



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5055 Name Eric Strickland Corps Meth

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Eric Strickland
- 2. What is your full Address? 2. H. Brown St. City
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years Months
- 5. What is your Trade or Calling? 5. Candy maker
- 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, Eric Strickland 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.

Eric Strickland SIGNATURE OF RECRUIT.
J. Raymond Signature of Witness.

15/5/18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at
on this 15 day of May 1918
Signature of Attesting Officer Geo Liberty Major

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 May 15 1918
Place St John's } 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)

Report 22.5.18

DESCRIPTIVE REPORT ON ENLISTMENT

5055

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

Name Erin Strickland
 Apparent age 19 years months. Height 5 feet 5 1/4 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Kenneth Strickland
4 Orion St City | Relationship Father
 Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Lepot	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>15-5-18</u>									
Joined at <u>St John's</u> on <u>May 15/18</u>									
<u>Embarked St John's St. Columella to Halifax N.S. 22/18</u>									
<u>Embarked for Halifax 23-11-18</u>									
<u>Disembarked France 28-11-18</u>									
<u>Joined Battalion 5/19</u>									
<u>Transferred from Haven 22/19 Arrived Manchester 25/19</u>									
<u>Transferred for demobilization 22/19 Arrived London 1-6-1919</u>									
Total Service forfeited as above <u>Demobilization St John's 29-6-1919</u>									
Total Service towards Engagement to <u>29-6-19</u> [date of discharge] <u>1</u> years <u>118</u> days									
Pensions " " " " " " " " " " " "									

Reg. No. 5755 Rank Pte Name Strickland, Edgar

Attested 15-5-18 Address 11 Brien St.

Allotment 60 Allotee Mrs. Kenneth Strickland (Wife)

Date of Allotment 1-8-18 Returned from Overseas

Embarked for Overseas JUL 22 1918 Cause

1st Dec. 13/18

13th Nov 20-7-18

C.R. 5055

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, June 29-6-19. 30-6-19

The discharge of the undernoted on ~~unit~~ demobilisation has
been CONFIRMED by Officer i/c Records from 29-6-19.

5055 Pte. Eric Strickland.

C.R. 5055

Extract from Daily Orders Part II Unit The Royal Wilt. Regt.
St. John's, June 16th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 15-6-19.

5055 Pte. E. Strickland.

C.R.

5053

Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.
St. John's, June 14th, 1919.

5055 Pte. E. Strickland.

Reported at Headquarters 1-6-19 Ex "Corsican" which sailed
Liverpool 22-5-19.

C.R. 5055

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#5055 Pte. E. Strickland.

C.R. 3055

Extract from Nominal Roll of draft No. 56,
from the 2nd., Battalion of the Royal
Newfoundland Regiment to the 1st., Battalion
Royal Newfoundland Regiment. 23/11/18.

3055 Pte. E. Strickland.

C.R. 5055

Extract from Daily Orders part 11, from Unit The Royal
HQA, Regt. St. John's dated July 28, 1918.

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

#5055 Pte. Eric Stickland.

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regiment, St. John's, dated May 16th, 1918.

#5055 Pte. E. Strickland.

Attested for General Service with the Royal Nfld. Regt.
15/5/18

E. Strickland

C.R. 5055

~~1180~~

Medical Report on an Invalid.

Station Hazelby Down
 Date 30/4/19

1. Unit Royal Newfoundland 7. Former Trade or Occupation } Candy maker.
 2. Regimental No. 5055
 3. Rank Pte
 4. Name Strickland P.
 5. Age last birthday 19
 6. Enlisted { on 15/5/18
 at St John's

- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *nil*
 10. Place of origin of disability. *nil*
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. *nil*

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Deciphering of no, double

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

u

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

u

16. Was an operation performed? If so, what?

u

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

u

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

u

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

u

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatration

M R

Indrs.

May 12 1919

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Down*

Officer in charge of Hospital.

