M.

2934 Pte. Samuel J. Strowbridge.

C.R. 4098

Ext. of Casualty list received Oct 20, 1917.

Gas Shell, severe. 6th General Hospital ^{Rouen} Oct 11.

C.R. 2954

Extract from Serial Roll of Draft No. 25 embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Sector-ON-A, to 1/1st Newfoundland
Regiment S.A.F.

2954 Pte. Stubbidge, S.J.

Note

C.R. 2934

Extract of Menial Roll of Officers and men embarked St. John's
31-7-17 Sailed Halifax S. S. AUSTONIA 16-4-17.

#2934 PTE. S. J. STUBRIDGE.

C.R. 4400

2934 PTE.SAMUEL J.STROWBRIDGE.

EXT.OF CASUALTY LIST RECEIVED NOV.1st.1917.

AT ST.BARTHOLOMEW'S HOSPITAL LONDON,G.S.W.CHEST LEFT.

PREVIOUSLY REPORTED GAS SHELL SEVERE, ROUEN.OCT.11th.

C.R. 2934

Extract from Casualties from Egyptian Record Office,
London.

Admitted 3rd London General Hospital, 2-10-10.

2934 Pte. S. Stibredge.

G.S.W. L. Hand.

101.



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 *Samuel Stebbings*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2934*

Intended address *Saint Rose Fortune Bay*

Height on discharge *5 Feet 4*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Grey.*

Descriptive Marks *Shan Chest Left Arm*

Figure on discharge *Normal*

Christian name of Father *—*

Christian name of Mother *Messida*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Saint Rose Fortune Bay 31-5-1894*

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)

Station *St John's* *Samuel Stebbings* *Plt.*
(Rank)

Date *25-1-19*

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.

Station *St John's* *Stebbing*
Medical Officer i|c Hospital,
Unit, or Command Depot

Date *Jan 29, 19*



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 *Samuel Sturbridge*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2934*

Intended address *Saint Rosey Fortuna Bay*

Height on discharge *5 Feet 8*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Grey*

Descriptive Marks *Scar Chest Left Arm*

Figure on discharge *Normal*

Christian name of Father *—*

Christian name of Mother *Thescilla*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Saint Rosey Fortuna Bay 31-5-1894*

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)

Station *St Johns*

Date *25-1-19*

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

Station *St Johns*

Date *Jan 29, 19*

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



DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file.

P.A.

OTTAWA 4, ONTARIO.
Date.. ~~NOVEMBER 8, 1965~~.

Attention of

NAME STURBRIDGE Samuel.

SERVICE 2934 ROY
NUMBER ~~NFLD REET.~~
W.W. 1C.P.C. No. 261139
W.V.A. No. 59615NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

W.V.A. P.O. BOX 5368, ST. JOHN'S, Nfld. NOVEMBER 3, 1965.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death ~~XXXXXXXX~~ **NOT STATED.**
 Cause of Death.....
 Place of Death **NOT STATED.**

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

Copies to: W.S.R.
 V. I.
~~NAVY~~
~~R.C.F.~~
 H.O.

} Destroy form if advice of death already received.

E. C. Richards
 for
 Chief, Central Registry