



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 718.

Name in full James Joseph Burke Age 27.

Address 27 Livingstone Street.

Married Height 5 ft 10 in Weight 135.

Color Dark Hair D. Brown Eyes Blue

Other distinguishing marks Scar on 1 Thumb.

Nearest relative Michael Burke.

Address 27 Livingstone St.

Dependents _____

Occupation Labourer Present Wage 7⁵⁰ week.

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment 15th Dec

I, James Joseph Burke do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Declared before me this 15th day of Dec. 1914

James Burke
James Burke
W. H. Shyne

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 718



Name James Joseph Burke
 Apparent age 27 years months. Height 5 feet 6 inches
 Chest measurement { Girth when fully expanded inches.
 Range of expansion inches.
 Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Blue
Other distinguishing marks: Scar on left thumb

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Michael Burke, 27 Livingstone St., St. John's
 Relationship

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	Regt. or Depot	Promotions, 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>15/12/14</u>									
Joined at <u>St. John's</u> on <u>15th December '14</u>									
<i>Embarked SS Dominion of Cork 5th. Embarked B.C.F. 20th. Disembarked Rey and</i>									
<i>entrained for Cairo 31st. Embarked for Gallipoli 13th. Landed Sula Bay night of 19-20 Sept 15</i>									
<i>Evacuated and arrived Rey 15th. Re-embarked to sea 16th. Embarked Pat Bay 24th. Disembarked 22nd</i>									
<i>Wounded 2nd. Admitted 29 G.C.S. Slight wound left side of face 3rd. Rejoined Battalion 11th</i>									
<i>Wounded 1st. Admitted 4 G.C.S. P.S.W.L. Discharged 2nd. Transferred to England 4th</i>									
<i>Admitted Handicapped 6th. Surbought the Atlantic Sept 9th. To Newfoundland for S.I. Section for</i>									
<i>Regts 33-12-16 Arrived Newfoundland 6th</i>									
<i>Discharged Medically Unfit 24-1-1917</i>									
Total Service forfeited as above									
Total Service towards Engagement to <u>24-1-17</u> (date of discharge) <u>2</u> years <u>41</u> days									
" " " Pension (date of)									

J. G. Burke

718

P. + P. 0,

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

MEDICAL HISTORY

Surname Burke

OF
Christian Name James



Table 1.—GENERAL TABLE.

Birthplace:—Parish		County			
		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <u>14th</u> day of <u>Dec</u> 191 <u>4</u>	on	day of	191	
	at <u>St John's</u>	at			
Declared Age	<u>37</u> years	days	years	days	
Trade or Occupation	<u>Labourer</u>				
Height	<u>5</u> feet	<u>6</u> inches	feet	inches	
Weight		<u>138</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded	<u>31</u> inches		inches	
	Range of expansion	<u>33 1/2</u> inches		inches	
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Arm				
	Number				
When Vaccinated					
Vision	R. E.—V=	<u>1909</u>	R. E.—V=		
	L. E.—V=	<u>4/6</u> <u>4/24</u>	L. E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)		<div style="border: 1px solid black; padding: 5px;"> COPY SENT TO <u>St John's</u> No. _____ dated <u>Dec 22 16</u> </div>		
(b) Slight defects but not sufficient to Cause Rejection	(b)				
Approved by (Signature)	<u>Cluny Macpherson</u>				
(Rank)	<u>Capt.</u>				
	Medical Officer.				Medical Officer.
Enlisted	at <u>St John's</u>	at			
	on <u>15th</u> day of <u>Dec</u> 191 <u>4</u>	on	day of	191	
	Corps.	Regtl. No.	Corps.	Regtl. No.	
Joined on Enlistment	<u>1st Nfld Regt: 718</u>				
Transferred to					
Became non-effective by					
	on	day of	191	on	day of
(Signature)					
(Rank)					

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	4	7	16				G. S.H. Left shoulder XII IV. Musculo-spiral nerve paralysis		Board held - <i>suverleaf</i> Disability - G. S.H. Left shoulder XII IV. Musculo-spiral nerve paralysis Cannot extend fingers, unable to extend muscles behind wrist. G. S.W. on Active Service. Cause Total Inability to earn a livelihood apparent.	<i>Samuel Capraro</i> 3rd London General Hospital, WANDSWORTH, S.W.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
27.4.15	<p>J. V. 2 Vac. Ch. V.</p>
15-12-16	<p>2 Fit for foreign service Board held 4/12/16 Found Permanently unfit Board Approved 4/12/16</p> <p>S. W. M. [Signature] 3rd London General Hospital, WANDSWORTH, S.W.</p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St John's Nfld.	Dec. 16 '04	20 Mar. 15			
T. S. "Stephans"	20 Mar. 15	22 Mar. 15			
F. S. ORDUNA	22 Mar. 15	30 Mar. 15			
Edinburgh Castle	30 Mar. 15				

2/1st NEWFOUNDLAND REGIMENT.

Pte Burke James

No. *718* is unlikely to be fit for Service with the

Expeditionary Force for *six* months, on account of

G. S. W. & Shouldel

XII II 1

I recommend that he be posted to the Depôt at St. John's,
Newfoundland.

Total at Present

W. W. Whistler
M.O.,
Capt. R.A.M.C.

I/C. 2/1st Newfoundland Regt.

21-12-16

A.Y.R.



Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. Burke 718 Rank Pte
Name (surname first) Burke - James, Joseph
Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

Dock labourer + Seaman

COPY SENT TO
[Signature]
Letter Memorandum No. _____
Dated *Dec 22 16*

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Worked from day to day - odd jobs
Employed by Red Cross Steamboat Co.*

3. What is the nature and locality of the employment you desire?

*Same kind of work as far as possible
at St John's, Newfoundland*

4. What is the name of your Approved Society? *Longshoremen's Union*

5. Have you been employed whilst with the Colours? If so, in what capacity?

Bomber

Date 14/10/16 Signature James Joseph Burke

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



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 Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him; and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full Burke - James, Joseph
Regiment from which discharged 1st Newfoundland
Regimental Number 718
Intended address 27 Livingstone St. St. John's, Newfoundland.

Height on discharge 5 Feet 8 Inches
Colour of Hair on discharge Dark brown Colour of Eyes Blue
Figure on discharge Sturdy
Christian name of Father Nichall
Christian name of Mother Elizabeth
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____

COPY SENT TO
[Signature]
No. _____
Dated Dec 22 16

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 A. Burke

(Rank) PLD
Date 22. 10. 16

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.

3rd London General Hospital,
WANDSWORTH, S.W.

[Signature] Medical Officer i/c
Hospital.
Date 22. 10. 16

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations		Years	Days
				India	S. Africa		
Disallowed ...							
Service towards Pension ...							
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }			
Sums due on account of public debts ...							

Rank on Discharge _____
Character (as on Certificate of discharge) _____
Where born, and on what date _____
Date and Place of first Enlistment _____
Trade on Enlistment _____
Cause of Discharge _____
Number of G.C. Badges _____ Medals _____
Wounds, and Actions in which received _____

Other distinguishing marks _____

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge _____
Date _____ Records _____

This space to be left blank for the Chelsea Number.



455
Proceedings on Discharge

Army Form B 268.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>718</u>	Army Rank <u>Private</u>
Name <u>Burke James Joseph</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge	<u>Dec 22 1916</u>
Place of discharge	<u>St. John's</u>

COPIES SENT TO
James Joseph Burke
St. John's
No.
Dated Dec 22 16

1. Description at the time of discharge.

Age <u>29</u> years _____ months	Descriptive marks.
Height <u>5</u> feet <u>8</u> inches	
Chest measurement (girth when fully expanded _____ ins. range of expansion _____ ins.)	
Complexion _____	
Eyes <u>Blue</u>	
Hair <u>Dark Brown</u>	
Trade <u>Dock Labourer / Seaman</u>	
Intended place of residence <u>27 Livingstone St St. John's Newfoundland</u>	
(To be given as fully as practicable)	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	

2. The above-named man is discharged in consequence of Gunshot Wound
Left Shoulder XII. 10 1. Musculo Spinal
Nerve Paralysis.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Original
 14/11/16
 Put back by Board for further treatment

Medical Report on an Invalid



Station 5th London General Hospital, WANDSWORTH, S.W.
 Date 7. 11. 16

1. Unit 1st Newfoundland.
 2. Regimental No. 718.
 3. Rank Plt.
 4. Name Burke J.J.

5. Age last birthday 29.
 6. Enlisted { on Dec. 12th 1914.
 at 3rd John Newfoundland
 7. Former Trade or Occupation { Doce Labour & Seaman.

8. Disability.

S.S. L^d shoulder XII

COPY SENT TO
 [Signature]
 Letter No. _____
 Date _____
 Statement of Case Dated Dec 22 16

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.

July, 1916

10. Place of origin of disability.

France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

was working when a bullet struck him on L^d shoulder & penetrated behind. He found his L^d arm powerless directly he was shot & his wrist dropped. He had intense pain on admission with clean wound

12. (a) Give your opinion as to the causation of the disability.

Active Service

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

J.J.

18. 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.

his left arm is splinted with

*the hand hyperextended to relieve tension on muscles.
It is unable to extend muscles behind wrist, there
some injury to the whole of the forearm and hand. This
condition is steadily improving whether or not pain has*

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

- (a) In action? *Yes*
- (b) On field service? *Yes*
- (c) On duty? *Yes*
- (d) Off duty? *No*

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

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

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

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?

19. Do you recommend

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

A. J. Mellanby
Capt. R.A.M.C.T.

Officer in medical charge of case.

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

Station 3rd London General Hospital, WANDSWORTH, S.W.

Date 9th Nov. 1916 *Alfred Pearce Condy*
Officer in charge of Hospital.
Lt. Col. R.A.M.C.T.

*Loss of teeth on, or immediately after, active service, should be attributed to active service, unless there is evidence that it is due to some other cause. *Comdg. 3rd London Gen. Hospital.*

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

Opinion of the Medical Board.

NOTE.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, and, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active Service

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

lg. S. W

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?

No
No
✓

(c) Any of the conditions mentioned in question 20, and if so, which?

No

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

Twelve months

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total at present.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

✓

25. If an operation was advised and declined, was the refusal unreasonable?

No

26. Do the Board recommend

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

lg. S.

Signatures:—

A. P. Worleley Major R.A.M.C.T. Resident.

Station 3rd London General Hospital, WANDSWORTH, S.W. *lg. S. W. Capt. R.A.M.C.T.*

Date 4-XI-16 *R. S. Howard Esq.* Members.

Approved.
Station 3rd London General Hospital, WANDSWORTH, S.W.

A. P. Worleley Major R.A.M.C.T. Administrative Medical Officer.

Date 4-XI-16

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____ } Name of { Conveyance _____
 or { _____ } Vessel _____ }
 Embarkation { Date _____
 Port _____ } Officer in medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or Station _____ } Officer in medical charge _____

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } _____

Administrative Medical Officer. _____

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

Station *Capt*

Corps *1st Newfoundland*

Regimental No. *718*

Rank *Pte.*

Name *Burne J.S.*

Disability *S.S. v. of Shoulder - XII, IV*

Date *4/21/16* *inward spinal nerve pain*

Hospital or Station transferred to for final disposal

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

Wt. W8330/2774 500M 9-15 M & C.L.D.