Date *30/4/19.*

*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.

† Delete this word if no exceptions are to be made.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eric Strickland 5055
 , Regl. No. 5055

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

Allotment begins July 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4465	Mother	Mr. Kenneth	14, B. Street	60
		Edith Strickland	14, B. Street	
			Total Allotment, \$	60

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

(Sig.) [Signature]
 Officer Commanding
[Signature]
 Company
 1916

(Sig.) [Signature]
 (Rank) [Rank]



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eric Strickland, Regl. No. 5053 hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and 64 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or _{or} Persons concerned, viz :

Allotment begins July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4665	Wife	Mrs Kenagot	204 Brynco St St. Johns	60
		Evelyn Strickland		
Total Allotment, \$				60

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

(Sig.) [Signature]
 Officer Commanding
 _____ Company

(Sig.) [Signature]
 (Rank) Private

[Signature]
July 5 1918

No. 5058

Name

Strickland E.

Sqn., Batty, or Company

D.

Case

Newfoundland

Date of enlistment

15/1/18

G.C.

1/1/18

Service of

Proficiency

Date of last entry in Company Conduct Sheet

No. and date of last drink

Period not reckoning towards freedom from extra fine

Serial No.

Signature O.C. Company, etc.

27/1/18
Character Good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field	5/1/19	Pte.		Defiant of 1 Regulation Shot 1 per order	W. J. Rodman	Ad. 10 days	6/1/19	S. E. H. H. H.	Proficiency
Parade	15/1/19			Failed at 8 AM	H. P. C. W.	14 days	18/2/19	S. E. H. H. H.	Proficiency

Army Form B. 122.

[P.T.O.]

Strickland, C

5055

Joseph

June 29, 1919

#5055 Pte. Eric Strickland,
#4Brien Street,
City.

Dear Sir:-

Please find enclosed discharge

Certificate No. 2429.

Yours truly

Captain,
Paymaster & O.i/c records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5055 Rank Pte Name Strickland A.
 Intended place of residence 4 Breaux St. St John's
 2. Occupation Candy maker
 Classification of soldier A Medical Category AI

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 JUN 12 1919

Date JUN 12 1919

H. M. ...
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date

ST. JOHN'S

JUN 12 1919

A. Strickland
 Signature of soldier

Ambrose ...
 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 JUN 12 1919

ST. JOHN'S

A. Strickland
 Signature of soldier

W. J. ...
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-5-18 No of days on Military
 Discharged from service JUN 15 1919 Plus 14 days Service 411

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

Date JUN 15 1919

R. H. ... Major
 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 June 29/1919

M. Bowley
 Officer i/c Records
 The Royal Newfoundland Regiment

22 B 2019 229

The Royal Newfoundland Regiment

Class for Demobilization: —

E.C.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

10.6.19

Regimental No *5055*

Name

Strickland, Eric

Rank

Pte

Address

4 Bowen St

Present Medical Category

A-1

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

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

J. Peterson
Senior Medical Officer

J.W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 3055 Rank Plt Name Strickland E
 Date of Enlistment 15.5.18 Address Sydney District Sydney
 Occupation Candy maker Classification for Discharge E Medical Category 1I
 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 10.6.19 O. C. Discharge Depot. Miss Grant

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Eric Strickland
mark with wife
at station

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
- (b) Clothing Supplied Attest

Date 12-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 4 Brown St, St Johns and Release Certificate No. 2645 issued.

Date 12-6-19

J.A. Lawless

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 24-6-19

Date 12-6-19

H. M. Smith
Depot Paymaster.

Discharged approved for 15-6-19

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

N.F. P/36	B 288	B 121	N.F. Med	D.F. 1	
B 178	W 349A	B 122	Board Ist.	" 2	
B 178a	D 400A	B 191.5	do 2nd	" 3	2 Form B
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	
B179c	B 120	M 93			

Date 12-6-19

J.A. Lawless

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

JUN 15 1919

Eligible for War Service Gratuity

Date

R.H. Smith
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:

Resume former occupation

Strickland E.

