



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5093

Name Frank Strugnell Corps C/Pl

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Frank Strugnell
2. What is your full Address? 2. Paul Croft St. E.
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. Porterman
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

Frank Strugnell 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.

Frank Strugnell SIGNATURE OF RECRUIT.

J. P. Croft Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Frank Strugnell 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 17 day of May 1915.

Signature of Attesting Officer Brooks Lieut

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

Date May 17 1915

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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Frank Strugnell
 Apparent age 22 years months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frank Strugnell
Rank One Sp. Co. | 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 Depot	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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
Pensions _____ [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5093 Name Frank Strugnell Corps CofC

Questions to be put to the Recruit before Enlistment

- | | |
|--|------------------------------|
| 1. What is your name? | 1. <u>Frank Strugnell</u> |
| 2. What is your full Address? | 2. <u>Haunt Court St. E.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Ironman</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 |
| 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> |

Frank Strugnell do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

Frank Strugnell SIGNATURE OF RECRUIT.
J. P. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Frank Strugnell 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 17 day of May 1918.

Signature of Attesting Officer Brooks Lieut.

†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 17 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)

C.R. 5093

Extract from Daily Orders part II, Depot St. John's dated 7-4-19.

The discharge of the u/n on demobilization has been CONFIRMED
by OI/C. Records on 5-4-19.

#5093 Bte. Frank Stringnell.

C.R. 5093

Extract of DAILY ORDERS ~~XXXX~~ PART II Depot
St. John's dated March 11th/19.

The Discharge of the undernoted on Demobilization
has been APPROVED by O.C. Discharge Depot on
noted date.

8/3/19.

#5093 Pte. Frank Stringnell.

C.R. 5093

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S DATED MARCH 10th/19.

Absent without leave from Oct. 1/18 to Feb. 21/19. (
(143 days).

#5093 Pte. F. Strignell.

Forfeits 143 days under R.W.

C.R. 5093

Extract of Preliminary Report of a Medical Board held on
Thursday Afternoon March 6th, ¹⁹ the following was the find-
ing:

Recommended Discharge from the Army.

#5093 Pte. F. Strugnell.

C.R. 5093

Extract of DAILY ORDERS, PART II, Depot St. John's,
dated March 1st 1919.

#5093 Pte. F. Stringnell

Discharged from Barracks Hospital 26/2/19.

C.R. 5093

Extract from Daily Orders part II, Depot St. John's dated
Feb 25th., 1919.

Feb

5093 Pte. F. Strignell.

Admitted to Barracks Hospital 22-2-19.

C.R. 5093

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 18th, 1918

#5095 Pte. F. Stugland

Attested for General Service with the Royal Hfld. Regt.
from 17.5.18

May 1914.

He appeared to me to be "run down" and I prescribed tonics. He seemed to improve. I have no doubt he could have reported before this, at St. John's, though he was hardly fit for the discharge of his duties.

Trusting this ^{explanatory} is satisfactory,
I am,
Yours very truly
H. F. Donahue

[SEE OVER]

5093

Struquell, X.

Torbay,

Feb. 24th /19.

Captain R. H. Tait,
St. John's: -

Dear Sir: -

Re. 5093

Pte. Struquell, I may say I attended him first in September and saw him at various times, say about seven or eight, up to Jan-

This report is not an element to their
means condition - I would recommend
that he be put on furlough

MEDICAL DEPARTMENT,
1ST NEWFOUNDLAND REGIMENT.

W. H. Gordon

Dec 26/19

M.O. DEPT.

MEDICAL DEPARTMENT,
1ST NEWFOUNDLAND REGIMENT.

January 29th/19

From Officer Commanding,
Discharge Depot.

To #5093, Pte. F. Strignell,
Pouch Cove.

About 10th September, 1918 you were granted Week-End leave for the purpose of proceeding to Pouch Cove. On the 11th a 'phone message was received stating that you were sick at home. Since that time no further report has been received from you as to your condition.

You will please report to Depot at first opportunity and bring with you a Medical Certificate covering the full period of your illness otherwise you will be treated as absent without leave.

You are now about to be discharged and this information is necessary to settle up your accounts.

