



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3777 Name John Burden Corps 1st

### Questions to be put to the Recruit before Enlistment.

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>John Burden</u> .....           |
| 2. What is your full Address? .....  | 2. <u>St. John's</u> .....            |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                   |
| 4. What is your age? .....   | 4. <u>23</u> Years ..... Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Labourer</u> .....              |
| 6. Are you Married? .....  | 6. <u>No</u> .....                    |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u> .....                    |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                   |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                   |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....<br>Corps .....       |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u> .....                  |

I, John Burden 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.

John Burden SIGNATURE OF RECRUIT.  
Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Burden 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 11th day of April 1915.

Signature of Attesting Officer J. R. Keally

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the 1st

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

Date 11th April 1915 }  
Place St. John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: vis:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....



3977



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3977 Name John Burden Corps Inf

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>John Burden</u>              |
| 2. What is your full Address? .....  | 2. <u>10 road Cross N.S.W.</u>     |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Postman</u>                  |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....                   |
|  | { Corps .....                      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, John Burden 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.

John Burden SIGNATURE OF RECRUIT.  
W. H. O'Neil Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Burden 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 13th day of Oct. 1917.

Signature of Attesting Officer J. J. Kennedy Capt.

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....

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

Date Oct. 13. 1917 Place St. John's Approving Officer. J. J. Kennedy

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....









C.R. 3977

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, July 11, 1919

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 8-7-19

3977 Pte. John Burden.

C.R.

3977

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, June 25th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 24-6-19.

3977 Pte. J. Burden.



C.R. 3977

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

Date June 18th 1919.

3977, Pte. A. Burden.

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

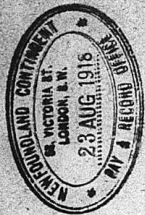
C.R. 3977

Extract from telegram received from Synoptical,  
London, June 4th, 1919.

Remittance received as follows:; Have not been paid  
Soldier repatriated you can adjust?

3977 Burden

£.5.0.0.



1650A

45.  
SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3977

C O R K - RECORD OFFICE

No. H. A. 27744.

Adm 7 Gen H Wimereux 17 Aug'18.

|                         |                        |              |
|-------------------------|------------------------|--------------|
| 7644 Pte Johnson R..... | 4 R. Irish Rgt.....    | V.D.G. Mild. |
| 4074 " Kelly M.         | 5 Connaught Rgt        | "            |
| 2490 " McDaid P.        | 3 R. Irish Rgt.        | "            |
| 14196 Sgt Wragg A.      | R Muns Fus. Reinf.     | "            |
| 351 Pte Dixon F.....    | 2 R. Munster Fus.....  | "            |
| 6901 " Hyde L.K.....    | 2 R. Irish Rgt. Garr.. | "            |
|                         | Gd.                    |              |

D U B L I N - RECORD OFFICE

No. H. A. 27744

Adm 7 Gen H Wimereux 17 Aug'18.

|                          |                      |              |
|--------------------------|----------------------|--------------|
| 13873 Pte Smart H.....   | 5 R. Irish Fus.....  | V.D.G. Mild. |
| 14557 " Harrison T.W.    | 6 Innis Fus.         | V.D.S. Mild. |
| 42217 " Cunningham B.    | 9 R. Irish Fus.      | V.D.G. Mild. |
| 12893 " Brown W.H.       | 1 " Rifles.          | "            |
| 5337 " McAllister P..... | 1 Fus.....           | "            |
| 10561 " Spencer E.       | 6/Innis Fus.         | V.D.S.       |
| 21332 " Doyle P.....     | 6 R Innis Fus.....   | V.D.G.       |
| 27606 " Shine C.         | 1 R. Dub Fus.        | "            |
| 18093 " Lewis G.         | 12 R. Irish Rfls     | "            |
| 275275 L/C Bagshaw H.    | 13 R. Innis Fus.     | "            |
| 40654 " Ycull A.....     | 1 R. Irish Rfls..... | "            |

N E W F O U N D L A N D - EXPEDITIONARY FORCE

No. H. A. 27744

Transfo D.M.S. 2nd Army ex 7 Gen. H. Wimereux 17 Aug'18.

3977 Pte Burden J..... 1 Newfoundland Inf. V.D.G. Mild.

C.R. 3977

Extract from Casualties received from War Office, London,  
dated July 31, 1918. List No. 26769;

3977 Pte. J. Burden, R. Nfld. Inf.

Adm. 7 Gen. Hospital Wimereux, 25th July, /18. Urethristis mild.