Form B. 179 34

58 W. 11/1/16

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 718 P. G. Burke

E Co'y. From 7.12.16 to 22.12.16. (Dates inclusive)

Classification (See Procedure).

A

(Substituting A.F. 0.1625) N.F.P./Ka.

Embarked per S.S. Resta

From Calcutta

Date 23/1/16 Draft No. _____

CR.

Pay Book Col.	Particulars	days	£	s	d	Date	Pay Book Col.	Particulars	days	£	s	d	CR.
8	Forfeited Pay						1	Pay	16	11.00	16	00	
9	Allotments	16	18				2	Field Allowance		10	16		
10							3	Other Allowances					
1/12	Total Stoppages £ d		8		12 10		4/5	Total Pay & Allces @ \$4.86 2/7		17	6	3 12 4	
13	Fines						6	Bal. Cr. Last Period				15 9 2	
14	Clothing												
15	Arms & Accoutrements												
16	Barrack Damages				7								
17	Hospital Stoppages												
17a	Miscellaneous Stoppages				2 4								
19	Casual Payments												
20	1st Payment												
21	2nd "				10 0								
22	3rd "				10 0								
23	Final "				16 5 9								
24	Balance Dr. Last Period												
28	due by Paymaster						27	Bal. due to Paymaster					
					19 1 6							19 1 6	

Racecourse accs
Dec 21st 1916



CERTIFIED CORRECT.

E. Dames 2nd Lt.
O.C. "E" Company.

CHECKED
7/1/17
24/1/17 PRO

Admitted
5-7-16



ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Newfoundland Regiment.

The Officer Commanding

The Officer in Charge of Records

58. Victoria Street

The Regimental Paymaster

58. Victoria Street S.B.

No.

Dated with reference to No.

718. P/L Bunker J.J.

of the above Regiment, who appeared before a Medical Board and was approved by

the D.D.M.S., London Command, on the 4-12-16

for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58. Victoria St. S.B.

on [date] 6-12-16.

Horace Jagan Capt R.A.M.C.(F)

Officer Commanding Registrar, R.A.M.C.T.

Place

Wandsworth

3rd London General Hospital, Hospital. WANDSWORTH, S.W.

Date

6-12-16



Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)



To the Officer i/c Records

58 Victoria St Sw.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ²¹ ~~14~~ days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Burke, Christian names James, Joseph
(in full)

Regt. No. and Rank 718 Pte. Regt. or Corps 1st Newfoundland
(If T.F. this should be stated)

His address on discharge will be 27 Livingstone St.
St. John's, Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that* no allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 3rd London General Hospital, WANDSWORTH, S.W.

Date 4/12/16

A. F. Vordelbe Major RMC

President of Board
(Approving Officer).

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Burke, Jas. J.

718

Lay Dupl

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>718</u>	Army Rank <u>Private</u>
Name <u>Burke James Joseph</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	

1. Description at the time of discharge.

Age <u>29</u> years _____ months	Descriptive marks.
Height <u>5</u> feet <u>8</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes <u>Blue</u>	
Hair <u>Dark Brown</u>	
Trade <u>Dock Labourer & Seaman</u>	
Intended place of residence { <u>27 Livingstone St</u> <u>St John's</u> <u>Newfoundland</u>	
(To be given as fully as practicable)	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be filled in by the Officer who confirms the discharge at home.)</small>	

2. The above-named man is discharged in consequence of Guns hot Wound
Left Shoulder XII. IV. 1. Musculo Spiral
Nerve Paralysis.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer. _____

Army Form B. 2088 has been issued to*

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 question 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..... *James Joseph* 2. Surname..... *Burke*.....
3. Rank..... *Private*..... 4. Regtl. No. *718*.....
5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded..... *27. Limestone Street*.....
..... *St. John's*.....
6. Date of enlistment in the Regiment..... *Dec. 12th 1914*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *no*.....
8. Relationship of such dependents..... *not applicable*.....
9. Address in full of such dependent..... *not applicable*.....
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *not applicable*.....
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *no. I went overseas in March 1915*.....
..... *and returned here in January 1917.*.....
.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *2 years 41 days*.....

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

no

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

no

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

Yes

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?.....

not applicable

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

no

Jan. 24th 1917

disability

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.....

Gallipoli 1915

France 1916

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?.....

no

(b). If (a), 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: *James Burke*
 Place of Residence: *27 Livingstone St., St. John's*
 Declared before me at: *St. John's*
 This *4th* day of *March* 19*19*

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>23.12.18</i>	<i>100.10</i>		<i>5.40</i>	<i>350.00</i>
			<i>Less P.D.P.</i>	<i>100.10</i>
				<i>249.90</i>
Certified Correct.			Paymaster.	



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Burke, Regl. No. 718
 hereby agree, until further notification by me, and in similar official form, to make an Allotment of
50 Dollars and 50 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
628	Father	Michael Burke	Lungston St St Johns	50
Replaced by K 963 Payable from 27 th March/15				
Total Allotment, \$				

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.) E. S. [Signature]
 Officer Commanding

(Sig.) James Burke
 (Rank) Private

St Johns
Jan 30 1915

STATEMENT OF ACCOUNT

No. 718

Name Burke J J 27/1

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
Dec 31	By Pay 9 days @ 1 ¹⁰ / ₂₂			9 90	9 90
Jan 6	" 6 " " 1 ¹⁰ / ₂₂			6 60	16 50
24	" 18 " " 1 ⁵⁵ / ₂₂			33 30	49 80
	Bonus clothing			12 95	62 75
				25 00	87 75
Dec 31	9 days @ 50¢		4 50.		83 25
Jan 17	To Pay	98	15 00.		68 25
Feb.	" "	112.	15 00		53 25
July 6	To Pay	3	53 25		—
	War Service Gratuity 5 mos @ 70%				—
	C allowance			350 00.	350 00.
	Bonus			10 00	360 00
			12 95		347 05
Dec 23	To Pay	7380.	87 15		259 90
Feb 5	" "		10 00		249 90
March 1	To Pay				179 90
April 1	" "	10461	70 00.		109 90
May 1	" "	13430	70 00		39 90
June 1	" "	17512	70 00		—
		21512.	39 90.		—
				437 75	
			437 75	437 75	—

Signed H. J. Swaney SSgt

Dispatching
Office
Stamp.