Signature of Man.

Reg. No. 5055

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

Place

ST. JOHN'S

Date

12-6-19

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

MEDICAL HISTORY

Surname Strickland OF Christian Name Eric

Table I.—GENERAL TABLE.

Birthplace:—Parish S. Johns County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	1918	at	191
Declared Age	19	years		
Trade or Occupation	Candy Maker			
Height	5	feet 5 1/4 inches		
Weight	122 lbs.			
Chest Measurement	Girth when fully expanded	34 1/2 inches		
	Range of Expansion	4 inches		
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	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>James Paterson</u>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at	S. Johns	at	
	on	1918	on	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	The Royal Nfld. Regt			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 *Eric Stickland*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5055*

Intended address *4 Brien Street, St John's*

Height on discharge *5* Feet *6*

Color of hair on discharge *Dr. Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *medium*

Christian name of Father *Kenneth*

Christian name of Mother *Evelyn*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *St John's, Jan 9th, 1899*

Nature and locality of civil employment required

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

(Soldier's signature in full)

Eric ^{*his*} *Stickland* ^{*Pfc.*}
_{*unth.*} (Rank)

Station

Date *10-6-19*

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

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

Station

Date

Casualty Form—Active Service.

ROYAL NEWFOUNDLAND REG

Regiment or Corps

Rank *Pte* Surname *Strickland* Christian Name *B*

Religion *Methodist* Age on Enlistment *19* years *—* months

Enlisted (a) *15/5/18* Terms of Service (a) *DURATION* Service reckons from (a) *15/5/18*

Date of promotion to present rank: Date of appointment to lance rank:

Extended () Re-engaged () Qualification (b) *77/10/19*
or Corps Trade and Rate

Occupation *Sandy-maker* Signature of Officer *M. H. Long*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		<i>Arrived in UK</i>		<i>9/2/19</i>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c

(17701) Wt. W 1687-P 1124. 1,000,000. 6/18. D & S. Form B/108. (B. 1954)

[P.T.O.]

Next of Kin: *Father: Strickland Kenneth: 4 Brun St: St Johns: N.S.S.D.*

Medical Report on an Invalid.

Station Hazel D CampDate 30. 4. 19

- | | |
|--|---|
| <p>1. Unit <u>Loyal Newfld</u></p> <p>2. Regimental No. <u>5055</u></p> <p>3. Rank <u>Pte</u></p> <p>4. Name <u>Strickland R.</u></p> <p>5. Age last birthday <u>19.</u></p> <p>6. Enlisted } on <u>18. 5. 18</u>
 { at <u>St John</u></p> | <p>7. Former Trade } <u>Candy maker</u>
 or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit ;</p> <p>(b) Regimental No. ;</p> <p>(c) Date of Discharge ;</p> <p>(d) Cause of Discharge.</p> |
|--|---|

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *hie*
10. Place of origin of disability. *nil*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition? *he complains of no disabilities*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service? *wa*
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where? *wa*

(c) Opinion?

16. Was an operation performed? If so, what? *wa*

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? *wa*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. *wa*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

J. S. P. Knight Major R.A.M.C.
J.S.P. Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H. D. Camp.*

Date *20 11 19*

Officer in charge of Hospital.

*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.

† Delete this word if no exceptions are to be made.

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..... *Eric* 2. Surname..... *Streetman*
3. Rank..... *Pte* 4. Regt. No..... *5055*
5. Address in full to which future payments of gratuity are to be forwarded..... *4. Beine Street. City*
6. Date of enlistment in the Regiment..... *May 18/18*
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..... *no*
9. Address in full of such dependents..... *no*
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 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..... *Thirteen months and 11 days* 1.

