



4/ FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4421 Name Butler Charles Corps CPL

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Charles Butler
2. What is your full Address? 2. Kellegrews.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years 4 Months
5. What is your Trade or Calling? 5. miner
6. Are you Married? 6. Yes
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. Yes 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? II. Yes.

I, Charles Butler 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.

Charles Butler SIGNATURE OF RECRUIT.

J. Dayand Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Butler 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 15 day of April 1918

Signature of Attesting Officer James Reut

†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 rank of Corporal

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

Date April 15 1918

Place St John's Approving Officer. James Reut

† 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 Charles Butler
 Apparent age 20 years 4 months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Hynes
Hellegrams | Relationship Mother
 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 <u>15-4-18</u>									
Joined at <u>St John's</u> on <u>April 15-1918</u>									
<u>Discharged July 10/19</u>									
<u>Embarked St John's train to Halifax N.S.</u>									<u>11-6-18</u>
<u>Embarked for B.C. & 26-10-18.</u>									
<u>joins Battalion 5 11-1918</u>									
<u>Arrives in UK from B.C. & for repatriation</u>									<u>23-4-1919.</u>
<u>to Newfoundland for demobilization</u>									<u>22-5-1919.</u>
<u>Arrives Newfoundland 1-6-1919</u>									
<u>Demobilization St John's</u>									<u>10-7-1919</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 10-7-19. [date of discharge] 1 years 87 days
 " " Pensions " " " " " " " " " " " "

C.R. 4421

Extract from Daily Orders Part 11 Unit The Royal ^Wfld.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Battn. 3-11-18.

The following joined the Battn. 3-11-18.

4421 Pte. G. Butler.

A Coy.

C.R. 4421

Extract from Daily Orders Part 11 Unit The Royal Hfld.

Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer *v/c* Records from 10-7-19.

4421 Pte. Chas. Butler

C.R. 4421

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
Depot St. John's, June 28th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 26-6-19.

4421 Pte. C. Butler,

C.R. 4421

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

The undermentioned of the 1st. Battalion left
Raven Camps #2/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4421 Pte. C. Butler.

C.R. 4421

Extract from Daily Orders Part A1 Depot, St. John's,

Date June 18th 1919.

4421, Pte. C. Butler.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4421

Extract from Serial 1011 re-inforcement draft No. 15 Suburban Folkestone
25/10/18 from 2nd Batta. Royal Newfoundland Regiment Hazelton Camp,
Winchester, to 1st Batta. Royal Newfoundland Regiment B.S.F.

4421 Pte. Butler, a/c.

MR.

C.R. 4421

Extract from Daily Orders Part 11. from Unit The Royal Wilt.
Regiment, St. John's, dated June 14th 1918.

4421 Pte. C. Butler.

Embarked for Overseas with draft 11-6-18.

C.R. 4421

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, dated April 16, 1918.

#4421 Pte. C. Butler.

Attested for General Service with the Royal Newfoundland
Regiment 15/4/18 ~~15/4/18~~ 15/4/18

C. Dutter

C.R.

4421

~~1890~~

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* } Former Trade or Occupation } *Farmer*
2. Regtl. No. *442* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Butler C.*
 (Surname) (Christian Names)
5. Age last birthday, *21*.....
6. Posted for duty on *1. 11. 18* at *St. John*
 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 ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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.

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.)

The employee is no disabled

16. Was an operation performed? If so, when and what was its nature? *no*

17. If not, was an operation advised and declined? *no*

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? *no*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *no*

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
not welcome
W. J. [unclear]
Capt. [unclear]
Medical Officer in charge of case.

Station *Weyley P. Camp*

Date *29. 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

To. ~~Mr.~~ Elizabeth
Lo. Hynes
Kelligrews
Newfoundland

Cable four pounds
through S. Bates.

4421. Pt. S. Bates

213

To, - The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature.
1421	Pte.	Butler C.	\$250	Charles Butler

I have the honour to be, Sir,
~~for the committee,~~
Your obedient servant.

Date

July 1/18

C. Butler

No. 6037/309

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
1/Bn. Royal Newfoundland Regiment,
B.E.F.

17th April 1919

191

4421 Pte. Butler C.

With reference to the following telegram from the Minister of Militia, / / (142)

"Pay to- 4421 Butler

£4. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

J.H. Marshall
Chief Paymaster & O. i/c Records.