ST. JOHNS, N.F.
FEB 6
17
NEWFID

Arrival
Office
Stamp.

718

No. 410

From

Registered Letter Addressed—

John J. Bunker
209 Littleton St.
City N.J.

Received by

February 3rd,

7.

Wc. James J. Burke,
27 Livingstone St.,
City.

Dear Sir,-

I enclose herewith Certificate of Discharge,
dated January 24th 1917.

Yours very truly,

718



2nd. Lieut. & D/Paymaster.

July 17th.

7

Pte. J. J. Burke,
27 Livingstone St.,
City.

Dear Sir,-

I enclose herewith cheque for \$53.25, being the amount due you made up as follows:-

Balance of pay	\$15.30
Bonus 1 week @ \$1.85	12.95
Civilian clothing	<u>25.</u>
	<u>\$53.25</u>

Kindly sign the special form attached, and return.

Yours truly,

Lieut.
D/Paymaster

718
~~SI~~
E/W.

Certified True Copy
 CAPT. R.A.M.C.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
 Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Burke Christian Name James

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... (on 14th day of Dec 1914
 at St John)

Declared Age ... 27 years ... days.

Trade or Occupation ... Labourer

Height ... 5 feet 6 inches.

Weight ... 138 lbs.

Chest Measurement { Girth when fully Expanded 31 inches.

{ Range of Expansion 33½ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
 { Number 1909

When Vaccinated ... _____

Vision ... { R.E.—V= 6/6
 { L.E.—V= 6/24

(a) Marks indicating congenital peculiarities or previous disease ... _____

(b) Slight defects but not sufficient to cause rejection ... _____

Approved by (Signature) Cluney MacPherson
 (Rank) Capt.
 Medical Officer.

Enlisted ... at St John
 on 15th day of Dec 1914

Corps.	Regtl. No.
<u>1st Bn 270 Regt</u>	<u>718</u>

Transferred to ... _____

Became non-effective by _____
 on _____ day of _____ 191

(Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London Inf Regt Wandsworth SW	4	7	16				G CW Left Shoulder X01 1st Truncular spiral nerve paralytic.		Board held - see overleaf Disability 3 SW Left Shoulder The 11.1. Musculo-spiral nerve paralysis Cannot extend fingers, unable to extend muscles behind wrist. Cause 3-SW on active service Total Disability to earn livelihood at present.	EA Hingley Capt RMC. 3rd London Inf Regt Wandsworth SW

*Certified True Copy
Unauthenticated
Cavalry*

Army Form B, 179.

Medical Report on an Invalid.

Station 3rd Canadian General Hospital
Windsor, N. S. W

Date 7. 11. 16

1. Unit 1st Newfoundland
2. Regimental No. 715
3. Rank Pte
4. Name Burke, J. J.

5. Age last birthday 29
6. Enlisted { on Dec 12th 1914
 { at St John's Newfoundland
7. Former Trade { Boat. Labourer & Seaman
 or Occupation {

8. Disability.

R. L. W. R. Shoulder XII TVI
Muscular spinal nerve paralysis.

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. July 1st / 7 / 16

10. Place of origin of disability. Sea.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. was advancing when a bullet struck

him in L^r Shoulder & penetrated behind He found his L^r arm
powerless directly he was shot & his wrist dropped.
He had intense pain on admission with clean wound.

12. (a) Give your opinion as to the causation of the disability. active service

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

R. L. W.

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.

His left arm is in splint with

The wrist hyperextended to retain tension on muscles. He is unable to extend muscles behind wrist plus some injury to the whole of the postural cond. This condition is steadily improving & he has no pain now.

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

- (a) In action? *yes*
 (b) On field service? *yes*
 (c) On duty? *yes*
 (d) Off duty? *yes. no war*

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

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

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

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?

19. Do you recommend—

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

*W. Cheselton
 Capt R.A.M.C.*

Officer in medical charge of case.

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

*2nd London General Hospital
 Wandsworth SW.*

Station *Affred Pierce & Co.*
 Date *9th Nov 1916* Officer in charge of Hospital.
Col. R.A.M.C.

* 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.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
 (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165. Pay Warrant, 1913).
 (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
 (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.
 (b) If due to one of these causes, to what specific conditions do the Board attribute it?

*Active Service
 G. S.W.*

21. Has the disability been aggravated by

- (a) Intemperance?
 (b) Misconduct?
 (c) Any of the conditions mentioned in Question 20, and if so which?

*no
 no
 ✓*

22. Is the disability permanent?

no

23. If not permanent, what is its probable minimum duration?
 To be stated in months

Twelve months

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

Total at present.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

✓

25. If an operation was advised and declined, was the refusal unreasonable?

no.

26. Do the Board recommend

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

Signatures:—

Station *3rd London General Hospital
 Wandsworth SW.* *D. Woodburn Major R.A.M.C.* President.
S. J. I. Wetherall Capt R.A.M.C. Members.
R. B. Howard, C.S.