TJW:

Captain,
O.C. Discharge Depot

W. J. Strignell

Feb. 22nd, 1919

Dr. Donahue,

Terbay

Dear Sir/-

5093 Pte. F. Strignell of Pouch Cove has reported at the Barracks after an absence of some six months.

About Sept. 10th he was granted week-end leave to proceed to Pouch Cove and the next day a 'Phone message was received stating that he was sick at home. Since that date no report was received from him till today.

He states that he has been under your care continuously since September up to the end of January. Will you kindly furnish me with a full report on his case, covering the whole period of his illness? I should also be glad to know at what date in your opinion he was fit to return to St John's, though not necessarily fit for duty at the Barracks. This information is necessary in order to finalize his accounts, as I wish to discharge him as soon as possible.

Hoping for an early reply.

Yours very truly,

Captain

O. C. Discharge Depot

RHT/C

Strugnell, A.

5093

Sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5093 Rank Private Name Strugnell Frank
 Intended place of residence Pouch Cove
 2. Occupation Disbarman
 Classification of soldier B Medical Category E *(No disability) Class II. Badge issued*

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

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place
 Date 6/6/1919 8 AM *for H. Mess H.*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S 8-3-19
 Signature of soldier Frank Strugnell
 Signature of witness W.D. Dicks Capt.

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 8-3-19
 Signature of soldier Frank Strugnell
 Signature of witness W.J. Eaton

STATEMENT OF SERVICE

7. Enlisted for service 16.5.18 No of days on Military Service
 Discharged from service 8.3.19. Plus 28 days Service 325

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 John's
 Date MAR 8 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place John's
 Date March 22 1919
 Officer i/c Records
 The Royal Newfoundland Regiment
April 5/1919

ad B 207 9/1544

15
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The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5093 Rank. Pte. Name Stungnell Frank
 Date of Enlistment 16.5.18 Address Trush Cove District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category FE1
 Recommendation S.M.B. permanent disability Disability Rating Full
 Passed to Demobilization Officer with following documents:—

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

Date 8.3.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am Frank Stungnell 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 Frank Stungnell

Date 8-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9230 to his home at Knox, Tenn and Release Certificate No. 12250 issued.

Date 8-3-19 C. B. Dickes 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 22-3-14

Date 8-3-19 H. Mews Lt.
Depot Paymaster.

Discharge approved for 8.3.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.	B 268.	B 121.	N.F. Med.	D.F. 1.	1 2 3 4 5 6 <u>201m B</u>
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 3 . 19 C. B. Dickes 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 MAR 8 1919 R. H. Sait Capt.
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname Strugnell OF Christian Name Frank

Table I.—GENERAL TABLE.

Birthplace:—Parish Laurel Cove County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	16	May 1918		191
Declared Age	27	years		days
Trade or Occupation	Fisherman			
Height	5	feet 6 1/2 inches		
Weight		139 lbs.		
Chest Measurement	Girth when fully expanded	36 1/2 inches		
	Range of Expansion	4 inches		
Physical Development				
Vaccination Marks	Right		Right	
	Left	1 scar	Left	
When Vaccinated	27 Dec 1910			
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>Samuel Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St Johns</u>	at	
	on	16 day of <u>May</u> 1918	on	day of 191
	Corps.		Corps	
		Regtl. No.		Regtl. No.
Joined on Enlistment	<u>The Royal Nfld Regt</u>			
Transferred to	<u>Nfld Regt</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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:

In name former occupation
Fishing

Frank Stungnell
Signature of Man.

W. Dickson
Signature of the Vocational Officer or his Representative.

Reg. No.

5893

Place

St. Johns

Date

8-3-19

191

5



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. John's Field*
Date *March 3rd 1919.*

1. Unit *Royal Newfoundland*
2. Regimental No. *5093*
3. Rank *Sir-ate*
4. Name *Stangwell Frank*
5. Age last birthday *23 7/8*
6. Enlisted on *14th May 1916*
at *St. John's*
7. Former trade or occupation *Fisherman.*

8. Disability

nil

9. History

Absent without leave for a period of about 6 months. Claimed to be ill, but medical certificate very unsatisfactory, & suggestive of phalangeum

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.)

Complaints of being "Run-down"
P. 88. No murmurs Heart.
No Accompaniments in Chest.

11. Was sanatorium advised and refused? No
operation

12. Do you recommend discharge as permanently unfit? yes

Signature

Archibald

Rank or Qualification

5th
M.O. Depot

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x Cannot 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.