Deposited

No. 15995/1701.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd. Bn. Royal Nfld. Regt.;
Winchester.

October 3rd, 1918

9 OCT 1918 191

Subject: 4421, Pte, C. Butler

With reference to the following telegram (8526) from the Hon. Minister of Militia, received

"pay to 4421, Pte. C. Butler, £2.0.0.

Draft £2.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. F. Mansel
Chief Paymaster & O. i/c Records.

Witness

P. Mansel

Receipt hereunder.

Charles Butler
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Battalion
Royal Newfoundland Regiment

Received the sum of £2-0-0

Two pounds on account of cable remittance from Newfoundland.

Charles Butler

No. 4421 Rank Pte

Butler, Chas.

4421

Aug Sept.

July 10, 1919

#4421 Pte. Charles Butler,

Kelligrews, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2902.

Yours truly

Captain,
Paymaster & Officer I-c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4421 Rank Plc. Name Butler C
 Intended place of residence Kelleghers No 7 Main
 2. Occupation Miner
 Classification of soldier F 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, ST. JOHN'S

Date JUN 25 1919

[Signature]
 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 JUN 24 1919

[Signature]
 Signature of soldier

[Signature]
 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, ST. JOHN'S

Date JUN 24 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-4-18 No. of days on Military
 Discharged from service 26-6-19 Plus 14 days Service 452

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 JUN 26 1919

[Signature]
 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 July 10/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten note]
a 213 2019/2902

The Royal Newfoundland Regiment

Class for Demobilization:—

A1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-6-19

Regimental No 4421

Name Batters Charles Rank Pte

Address Willingdon C.B.

Present Medical Category A1

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

Members of Board {

RH Lait Major
O.C. Discharge Depot.

L Paterson
Senior Medical Officer

W Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4421 Rank Plt Name Butler C
 Date of Enlistment 15-4-18 Address Kellegrews District N. Main
 Occupation Miner Classification for Discharge F Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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	5
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 24-6-19 for O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. *[Signature]*

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 25-6-19

O i/c. Re-clothing *[Signature]*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1941 to his home at Kelligrews and Release Certificate No. 3026 issued.

Date 25-6-19 *J.A. Snowball*
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 10-7-19

Date 25-6-19 *J.A. Snowball*
Depot Paymaster.

Discharged approved for 26-6-19
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

2 Form B

Date 25-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 26 1919 *R.H. Sait* MAJOR
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.

Charles Butler
Signature of Man.

Reg. No. 4421

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

ST. JOHN'S.

Place

Date

25-6-19

191

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

MEDICAL HISTORY

OF

Surname Butler Christian Name Charles

Table I.—GENERAL TABLE.

Birthplace:—Parish Kelleegrews County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	15 th day of April 1918	S. Johns	day of	191
Declared Age	20 years	days	years	days
Trade or Occupation	Miner			
Height	5 feet	5 inches	feet	inches
Weight	140 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 34 inches			inches
	Range of Expansion... 4 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R. E.—V= 16/6		R. E.—V=	
	L. E.—V= 6/20		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)	Lamm Patterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at S. Johns	at		
	on 15 th day of April 1918	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	The Royal Nfld Regt	14421		
Transferred to				
Became non-effective by				
	on	day of	191	on
	day of		191	day of
[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 *Butter, Charles*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4421*

Intended address *Kellyew*

~~Bay Street~~ *Hickam*

Height on discharge *5* Feet *5*

Color of hair on discharge *Black*

Complexion *Leak*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Charles*

Christian name of Mother *Elizabeth*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Key trap 1-8-1898*

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) *Charles Butter*

He
(Rank)

Station

Date *25-6-19*

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

The Royal Wld. Regiment

DEMOBILIZATION

No. 4471 Rank

Name *Burke*

Warned for demobilization on

JUN 25 1919

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. *4421* 3. Rank. *Pte*
4. Name *Butler* *B.*
(Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on *1/4/18* at *St. John's*
 in category (or grade).....
7. Former Trade or Occupation } *Farmer*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
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
- (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

decompleting 2nd disability

16. Was an operation performed? If so, when and what was its nature? } no

17. If not, was an operation advised and declined? } no

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? } no

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? } no

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W.S. P. ... Capt's Name
 Medical Officer in charge of case.