C.R. 3977

Extract of Nominal Roll Draft. (All Ranks) to 1st  
Bn. B.E.F. Embarked Flokestone.

3977 Pte. J. Burden.

25-5-18.

C.R. 3977

Extract from Nominal Roll of Mfld. Regt. Draft No. 46  
from 2nd Bn. Depot Winchester to 1st Bn. B.E.F.  
Embarked Folkestone 25-5-18.

396 3977 Pte. J. Burden.

NEWFOUNDLAND CONTINGENT.

C.R. 3977

Extract of Nominal Roll of Draft No. 46, - 130 Other Ranks from 2nd  
Bn., Depot, Winchester, to 1st. Batta., The Royal Newfoundland Regiment,  
B.E.F. Embarked Folkestone, 26/8/18.

3977 Pte. J. Burden

A.Fs. B. 103 (one for each  
soldier) sent to 3rd Echelon  
B.E.F.

C.R. 3977

Extract from Nominal Roll, embarked For Overseas per S.S.FLORIZEL  
December 11th 1917.

A/3977 PTE. J. BURDEN



C.R. 3977

Extract from Daily Orders Part II Unit The Royal Rifles  
Regt., St. John's, Oct. 16th, 1917.

3977 Pte. J. Burden.

Attested for General Service with the 1st Rifles Regt.,  
and posted to "C" Company with effect from Oct. 15th/17.

J. Burden

C.R. 3977

P.R.O.

## Medical Report on an Invalid.

Station Hazelton CampDate 1-5-19

1. Unit Royal Newfoundland
2. Regimental No. 3977
3. Rank Pte
4. Name Burden John
5. Age last birthday 20
6. Enlisted { on Oct 15/14  
at St John's
7. Former Trade } Tradesman  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

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

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

nil  
nil  
nil  
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

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.*

*He complains of no disability.*

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

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

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?

*na.*

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

*na.*

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?

*na.*

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

*na.*

*Repatrication*

20. Do you recommend—

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

*W. S. Proemin*

*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 †

Station *Hazley Down*

Officer in charge of Hospital.

Date *1-5-19*

\*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.

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



No. 47944

NEWFOUNDLAND CONTINGENT

N.F.P./61.

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,

No 3977 Pt. John Burden

Oct 28 1918

10th Royal Newfoundland Regt

200th C.C.S. B.E.F. France

With reference to your communication dated 11/10/18

(9207) on the subject of Mail

I beg to inform you that your address has been  
noted and mail will be forwarded to above  
address until advised otherwise.

J. B. Anderson  
Chief Paymaster & Officer i/c Records.

No. 7757/357

*Q*

N.F.P. 170.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding, Depot  
Batt. Ry. Mfld. Regiment  
Winchester.

20th May 1919

1919.

3977 Pte. J. Burden

With reference to the follow-  
ing telegram from the Minister of  
Militia / / 19 ( ):  
"Pay to- 3977 J. Burden  
£5. 0. 0.

Receipt hereunder.

Officer Commanding. Batt. Ry. Mfld. Regiment.

Cheque £5. 0. 0. is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

Received the sum of \_\_\_\_\_  
in respect of \_\_\_\_\_  
telegraphic remittance from the  
Minister of Militia

*H. D. [Signature]*  
Chief Paymaster & O. 1/c records.

No. \_\_\_\_\_ Rank \_\_\_\_\_

Witness: \_\_\_\_\_

On His Majesty's Service

*London*

3977, Ave. J. Burden,

General Newfoundland Regt.



**LOCATION**

*Address  
with  
6  
7  
8 AD*

**UNDELIVERED FOR REASON STATED  
RETURN TO SENDER**

*37  
St. Roch's St.  
London*



No. 3564/144

From: NEWFOUNDLAND

N.F.P./80.

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

CONTINGENT  
CHIEF PAYMASTER & OFFICER I/C RECORDS.  
NEWFOUNDLAND CONTINGENT,  
To: Officer Commanding  
4th Bn., Royal Nfld. Regiment  
58, VICTORIA STREET  
LONDON, S.W. 1.  
B. E. IRLAND.

5th March 1919

29 - 3 - 1919

3977. Pte. Burden. J.

With reference to the following telegram from the Minister of Militia, / / ( 61)



"Pay to- 3977. Pte. Burden. J.

£10. 2. 0.

*This man wishes this amount retained to the credit of his account please*

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.

*A. M. Bourne*

*major*  
LIEUT. COL.

COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

*A. O. Munnell Maj.*  
Chief Paymaster & O. i/c Records

*Deposited*  
*5/3/19* *Edo*

Casualty extracted 28/10/18

Jh

|  |               |
|--|---------------|
| NEWFOUNDLAND CONTINGENT,<br>PAY & RECORD OFFICE. |               |
| Ref. Nos IN                                      | 9207 3844.    |
| Rec'd  | 24 OCT 1918   |
| Ack'd  | Jh Ans'd H.D. |
| Ref. Nos.  | 001           |
| ACT  |               |
| BRANCH   |               |
| Comd.  |               |
| P & A.   |               |
| R. & C.  | 25/10/18 Jh   |
| Dear Sir,  |               |
| P.S.   |               |

of the John Burden,  
Boy: 11<sup>th</sup> Batt.

Royal Newfoundland Regt;  
Attached 21<sup>st</sup> C. I. C. S.  
B. E. F. France.  
11-10-18.

Noted Postal L.F.

Please excuse my boldness in intruding upon your valuable time; but after having explained you will agree that my application necessitates attention.

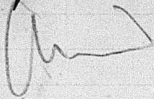
Since my departure from the Regiment I have not received scarcely any mail; which naturally is a strenuous worry, as I am anxious for some news of my Parents.

Therefore; I beg to ask your permission to assist in my mail being directed to the above address, and should be greatly obliged to your kindness in assisting my communication with my Parents.

182  
Hoping you will give my plea due  
consideration, & oblige if possible,

Yours obediently,

Pte. John T. Surden.



Your address has been  
noted and mail will be  
forwarded to above address  
until advised otherwise.

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1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Burden, Regl. No. 3977

hereby agree, until further notification by me, and in similar official form to make an Allotment of        Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins November 11.

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS               | AMOUNT (each person) |
|--------------------------|---|----------------|-----------------------|----------------------|
| 3075                     | Wife  | Henry W Burden | Dundas Lane<br>S.D.T. | 60                   |
|                          |   |                |                       |                      |
|                          |   |                |                       |                      |
|                          |   |                |                       |                      |
|                          |   |                |                       |                      |
|                          |   |                |                       |                      |
|                          |   |                |                       |                      |
|                          |   |                |                       |                      |
|                          |   |                |                       |                      |
| Total Allotment, \$      |   |                |                       | 60                   |

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

(Sig.) [Signature]  
 Officer Commanding  
 Company  
John H. [Signature]  
6-11-17

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

Burden, J.

3977

Ray Sept.

July 10, 1919

#3977 Pte. John Burden,

Brook Cove, B.D.V.

Dear Sir:-

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

Yours truly

Paymaster & C.i/c Records. Captain

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 MED OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *John* ..... 2. Surname *Burden* .....  
3. Rank *Pte.* ..... 4. Regtl. No. *3977* .....

6. Address in full to which future payments of gratuity are to be forwarded *Moord Cove, Bay de Verde* .....

6. Date of enlistment in the Regiment *Oct. 15/17* .....

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

8. Relationship of such dependents *—* .....

9. Address in full of such dependents *—* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *—* .....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas *From Oct. 15/17 to June 27/19* .....

*June 27/19* ..... 1. 1



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.

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?

19. Are you now serving in the Regt.? If not give - (a) date of discharge

*No*

*June 23/19* Reason for discharge *Reimposition of Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*France, Belgium & Germany - From May 23/18 to Feb. 1919*

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.

*John Burden*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

day of

*Moad Cove, Bay de Verde,  
St. John's, Nfld.  
June 19.  
John McGearty*

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

POST DISCHARGE PAY.

| Date paid | Paid<br>Soldier. | Paid<br>Dependent. | War Service<br>Gratuity. | Net amount<br>due |
|-----------|------------------|--------------------|--------------------------|-------------------|
|-----------|------------------|--------------------|--------------------------|-------------------|

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... |

Certified correct.

Paymaster

July 8, 1919

#3977 Pte. John Burden,

Broad Cove,

Bay de Verde

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2801

Yours truly

Captain  
Raymaster & U. i/ c Records.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3977 Rank Plt Name Burden J  
 Intended place of residence Broad Cove B.D.R.

2. Occupation Fisherman  
 Classification of soldier E Medical Category A1

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

**DEMOBILIZATION.**

Eligible for War Service Gratuity

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

Place JUN 23 1919  
 Date ST. JOHN'S for H. Mrs. H.  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S 28 1919  
JUN 23 1919  
John B. Burden  
 Signature of soldier  
J. Snow  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S  
JUN 23 1919  
John B. Burden  
 Signature of soldier  
James O'Riordan  
 Signature of witness SM.

