



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4805 Name Alfred Stickland Corps C.O.F.E.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Alfred Stickland
2. What is your full Address? 2. Cambridge Place Bay
3. Are you a British Subject? 3. yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Teacher
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Alfred Stickland 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.

Alfred Stickland SIGNATURE OF RECRUIT.

James P. Signature of Witness.

a 30-4-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 30th day of Apr 1918

Signature of Attesting Officer James Stewart

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date 191
Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Alfred Buckland
 Apparent age 27 years months. Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Buckland
Famuline | Relationship father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>30.4.18</u>									
Joined at <u>St. John's</u> on <u>April 30. 1918</u>									
<u>Discharged August 6 1919</u>									
<u>Reported for duty</u> <u>19-6-18</u>									
<u>Embarked St. John's St. Columella to Halifax N.S. 22-7-18</u>									
<u>To Newfoundland for demobilitisation</u> <u>24-6-19</u>									
<u>Arrived Newfoundland 1-7-19</u>									
<u>Demobilisation St. John's</u> <u>6-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-8-19</u> (date of discharge)					<u>1</u> years	<u>48</u> days			
Pensions									

R. Stickland

4805.

P. + P. U

C.R. 4805

Extract from Daily Orders Part II Unit The Royal Wfld. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the under noted on demobilization has been
CONFIRMED by officer i/c Records from 4-8-19.

4805 Pte. A. Stickland.

C.R. 4805

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.
St. John's, July 14th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.C. Discharge Depot with effect from 23-7-19

4805 Pte. A. Strickland.

C.R. 4805

Extract from Daily Orders Part II Unit The Royal Field Regt.
St. John's, July 24th 1919.

4805 Pte. A. Strickland.

Reported at Headquarters 1-7-19 ex "Cassandria" which sailed
Glasgow 24th June, 1919.

C.R. 4805

Extract from Daily Orders part 11, from Unit The Royal
Field Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#4805 Pte. Alfred Strickland.

C.R.

4885

Extract from Daily Orders part 11, from Unit The Royal Wld.
Regt. Lt. John's, dated May 1st, 1916.

#4805 Pte. Alfred Strickland.

Attested for General Service with the Royal Wld. Regt.
from 30/4/16.



THE ROYAL NEWFOUNDLAND REGIMENT

I, Alfred Stickland ALLOTMENTS, Regl. No. 4805

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins Augt 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4850	Mother	Mrs George Stickland (Keziah)	High Beach Limaline	70
Total Allotment, \$				70

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.) W. Summers
 Officer Commanding
 Company
Royal Newfoundland Regt
July 6th
 1918

(Sig.) Alfred ^{Warrant} Stickland
 (Rank) Private Edward

No. 14/7

N.F.P. 179.

~~NEWFOUNDLAND CONTINGENT~~

From:

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

006191
NEWFOUNDLAND CONTINGENT
LONDON
JAN 1919
OFFICE

Officer Commanding,
2nd. Bn. R. Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

2nd. January, 1919

4-1-1919

Subject: 4805. Pte. A. Strickland.

With reference to the following telegram (1364) from the Hon. Minister of Militia, received

Receipt hereunder.
Leyman
LIEUT. COLONEL.
Officer Commanding, Battalion
2ND BN. ROYAL NEWFOUNDLAND REGT.

Pay to 4805 Strickland - £10:0:0

Draft £10:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of £10
Pounds on account of
cable remittance from Newfoundland.

A. H. Mansell Maj.
Chief Paymaster & O. i/c Records.

A Strickland
No. 4805 Rank Pte

A Mansell

B

No. 2552/347.

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.

2nd/Bn. Ryl Nfld Regt.

Winchester.

14th February 1919

February 19th 1919

4805. Pte Stickland. A.

With reference to the following telegram from the Minister of Militia / / (21)

"Pay to-4805. Stickland.

£8.0.0.

Cheque £ 8.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

Chas. J. [Signature]

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Eight Pounds

in respect of telegraphic remittance from the Minister of Militia.

A. J. Minahan Maj.
Chief Paymaster & O. i/c Records.

his work
A. Stickland
No 4805 Rank Sergeant
Witness A. Rockett



B

P.D. 067 433 12/11/19

Stuckland, A

4805

Hay Sept

August 6th 1919.

#4805, Pte. A. Stickland,
Lamaline, Fortune.

Dear Sir:

Enclosed please find Discharge Certificate
3432.

Yours truly,

Capt. & O.i/c Records.

RS/.

August 6th 1919.

#4805, Pte. A. Stickland,
Lamaline, Fortune.

Dear Sir:

Enclosed please find Discharge Certificate
3432.

Yours truly,

Capt. & O.i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4.8.0.5 Rank Plc Name Shickland A
 Intended place of residence Lamaline Fortune
 2. Occupation Fisherman
 Classification of soldier E Medical Category A L

3. The above named man is discharged in consequence of
DEMOBILIZATION
 Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 9 1919
 F. 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, ST. JOHN'S
 Date JUL 9 - 1919
 Signature of soldier: Alfred Shickland
 Signature of witness: James O'Sullivan

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, ST. JOHN'S
 Date JUL 9 - 1919
 Signature of soldier: Alfred Shickland
 Signature of witness: James O'Sullivan SPI

STATEMENT OF SERVICE

7. Enlisted for service 30-4-18 No. of days on Military
 Discharged from service 23-7-19 Plus 14 days Service 464

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 23 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 6/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

Handwritten notes: CORP 699/5452

Vertical handwritten notes: 1, 31, 20, 31, 6, 99

The Royal Newfoundland Regiment

Class for Demobilization: *7/6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *4805*

Name *Strickland Alfred J. H.*

Address *Lamaline*

Present Medical Category *A7*

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

R. H. Last Major
O.C. Discharge Depot.

H. P. ...
Senior Medical Officer

J. W. ...
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. 1805 Rank PLC Name Streckland G
 Date of Enlistment 30.4.18 Address St. John's District Fortune
 Occupation Intermarier Classification for Discharge E Medical Category AT
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 8.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *TP. 866* to his home at *Lanvaline* and Release Certificate No. *3339* issued.