Station Hazley Down

Date 29/5/19

* 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

Casualty Form—Active Service.

Regiment or Corps 2/1st ROYAL NEWFOUNDLAND REGT.

Rank Plc Surname Butler Christian Name Charles

Religion C.E. Age on Enlistment 20 years 4 months

Enlisted (a) 15/4/18 Terms of Service (a) DURATION Service reckons from (a) 15/4/18

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

Extended M. Re-engaged [Signature] Qualification (b)
 of Corps Trade and rate

Occupation miner [Signature] Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 ...	26 OCT 1918		
		Disembarked ...	8 NOV 1918		
		Joined Battalion			
		Arrived in UK.		23/4/19	

[Handwritten signature]

July 12, 1919

#4421 Pto. Charles Butler, of Wm.,

Kelligrews, C.B.

Dear Sir:-

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

Yours truly

Captain,
Seymour & O.I.C. Records

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... *John* 2. Surname... *Butler*

3. Rank... *Private* 4. Regt. No... *4421*

5. Address in full to which future payments of gratuity are to be forwarded... *to Charles Butler of William Helligius Reception Bay*

6. Date of enlistment in the Regiment... *April 1st 1915*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Elizabeth A. Agnes

8. Relationship of such dependents... *Wife*

9. Address in full of such dependents... *Helligius C.P.*

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 Hfld. If so, give dates and particulars of such service... *Expanded from 18 France Oct 18 - Belgium Nov 18 - Germany - Dec 18 -*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *From April 1st 18 to June 25th 19 - 14 months -*

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

..... *no*
..... *no*
..... *no*

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

..... *no*
..... *no*

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 applicable*

19. Are you now serving in the Rest?..... *no* If not give? - (a) Date of discharge *25th June 1919* (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.

.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *no*

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

Signature of Applicant:

Place of Residence: *Charles Butler*
Richmond

Declared before me at: *St Johns*

This *25th* day of *June* 19*19*....

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

Wm James H

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

ST. JOHN'S, JUN 25 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte. C. Butler

Billeting Soldiers as undermentioned

from June 1st /19 to June 26th /19

4421. Pte. C. Butler 27 10

ACCOUNT	<u>B. 7 m</u>
CH. NO	<u>34897</u>
IND. LEDGER	INITIALS
FAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 27.

J. A. Snow
A.S. Billington Officer.
Charles Butler

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of The Royal Rifle

Signature of O. C. Company G. James Hunt

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4421 Chas Butler</u>	Age on <u>20</u> years <u>8</u> months	<u>None</u>	
Joined _____ Date _____		Place and Date of Enlistment } <u>St. Johns</u> <u>15-4-18</u>	Religion	
Joined _____ Date _____			<u>C.P.</u>	
Joined _____ Date _____		Period of } with Colours <u>87</u> years. with Reserve <u>365</u> years.	Place of Birth	
Joined _____ Date _____			<u>Keelgren</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 St. Johns, 10/79</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

4471

DEMOBILIZATION OF

Reg. No. 4451 Rank Priv. Name Butler, C.
 Date of Enlistment 15-4-18 Address Kellegues District S. Main
 Occupation Miner Classification for Discharge H Medical Category A1
 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 2-6-19

[Signature]
 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. Charles Butler

Particulars passed to Vocational Officer for information and action.

Eligible for War Service Gratuity

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$ 60.00

(b) Clothing Supplied _____

[Signature]

Date 25-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 19441 to his home at Kelligrens and Release Certificate No. 3026 issued.

Date

25-6-19

J. H. Snowball
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

15-1-19

J. H. Snowball
Depot Paymaster.

Discharge approved for

26-6-19

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

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
B179c	B 120	M 93		

2 Form B

Date

25-6-19

J. H. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 25 1919

[Signature]
O. C. Discharge Depot.

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

Date

July 9 / 19

[Signature]

Reg. No. *4421* Rank *Plt* Name *Battler Chas.*

Attested Address *Helligrews.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Corsican* Cause *Discharge*

24.6.19

PASSED TO DEMOBILIZATION OFFICER

26.6.19

DISCHARGE APPROVED ON DEMOBILISATION.