J.

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

(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?

(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

}	General Hospital,
	Naval and Military Con-
	valescent Hospital,
	Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

..... *[Signature]*
President
Signatures..... *[Signature]*
..... *[Signature]*

Place S. Johns

Date Mar 6 1919

APPROVED DIRECTOR OF MEDICAL SERVICES

Station MAK. 6. 1919

Date No.



[Signature]
Administrative Medical Officer *[Signature]*



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 *Strugnell Frank.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5093*

Intended address *Souch Cove*

Height on discharge *5* Feet *9* in

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks */*

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Dorcas*

Wife's maiden name in full */*

Date and place of marriage */*

Christian names of children */*

Place and date of soldier's birth *Souch Cove 5th Aug 1895*

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) *Frank Strugnell* *Pte* (Rank)

Station *St Johns* Date *Mar 1st*

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 *St Johns*

Date *1st March 1918*

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *5093*.....

Name *Strangnell Frank*..... *Plt*

Address *South C. A. S.*.....

Present Medical Category..... *E*

Recommended for:— { (a) ~~Immediate~~ discharge

(b) Standing Medical Board.....

Members of Board {

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

W. Paterson
.....
Senior Medical Officer

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

FORM K

Nº 4133



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frank Stignell, Regl. No. 5093
 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 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>H 8 11</u>	<u>Father</u>	<u>William Stignell</u>	<u>Paradise</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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. G. James
Officer Commanding

(S) Frank Stignell
(Rank) Private

H. John
June 12 1918

April 5th., 1919

#5093 Pte. Frank Stragnell,
Pouch Cove,
St. John 's East.

Dear Sir:-

No.1544." Please find enclosed "Discharge Certificate

Yours truly,

Paymaster & i/c Records Captain,

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Number of Sheet 01

Regiment of

Royal New Forest

Signature of O. C. Company

W. Dicks / Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5093</u>	Age on	<u>22</u> years / months	<u>Justice man</u>		
Joined	Date	Place and Date of Enlistment	<u>Stochus</u>	Religion		
Joined	Date	Period of	<u>17.5.18</u>	<u>C of A</u>		
Joined	Date		with Colours <u>32 1/2</u> years.	Place of Birth		
Joined	Date	with Reserve <u>36</u> years.	<u>Porch Cove St John East</u>			

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
				<u>Demobilized</u>	<u>St John's</u>	<u>5</u>	<u>4</u>		<u>19</u>

To be carried over

Army Form B. 121.

11093

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

9-578

Reg. No. 5093 Rank Plt Name Sturgeson, Frank
 Date of Enlistment 16.5.18 Address South Cove, District
 Occupation Cook Classification for Discharge B Medical Category 1
 Recommendation S.M.B. permanent Disability Rating 1/1
 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 8.3.19 O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Frank Sturgeson

Particulars passed to Vocational Officer for information and action.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied yes

Date 8-3-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9330 to his home at Knock Grove and Release Certificate No. 1425 issued.

Date 8-3-19

C. B. 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 22-3-19

Date 8-3-19

H. M. Lewis Lt
Depot Paymaster.

Discharge approved for 8.3.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
E 178	W 2494	B 122		Board 1st	" 2	2	form B
E 178a	D 400A	B 1915	2	do 2nd	" 3	2	
H 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 92					

Date 8.3.19

C. B. Dicks 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 MAR 8 1919

R. J. [Signature]
O. C. Discharge Depot.

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

Date March 11/19/19

[Signature]
Depot Records

Reg. No. 5093 Rank *Cte* Name *Stigland J*
Attested *17-5-18* Address *Pouch Cove*
Allotment *60* Allotee *William Stignell (Father)*
Date of Allotment *1-7-18* Returned from Overseas _____
Embarked for Overseas _____ Cause _____

Vac 18-5-18

13/5/18 to 5/6/18 Returned from leave 5-5-18.

13/5/18 to 1/6/18

*11/5/18. Home message from Pouch Cove sick doctor to visit him to day.
(Took ship on week end.)*

22-2-19. Adm. to Barracks Dept

26-2-19. Dis. from General

Absent to leave forfeits 143 days pay under R. to.

MAR 8 1919

FORWARDED TO DEMOBILIZATION OFFICER

8.3.19

DISCHARGE APPROVED ON DEMOBILISATION.