Date *4. X. 16*

Station *3rd London General Hospital
 Wandsworth SW.* *D. Woodburn Major R.A.M.C.* Administrative Medical Officer.

Date *4. X. 16*

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____ } Conveyance _____
 or Name of Vessel _____
 Embark- { Date _____
 ation { Port _____ } Officer in }
 medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____ Officer in medical charge.
 Station }

(At Station or Hospital where finally disposed of.)

Station and } _____
 Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical }
 Board, or decision }

Administrative Medical Officer.

ARMY FORM B. 179.

MEDICAL REPORT ON AN
INVALID.

Station *Army*
 Corps *1st Newfoundland*
 Regimental No. *715*
 Rank *Pte*
 Name *Bentley J. J.*
 Disability *9. S. M. R. Lumber XII. IV*
Muscular spine nerve paralysis
 Date *4/12/16*

Hospital or Station }
 transferred to for }
 final disposal }
 Date of final }
 disposal }
 How finally }
 disposed of }

The original Report is invariably to accompany the
 discharge documents of Invalids.
 (4736.) W. 5830/2774. 500K. 9/15. C. P. Ltd.
 Form B. 179.
 34.

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED FROM OVERSEAS

Station St. John's, Nfld.

Date Jan. 10th., 1917.

No. 718

Age 29 Height 5ft. 8in.

Rank Pte

Complexion

Name Burke, J. J.

Eyes Blue Hair D. Brown

Unit 1/Nfld. Regt.

Address 27 Livingstone St., St. John's Former Trade Dock Labourer
and Seaman

Enlisted at St. John's, Nfld.

on Dec. 12th., 1914.

Disease or disability G.S.W. Left Shoulder. Musculo Spiral N. Paralysis

Present condition

*Left arm practically helpless, some
wasting of muscles. No power in hand or wrist*

Estimated disability

70% for six months

Recommendation of Medical Board

discharge

Class



Approving Medical Officer.

H. Fraser

J. Paterson

J. J. Tait

Clay Macpherson, M.D.

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No. 39

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full I hereby solemnly declare that my name is James Joseph
Burke and that I was
Fill in rank and force a (rank) Private (1st. Nfld. Reg.) 1st Nfld Regt
in or (R. N. R.)
and that I am entitled to a Pension from the Colony of Newfoundland
Fill in place giving full postal address I am residing at (Street and number) 27 Lunenburg Street
Town of St John's
and request my next pension cheque be sent to this address.
James J. Burke SIGNATURE or mark of Pensioner.
Witness [Signature]

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this seventeenth day of July 1917, and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

Wm. D. Neill Signature.
Notary Public Rank or position.
St John's Postal Address.

Add any Remarks _____

\$ _____

COPY

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 718. Pte. J. Burke.
E Company. From 7.12.16 To 22.12.16 (Dates inclusive).
 DR. Classification (See Procedure). H.

(Substituting A.F. O.1625). N.F.P./36.
 Embarked per S.S. Scotia
 From Glasgow. Date 23.12.16
 Draft No. CR.

Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	1.00	16	16	00	
	9	Allotments	50	16	8	00			2	Field Allowance	10	"	1	60	
	10								3	Other Allowances					
	11/12	Total Stoppages			8	=	1 12 10		4/5	Total @ 4.86 2/3			17	60	3 12 4
	13	Fines							6	Balance Credit Last Period			15	9	2
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Allowance,					
	16	Barrack Damages								1/17 to 1/17					
	17	Hospital Stoppages					7			= days @ 1					
	17a	Miscellaneous Stoppages													
	19	Casual Payments					2 4								
	20	1st Payment													
	21	2nd "					10 0								
	22	3rd "					10 0								
	23	Final "					16 5 9								
	24	Balance Debit Last Period													
	28	" Due by Paymaster							27	Balance Due to Paymaster					
							19 1 6								19 1 6

Receipt. Acc.
Dec 21 1916.



CERTIFIED CORRECT.

sgd. E. Barnes. 2nd Lt.
 O.C. "E" Company.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 718

Rank Pte

Name (surname first) Burke James Joseph

Regiment 1 Newfoundland



1. State what special qualifications you have for employment in civil life.

Dock Labourer & Seaman

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Worked from day to day - odd jobs
Employed by Red Cross Steamboat Coy

3. What is the nature and locality of the employment you desire?

Same kind of work as far as possible
at St John's Newfoundland

4. What is the name of your Approved Society?

Longshoremen's Union

5. Have you been employed whilst with the Colours? If so, in what capacity?

Bomber

Date 4 October 1916

Signature James Joseph Burke

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Certified True Copy

Admitted
5-7-16.

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Newfoundland Regiment.

*The Officer Commanding

The Officer in Charge of Records

58. Victoria Street

The Regimental Paymaster

58. Victoria Street S.6

With reference to No. 718. Pte Burke J J
of the above Regiment, who appeared before a Medical Board and was approved by

the D.D.M.S., London Command, on the 4-12-16
for discharge from the Service as permanently unfit, please note that this man has
been sent to ~~his home~~ his home on warrant with orders to await instructions as to his final
discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58. Victoria St. S.6.

on [date] 6-12-16.

Horace Lagan Capt. R.A.M.C.(F) Officer Commanding
Registrar, R.A.M.C.F.

3rd London General Hospital, Hospital.

Place Wandsworth

WANDSWORTH, S. W.

Date 6-12-16

* In case of Territorial Force "Officer Commanding the Administrative Centre."
Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

2/1st NEWFOUNDLAND REGIMENT.

Pte Burke James

No. *718* is unlikely to be fit for Service with the

Expeditionary Force for *Six* months, on account of

G. S. W. L' Shoulder

xii IV 1.