Date *9-7-19*

J.A. Smweest
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 *6-8-19*

Date *9-7-19*

T. M. H. H.
Depot Paymaster.

Discharge approved for *23-7-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *9-7-19*

J.A. Smweest
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 *JUL 20 1919*

J. R. Coope Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Stuckland
Signature of Man.

Reg. No. 4805-

J. A. Shauloff
Signature of the Vocational Officer or his Representative.

Place

M. Johns

Date

9-7-19

191

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

MEDICAL HISTORY

Surname Stearns OF Christian Name Alfred

Table I.—GENERAL TABLE.

Birthplace:—Parish Lamaline County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30	Apr	1918	191
	at <u>St Johns</u>		at	
Declared Age	27	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet	8 1/2	inches
Weight			158	lbs.
Chest Measurement	Girth when fully expanded		38	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	= 6/6		R.E.—V=	
	L.E.—V= 6/6		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamm Parsons</u>			
(Rank)	<u>Major</u>		Medical Officer.	
Enlisted	at <u>St Johns</u>		at	
	on	30 day of <u>Apr</u>	1918	on
				day of
				191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal</u>	<u>#805</u>		
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191



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 *Alfred Stockland*
Regiment from which discharged *Royal Newfoundland*
Regimental number *7805*
Intended address *Lamaline*
Height on discharge *5 Feet 9*
Color of hair on discharge *Light brown*
Complexion *Fair*
Color of eyes *Blue*
Descriptive Marks —
Figure on discharge *Medium*
Christian name of Father *George*
Christian name of Mother *Azeria*
Wife's maiden name in full —
Date and place of marriage —
Christian names of children —
Place and date of soldier's birth *Lamaline 16-8-age 23-1896*
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) *Alfred ^{the} Stockland* (Rank) *P/E*
Mark

Station *St. Johns* Date *July 4-7-19*

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



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

Station _____ Date _____

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 F., 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 Ulster Rifles* } Former Trade or Occupation } *Indo-Ban*
2. Regt. No. *4805* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Stieglaud* *Alfred* } (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *23*.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- | | | |
|---|---|-------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

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

He complains of no disability

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.)

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

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

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W. P. Proctor *Capt. Rame*
 Medical Officer in charge of case.

Station *Hazely Down*

Date *3/4/19*

* 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

August 15, 1919

Mr. Alfred Strickland,
Lamaline

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

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 *Alfred* 2. Surname *Sheekland*
3. Rank *Pvt* 4. Regtl. No. *48051*
5. Address in full to which future payments of gratuity are to be forwarded, *Lamaline*
6. Date of enlistment in the Regiment. *April 29/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
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?.....
11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in field or Overseas..... *Fifteen months*

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.

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

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

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

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

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

19. Are you now serving in the Regt.? *no* If not give:- (a) Date of discharge. *Jan. 24/19.* (b) Reason for discharge. *Aug. 6/19*

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.

England

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

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

(Witness) Copy

Signature of Applicant:

his
Alfred X Sheekey
mark

Place of Residence:

Lanahane,

Declared before me at:

St. Johns

This

10

day of

July

19.19...

John M. Carthy
J.P.

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

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent	Gratuity.	due

.....

.....

.....

Certified correct.

By Justice



The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4905 Rank PLC Name Stanley G. Fortune
 Date of Enlistment 30.4.18 Address Hamlyn District Fortune
 Occupation Fisherman Classification for Discharge 16 Medical Category VI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 8-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation

W. J. Newman

Lt. A. J. Shieldland
maid

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$65.00

(b) Clothing Supplied

W. J. Newman

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 866* to his home at *Lumelive* and Release Certificate No. *3330* issued.

Date *9-7-19* *J.A. Smead*
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 *6-1-19*

Date *1-7-19* *J.A. Smead*
Depot Paymaster.

Discharge approved for *23-7-19*

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
E 178	W 3494	B 122	Board 1st	" 2	<i>1</i>
B 178a	D 400A	B 1915	do 2nd	" 3	<i>2 Famb</i>
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 *9-7-19* *J.A. Smead*
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 *JUL 20 1919* *J.R. Cooke*
for O. C. Discharge Depot.

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

Date *July 21/19* *P. L. T.*

Reg. No. 4805 Rank Pb Name Strickland D.

Attested Address Lavaline

Allotment Allottee

Date of Allotment Returned from Overseas JUL 1 1919

Returned on S.S. Laurel Cause Discharge

9779 PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *4209* 3. Rank..... *Plt.*
4. Name..... *Stickland Alfred*
(Surname) (Christian Names)
5. Age last birthday. *23*.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Seaman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
- (b) Date of Discharge ;
(c) Cause of Discharge.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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