



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

James Struckland

Regiment from which discharged

Royal Newfoundland

Regimental number

2568

Intended address

Botwood

Height on discharge

5 Feet 6

Color of hair on discharge

Brown

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

medium

Christian name of Father

John

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Botwood 1891 June

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)

James Struckland

*Witness
Blanchard
PTE*

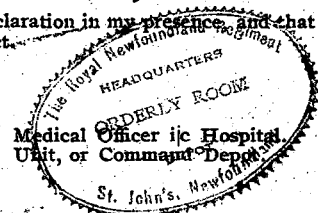
Station

S. Johns

Date

18.3.19

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



Station

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2568 Rank Pte Name Strickland Jas
Intended place of residence Boston

2. Occupation Lumberman
Classification of soldier E Medical Category A-1

3. The above named man is discharged in consequence of DEMobilIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place
Date MAR 18 1919 *H. M. S. J. S. J. S.*
for 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
18-3-19 *Jas Strickland*
Signature of soldier
Joseph A. Snowfoot
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
18-3-19 *Jas Strickland*
Signature of soldier
W. J. G. G. G.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22-4-16 No of days on Military
Discharged from service 20-3-19 Plus 14 days Service 1077

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
Date MAR 20 1919 *R. H. S. J. S. J. S.*
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 April 2/1919 *M. S. J. S. J. S.*
Officer in Charge
The Royal Newfoundland Regiment

MAR 20 1919

C.R. F 2558

Extract from Daily Orders part II, Depot St. John's
dated March 22, 1919.

The discharge of the undernoted on demobilization has
BEEN APPROVED by C. C. Discharge Depot on 19-3-19.

F2558 Jas. Strickland.

No.
Regtl. No. 2568
Rank PL
Name Strickland
Regiment
Date from 27-11- 1917
to 6-12- 1917
To proceed to Adyr

I/c..... Hospital

Station

Date

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

.....
.....
.....

No. 2568 Rank Pfc Name Stuckland J

Pay	F.A.	Weg	Total
100	10		110
Less: Allotment			70
Net Rate			40

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	¢	¢	¢	s	d		
						From	To									
Balance					Balance 6.7.17									13	8	✓
Acquittance Rolls		2	3	8	Pay @ Net Rate	7	7	144	40	5	6	11	16	9		
Hospital Advances		1	10	0	Ration allow	27	17	10	2				1	0	0	✓
A.B. 34																
P. & R.O. Payments					6-10-25											
Hospital Stoppage 27 days @ 65 16 20		3	6	7												
Cash Receipt 4542		6	0	0												

CHECKED.
He

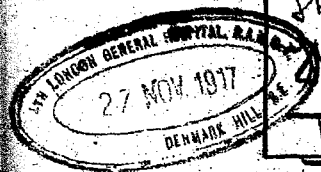
M. P. 35.

~~to be~~ Discharged from Hospital to ~~tomorrow~~

today O/C Newfoundland
Hqrs
58 Victoria St
SW

Unit.	Squadron, battery, or company.	Regtl. No.	Rank and Name.
Newfoundland Regt	E	2168 Pt	Strickland Jas

The above man admitted to this Hospital from France is classified under A.D. 1910/1916
II Command Depot is returned to you for disposal please.



A. H. Jones
MAJOR, R.A.M.C. (T.)

Registrar, 4th London General Hospital

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B

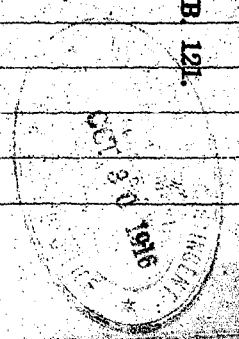
W.P. Gilbey & Son Ltd, Printers, Old Bailey, E.C. Forms
B. 121.
39.
1000m Wires 28 50

Regiment of *1st Newfoundland*

Number of Sheets *1*
Signature of O. O. Company *[Signature]*

Regimental Number and Name <i>265 Stickleland J.</i>	Enlistment Age on <i>25</i> years <i>0</i> months	Trade <i>Limberman</i>	Good Conduct Badges, Service Pay or Proficiency Pay
Joined _____ Date _____	Place and Date of Enlistment <i>St Johns 22-4-16</i>	Religion <i>M</i>	
Joined _____ Date _____	Period of { with Colours <i>23 1/2</i> years. { with Reserve <i>3 1/2</i> years.	Place of Birth <i>Newfoundland</i>	
Joined _____ Date _____			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Race Course</i>	<i>17.8.16</i>	<i>Pte</i>		<i>Committing a nuisance in camp</i>	<i>Sgt. Lee</i>	<i>5 days C.P.</i>	<i>18.8.16</i>	<i>Capt. Bernard</i>	<i>E. B.</i>
				<i>Demobilized</i>	<i>2/19</i>				
				<i>To be carried over</i>					



Army Form B. 121.

Department of Veterans Affairs

Ottawa 4,

19

TO Supervisor,
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT

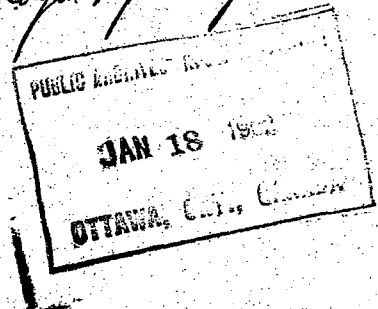
File No.

(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

Departmental Secretary.

- (1) Service number *2568*
- (2) Surname *STRICKLAND*
- (3) Christian names *James*
- (4) Date of Birth *June 1891 - ~~Bl...~~*
- (5) Religion *Note stated*
- (6) Unit of enlistment *Royal Wfld Regt.*
- (6a) Highest corresp. rank *Pte*
- (7) Units overseas *~~Can. For ...~~ Royal Wfld Regt.*
- (7a) Highest corresp. ranks *Pte*
- (8) Rank on day of discharge *Pte*
- (8a) Corresp. unit *-*
- (9) Military honours *NA*



(2)

Departmental Secretary,
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date

for Supervisor, War Service Records.

DEPARTMENT OF VETERANS AFFAIRS
War Service Records

To ● Copy for H.O. file

Attention of

NAME STRICKLAND, James

DEC 6 1961
Referred to

Date December 5, 1961

Charged to: SERVICE 2568 C.P.C. No. 261035 ~~NAVY~~
NUMBER ROY. Nfld. W.V.A. No. 51320 ARMY
REGT. W.W. I. ~~RECEIVED~~

The DEPARTMENT has received information from
S.T.M.O., D.V.A., Lancaster, N.B., Tel. Memo d/4-12-61

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death December 2, 1961
Cause of Death
Place of Death Lancaster Hospital, Lancaster, N.B.

Name and Address of next of kin (if known)

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

} Destroy form if advice of death already received.

for
Chief, Central Registry