I recommend that he be posted to the Depôt at St. John's,
Newfoundland.

W. W. Munster

Capt. R.A.M.C. M.O.,

I/C. 2/1st Newfoundland Regt.

Total at Present

21. 22. 14.

AYR.

Casualty Form—Active Service.



Certified True Copy

Regiment or Corps Newfoundland
 Regimental No. 718 Rank Pte Name Durke J.F.
 Enlisted (a) Dec 15/15 Terms of Service (a) One year Service reckons from (a) Dec 15/15
 Date of promotion } Date of appointment } Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }
 Extended Duration War Re-engaged Aug 15/15 Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 56, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
		Embka, <u>St John's Nfld</u>		<u>3.2.15</u>	
		<u>Disembka Alexandria</u>		<u>1.9.15</u>	
		<u>Embka for Gallipoli</u>		<u>13.9.15</u>	
		<u>Embka Port Suez</u>		<u>14.3.16</u>	
	<u>Went</u>	<u>Disembka Marseille</u>	<u>France</u>	<u>22.3.16</u>	
		<u>very slight wound of face caused by particles of shrapnel</u>		<u>2.5.16</u>	<u>B 213 3.5.16</u>
	<u>29 Cpls.</u>	<u>Admitted</u>	<u>29 Cpls.</u>	<u>3.5.16</u>	<u>Ed. 9486 6.5.16</u>
	<u>Went</u>	<u>Rejoined Battalion</u>	<u>In the field</u>	<u>11.5.16</u>	<u>B 213 14.5.16</u>
	<u>4 Cpls.</u>	<u>Adm. G.W. L. Shoulder</u>	<u>France</u>	<u>2.7.16</u>	<u>Ed. 11959</u>
	<u>"S. Newhaven"</u>	<u>Transferred to England</u>		<u>4.7.16</u>	<u>W 3083</u>

Sgt. G. Clerk
for the Infantry Records
Ed. 3 Echelon

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Certified True Copy, Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
[686] W:017/21 1000m 6/18s 53 56

Forms
B. 121.
59.

Regiment of *1st Newfoundland*

Number of Sheet

Signature of O. C. Company

J. W. March
(Capt)

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>Burke J.</i>	Age on	<i>27</i> years <i>0</i> months	<i>Labourer.</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i> <i>Dec. 15/1914</i>	Religion	
Joined	Date	Period of	<i>St. C.</i>	Place of Birth	
Joined	Date		<i>with Colours</i> years.		
Joined	Date		<i>with Reserve</i> years.		

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>23/5/16.</i> <i>23/5/16.</i>	<i>Pte.</i>		<i>Absent from Church Parades</i> <i>absent from tattoo 23/5/15 to 9.10 AM</i> <i>23/5/15.</i>	<i>Cpl. Edwards</i> <i>Cpl. Edwards</i>	<i>2 days 16c.</i>	<i>25/5/15</i>	<i>Capt March.</i>	
				<i>(i) Causing disturbance.</i> <i>(ii) Resisting police escort</i> <i>(iii) Using obscene language.</i> <i>(iv) Drunken.</i>	<i>Doc. evidence</i> <i>Cpl. King</i> <i>Pte. Jones.</i> <i>G. M. P.</i>	<i>8 days 16c.</i>	<i>26/5/15</i>	<i>H. G. B. Bullock.</i>	
<i>Stabs.</i>	<i>25/6/15</i>			<i>Late on 9 AM parade.</i>	<i>Sgt Peckham.</i>	<i>2 days 6c.</i>	<i>25/6/15</i>	<i>Capt J. W. March</i>	
	<i>3/7/15</i>			<i>Absent Tattoo.</i>	<i>Cpl. Akins.</i>	<i>2 days 16c.</i>	<i>7/7/15</i>	<i>do</i>	
	<i>5/7/15</i>			<i>Late 7 AM parade.</i>					
	<i>7/7/15</i>			<i>Refusing to obey orders</i>	<i>Capt Ayre</i> <i>Sgt Green.</i>	<i>5 days 6c.</i>	<i>8/7/15</i>	<i>do</i>	
	<i>18/7/15</i>			<i>Absent from 7 AM pds.</i>	<i>Cpl Fowlow</i>	<i>2 days 16c.</i>	<i>26/7/15</i>	<i>do</i>	
				<i>To be carried over</i>					

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DISCHARGE

I, hereby acknowledge that I have received all my pay and allowances, (including clothing allowance), and all just demands up to the present date.

Name James P. Burke (Sig. of Soldier).

Address 24 Livingston St (Sig. of Witness).

Jordan B. Fato

Certified True
1914

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

MEDICAL HISTORY

Surname Burke

OF
Christian Name James J.



Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on 14	day of Dec	on	day of
	at	John's Rd	at	
Declared age	27	years		days
Trade or occupation	Labour			
Height	5	feet	6	inches
Weight	138			lbs.
Chest Measurement {	33 1/2			inches
	2 1/2			inches
Physical development	Right	Left	Right	Left
Vaccination marks {	Arm ...			
	Number ...			
When vaccinated	1909			
Vision	R.E.—V.= 6/6		R.E.—V.=	
	L.E.—V.= 6/24		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)	<i>See</i> <i>Chas Macpherson</i>			
(Rank)	Cap		Medical Officer.	
Enlisted	at	John's Rd	at	
	on	15 day of Dec	on	day of 191
Joined on enlistment	Corps	718	Corps	Regtl. No.
Transferred to				
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters.

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital Wandsworth	4	7	16				G.S.W. Left Shoulder XII. IV. Musculo spiral nerve paralysis		Board held - see overleaf Disability - G.S.W. Left shoulder (XII. IV.) Musculo spiral nerve paralysis. Cannot extend fingers, unable to extend muscles behind wrist. Cause - G.S.W. on Active Service Total - inability to earn a livelihood at present	See Ed. Douglas (A.P.H.C.S.) 3rd London General Hospital Wandsworth SW.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examination for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Particulars of Dental Treatment, &c.