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

not applicable

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

£ 69.69 Cushing Co

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

16. Have you, during the present war, served in the Imperial Forces? *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *no*

19. Are you now serving in the Regt.? *no* If not give - (a) date of discharge. *June 26/19.* (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 & Germany*

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. *[Signature]*

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

Signature of Applicant: ^{Eric} Eric ^{Stairland} Stairland ^{Comp} ~~Comp~~
 Place of Residence: 4 ^{Brun} Brun St St ^{At} At
 Declared before me at: St St ^{Johns} Johns
 This 12th day of June 1969.....

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

POST DISCHARGE PAY.			War Service Gratuity.	Net amount due
Date paid	Paid Soldier.	Paid Dependent.	<i>None</i>	<i>58.00</i>
Certified correct.			Paymaster	<i>[Signature]</i>



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eric Strickland, Regl. No. 5055

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

Allotment begins July 15 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4665	Wife	Mrs Kenneth Evelyn Strickland	West Prince St St Johns	60
Total Allotment, \$				60

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

(Sig.) A. G. Lewis Lt
 Officer Commanding
S Company
John
July 6 1918

(Sig.) Eric Strickland
 (Rank) Pte

ST. JOHN'S, June 12th 19

Royal Newfoundland Regiment.

Billeting Account,

To M. E. Strickland

Billeting Soldiers as undermentioned

from June 1st 19 to June 15th 19

5055 · M. E. Strickland 15 50

ACCOUNT	<u>B. M. E.</u>
CH. NO.	<u>23311</u>
INITIALS	<u>E. S.</u>
TWO POWER	_____
PAY LEGGER	_____
INITIALS	_____
CERTIFIED CORRECT FOR \$	<u>15</u> · <u>50</u>

Certified correct for \$

R. J.

Amel Twiss

Billeting Officer.

E. Strickland

Per (S. M. P.)

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheet oneRegiment of Royal NewfoundlandSignature of O. C. Company C. D. Dickson Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.		Age on	years	months					
5055	Stickland Eric	19			Candy maker				
Joined	Date	Place and Date of Enlistment	15.5.18		Religion				
Joined	Date	with Colours		1 ^{1/2} years.	Method				
Joined	Date	with Reserve		3 ^{1/2} years.	Place of Birth				
Joined	Date				St John's				
Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Nfld Det B Coy	26/10-18	Pte		Inattention in parade	Csm White	7 days CB	26/10-18	Capt M. Long	M.H.
				Demobilized St John's		29/19			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

Demobilization Form 3

5055

DEMOBILIZATION OF

Reg. No. 5055 Rank Plt Name Stuckland E.
 Date of Enlistment 15.5.18 Address Sydney District Sydney
 Occupation Candy maker Classification for Discharge E Medical Category I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	B 121	N.F. Med	D.F. 1
B 178	W 3404	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 10.6.19 O. C. Discharge Depot. Miss Hunt

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Eric Stuckland
mark *W. J. L. H.*

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied White shirt

Date 12-6-19 O i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 107 to his home at 14 Cranston St, Providence and Release Certificate No. 2048 issued.

Date 12-6-19 *J. H. Shaw 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

Date 12-1-19
Depot Paymaster.

Discharge approved for 12-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.P. P36	B 268	B 121	N.F. Med	D.F. 1	11 Form B 10.5.19
B 178	W 3404	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	
B179c	B 120	M 93			

Date 12-6-19 *J. H. Shaw Capt.*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date JUN 15 1919
O. C. Discharge Depot.

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

Date June 20, 1919
H. S. ...
2nd Rec. ...

Reg. No. *106* Rank *Private* Name *Shuckland, Eric*

Attested Address *4 Prince Street*

Allotment No. Allottee

Date of Allotment: Returned from Overseas *29.8.19.*

Returned on S.S. *Corran* Cause *Discharge*

10-6-19
15-6-19

MOBILIZATION ORDER