Date	Brief details, and signature
27.4.15	1/4 Vacc. Ch. 2
4.12.16	Fit for Foreign Service Board held - 4.12.16 Found - Permanently unfit Board - Approved 4.12.16
	Sgd Ed Bingley Cap. R.A.M.C.D. 3 rd London General Hospital Wandsworth S.W.

Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
S. J. M. M. M.	Dec 15/14	20/Jan 15			
C. S. Stephens	20/Jan 15	22 " 15			
T. A. Orduna	22 " 15	30 " 15			
Bainbridge Castle	30 " 15				

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Certified Copy



A Name in full *Burke James Joseph*
Regiment from which discharged *Newfoundland*
Regimental Number *718*
Intended address *27 Livingstone St. St. Johns Newfoundland*
Height on discharge *5* Feet *8* Inches
Colour of Hair on discharge *Dark Brown* **Colour of Eyes** *Blue*
Figure on discharge *Sturdy*
Christian name of Father *Michael*
Christian name of Mother *Elizabeth*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____

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 Joseph Burke* *Private*
Station *Wandsworth S.W.* **Date** *22.10.16*

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.

W. W. Mallan *Medical Officer i/c*
Station *3rd London General Hospital Wandsworth S.W.* **Date** *22 October 1916*
W. W. Mallan *Hospital.*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account of advance of Pension }					
Sums due on account of public debts ...						

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge**
Date _____ **Records.**

Received

Signature

James S. Bondje.

Date

Sept. 21/1921.

Address

27 Livingstone Pt.

[P.T.O.]

is/are forwarded herewith to

James J. Burke

in respect of his service as No. **718** Rank **Pte.**

Name

J. J. Burke

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Victoria Medal (2)

RECEIPT.

C.R. 718

I hereby certify that I have received the 1914-1915

STAR.

No 718 Name James Burke

Witness Hardy

Date 3/12/19

Place St Johns

RECEIPT FOR ISSUE OF
RIBAND OF BRITISH WAR MEDAL-1914-1919.

C.R. 718

I certify that I have received a issue of 8 inches
of Riband of British War Medal-1914-1919

Name.....*James Burke*.....

(Date).....*Nov. 12/19*.....

(Place).....*Liverpool St.*.....

CR. 718

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name James Burke.....

Date 21/3/19.....

Place W. York.....

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. J. Rowland
Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

I hereby make claim for issue of Riband of
1914-15 Star.

I certify that I am entitled to this issue,
having served on* *Gallipoli*
from *Sept 24/1915* to *Dec 31st 1915.*

(Date) *March 1916* (Place) *W.S.* (Rank) *Pte.* (Name) *J. J. Burke*
(Place) *27. Livingstone St - St. John's*

*Fill in theatre of War where you served in
Gallipoli, Mudros, Lemnos, or Western Egyptian
Frontier.

COPY.

C.R.

718

June 6th 1918.

Sir:-

In connection with keeping watch at the Light Stations, you will keep record of all telephone calls made to you through the night, showing the hour at which call was made, together with the name of the person giving the call, and the name of the watchman who answered same. You will send a weekly report in this connection to me.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

Copy of letter sent to:- 1596 O'Rourke, 704 J. O'Neill, 1027 W.Dodd
718 J.Burke.

Original in File M-3-14

C.R. 718

COPY OF LETTER SENT TO:- 1596M. O'ROURKE, 704 J. O'NEILL FORT AMHERST, #
1027 PTE. W. DODD, 718 J. BURKE, SIGNAL HILL.

May 30th. 1918.

Sir:-

You will take up duty as night watchman at Fort Amherst, from 1st. June next until you are notified that your services will not be required longer.

It will be your duty to keep a look-out from the time the regular watchmen finish duty for the day until they resume duty the next day. Your special duty will be to keep a careful lookout for any vessels or anything that may approach the harbour of St. John's by water, and if should be of such a nature as to cause suspicion that it is a ship of war, submarine, ~~airplane~~ or other craft of the enemy you will immediately report same to the senior Naval Officer, H.M.S. Briton, and to the Orderly Officer, Guard Room, Princes Rink Barracks. You will arrange to keep watch alternately.

You will be paid at the rate of seventy dollars per month whilst engaged in this service, which amount will be paid to you in weekly installments on application to the Paymaster, Militia Building, Water Street.

I have the honour to be

Sir,

Your obedient Servant,

Major.

District Officer Commanding.

Newfoundland/

C.R. 718

Extract from list of men of the Royal Newfoundland Regiment discharged on various dates.

#718 Ste. James, J. Burke, discharged Jan. 24th 1917,
Medically unfit

C.R. 718

Extract from Nominal Roll, of Officers and
E. C. O.'s and men discharged from the
Royal Newfoundland Regiment.

<u>NO.</u>	<u>Rank</u>	<u>name</u>	<u>date</u>	<u>reason.</u>
718	Pte.	Burke Jas.	24/1/17	Med. Unfit.

CR.

718

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, Jan. 11th, 1917.

718 Pte. J. Burke.

Discharged from Jan. 11th, 1917 as Med. Unfit.

CR 718

Extract from Daily Orders Part 11 Unit The Royal
Mfld. Regt., St. John's, Jan. 9th, 1917.

718 Pte. J. Burke.

This man returned by S.S. Scotlan" and attached to the
Strength from Jan. 6th, 1917.

3665



CASUALTIES.

FOR DISCHARGE

No. 718, BURKE, PTE. J.J., reports at the Record Office, and is instructed to proceed to the Depot, 7/12/16, there to await further instructions as to his REPATRIATION.

Authority:-
A.F. W.3201.

C.R. 718

C.R. 718

Extract of Casualties received from Pay & Record Office,
London, dated July 31, 1916.
(Extract from Army Form B 213, from O.C. 1st. Wfld. Regt.
dated 1/7/16.)

#718 Pte. J. Burke. ✓

Wounded in Action 1/7/16.

C.R. 718

Extract of Casualties received from Pay & Record Office,
London, dated July 12, 1916.

#718 Pte. J.J. Burke. ✓

Gunshot wound Chest slight.

Admitted 24th General Hospital, Etaples, 3rd July 1916.

C.R. 718

Extract from Casualties received from P.&R.O. dated
July 5th., 1918.

Admitted 3rd., London General Hospital on July 4th.1918.

#718 Pte. J. Burke.

G.S.W. L. WRIST.

BC.

C.R. 718

Extract of Casualties received from Pay & Record Office,
London, dated July 6, 1916.

#718 Pte. J. Burke. ✓

Gunshot wound left wrist.

Admitted 3rd London General Hospital, Wandsworth
July 4, 1916.

C.R. 718

Copy of Cablegram to Governor St. John's Nfld.
from P.&.R.O. 6/7/16.

718, Burke. ✓

At Wandsworth Gunshot Wound Left Wrist.

MAY 31 1916

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that the injuries sustained by No. 718, Private J. J. Burke, of which you have already been informed, consisted of wounds in the left side of face caused by particles of shell.

This information has been received by mail.

Yours faithfully,

Mr. Michael Burke,
27 Livingstone St.

Colonial Secretary.

C.R. 718

Copy Of Cablegram.

To Governor St. John's Newfoundland. 12/5/16.

718 Pte Burke.

Slightly Wounded. 2nd May

C.R. 718

CASUALTIES.

Extract of casualty List received from P.&R.O. May 12th. 1916.

718 Pte J. Burke.

W. slit 2/5/16. N. Reptd by O.C. Bn. 3/5/16.

C.R. 718 ✓

B(67)

M

May 12, 1916.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that **No. 718, Private James Joseph Burke, was wounded slightly on May 2nd.**

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mr. Michael Burke,
27 Livingstone St.

Extract from Nominal Roll Co.1st.Bn.Nfld.Regt.

C.R. 718

Embarked, at Devenport for Active Service 20-8-15

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,
Cairo, same date. Embarked ~~for~~ Alexandria for Gallipoli
13-9-15.

718 Pte. J. Burke.

C.R. 718

Extract from Nominal Roll of Draft embarked for
Overseas per S.S. Stephens March 30th 1918.

NO. 6 Platoon.

718 Pte. J. Burke.

C.R. 718

James J. Burke. was attested for General service
with the NEWFOUNDLAND REGIMENT on ... Dec. 15th/14.
Regimental No 718 was allotted to Pte. James J. Burke.

AUTHORITY:

Record Ledger,

Dept. of Militia,


March 25th. 1919.

Squadron, Troop, Battery and Company Conduct Sheet.

Forms
 B. 121.
 29.

Regiment of *Newfoundland*

Number of Sheets *1*
 Signature of O. C. Company *J. W. March Capt.*

Regimental Number and Name <i>718. Burke Jr</i>		Enlistment		Trade <i>Labourer</i>	Good Conduct Badges, Service Pay or Proficiency Pay	
No.		Age on	<i>27</i> years - months	Religion		
Joined	Date	Place and Date of Enlistment	<i>St Johns Dec. 15 1914</i>	<i>R.C.</i>		
Joined	Date	Period of	<i>with Colours 2 1/2 years</i>	Place of Birth		
Joined	Date		<i>with Reserve 3 1/2 years</i>			

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>23/5/15</i>	<i>PLC</i>		<i>Absent from Church Parade</i>	<i>Capt. Edwards</i>	<i>2 days C.C.</i>	<i>25/5/15</i>	<i>Capt. March</i>	
	<i>23/5/15</i>			<i>Absent from Tattoo 22/5/15 to 9:15 AM 24/5/15</i>	<i>Capt. Edwards</i>				
				<i>i causing disturbance</i>					
				<i>ii Rounding police escort</i>	<i>one evidence</i>				
				<i>iii using obscene language</i>	<i>Capt. King</i>				
				<i>on drunk</i>	<i>Police</i>	<i>8 days C.C.</i>	<i>24/5/15</i>	<i>Lieut. Col. Burton</i>	
<i>Stots.</i>	<i>25 6/15</i>			<i>Late on game parade.</i>	<i>Sgt. Peckham</i>	<i>2 days C.C.</i>	<i>25/7/15</i>	<i>Capt. J. W. March</i>	<i>2 H.K.</i>
	<i>3 7/15</i>			<i>Absent tattoo.</i>	<i>Cpl</i>	<i>2 days C.C.</i>	<i>7 7/15</i>	<i>do.</i>	<i>2 H.K.</i>
	<i>5 7/15</i>			<i>Late game parade.</i>	<i>news</i>				
	<i>7 7/15</i>			<i>Refusing to obey order.</i>	<i>Capt. Green</i>	<i>5 days C.C.</i>	<i>8 7/15</i>	<i>do.</i>	<i>2 H.K.</i>
	<i>18 7/15</i>			<i>Absent from game pbe.</i>	<i>Sgt. Fowlers</i>	<i>2 days C.C.</i>	<i>20 7/15</i>	<i>do.</i>	<i>2 H.K.</i>
				<i>Medically Unfit Stots 24 7/15</i>					
				To be carried over					