### STATEMENT OF SERVICE

7. Enlisted for service 15-10-19 No of days on Military  
 Discharged from service 24-6-19 PLUS 14 DAYS Service 632

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
JUN 24 1919  
R. H. Sait Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's  
July 8 1919  
M. Bowley Capt  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

2777079/101

# The Royal Newfoundland Regiment

Class for Demobilization:—

*6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 23.6.19

Regimental No. 3977

Name Borden John Rank \_\_\_\_\_

Address 12 West C.H. B.N.T.

Present Medical Category A1

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

Members of Board

R.H. Lait Major  
O.C. Discharge Depot.

J. Paterson  
Senior Medical Officer

J.W. Borden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5977 Rank Cpl Name Burden J  
 Date of Enlistment 15-10-17 Address Brazier St B.W. District B.W.  
 Occupation Insular Classification for Discharge 1 Medical Category Hi  
 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    |
| B 179    | D 400B | Form L | do 3rd    | " 4    |
| B 179a   | D 400C | Form K | do 4th    | " 5    |
| B 179b   | B 102  | ME 2   |           | " 6    |
| B 179c   | B 120  | M 93   |           |        |

Date 23-6-19 O. C. Discharge Depot. H. M. S. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.

John Burden

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 23-6-19

O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R1903 to his home at Broadway B.D.V. and Release Certificate No. 2967 issued.

Date 23-6-19

*J.A. Snowcept*  
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 8-7-19

Date 23-6-19

*H. M. ...*  
Depot Paymaster.

Discharged approved for 24-6-19  
Forwarded with following documents to O.C. Discharge Depot.

|           |        |        |           |        |
|-----------|--------|--------|-----------|--------|
| N.F. P136 | B 268  | B 121  | N.F. Med  | D.F. 1 |
| B 178     | W 3494 | B 122  | Board 1st | " 2    |
| B 178a    | D 400A | B 1915 | do 2nd    | " 3    |
| B 179     | D 400B | Form L | do 3rd    | " 4    |
| B 179a    | D 400C | Form K | do 4th    | " 5    |
| B 179b    | B 103  | ME 2   |           | " 6    |
| B179c     | B 120  | M 93   |           |        |

Date 23-6-19

*J.A. Snowcept*  
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 24 1919

*R.H. ...*  
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.

*John Burden*

Signature of Man.

Reg. No. 3977

*J. A. Knowlton*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date 23-6-19

191



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

# MEDICAL HISTORY

OF

Surname BordenChristian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Broad CoveCounty King St. Varden

|   | <u>SPECIAL RESERVE.</u>                 |                      | <u>REGULAR ARMY.</u> |                  |
|---|---|----------------------|----------------------|------------------|
|   | on                                      | at                   | on                   | at               |
| Examined .....  | 15 <sup>th</sup> day of <u>Oct</u> 1917 |                      | day of               | 191              |
| Declared Age .....  | 19 <sup>years</sup> — days              | at <u>St. John's</u> | years                | days             |
| Trade or Occupation .....   | <u>Fisherman</u>                        |                      |                      |                  |
| Height .....  | 5' — inches                             | 5' — inches          | feet                 | inches           |
| Weight .....  | 110 lbs.                                |                      |                      | lbs.             |
| Chest Measurement {   | Girth when fully expanded....           | 36 inches            |                      | inches           |
|   | Range of Expansion..                    | 5 inches             |                      | inches           |
| Physical Development .....  |   |                      |                      |                  |
| Vaccination Marks {   | Right                                   | Left                 | Right                | Left             |
|   | Arm .....                               | /                    | /                    |                  |
| When Vaccinated .....   |   |                      |                      |                  |
| Vision .....  | R.E.—V <u>4/6</u>                       |                      | R.E.—V=              |                  |
|   | L.E.—V <u>5/6</u>                       |                      | L.E.—V=              |                  |
| (a) Marks indicating congenital peculiarities or previous disease | (a)                                     |                      | (a)                  |                  |
| (b) Slight defects but not sufficient to cause rejection          | (b)                                     |                      | (b)                  |                  |
| Approved by (Signature)   | <u>Lammert Peterson</u>                 |                      |                      |                  |
| (Rank)  | <u>Major</u>                            |                      |                      |                  |
|   | Medical Officer.                        |                      |                      | Medical Officer. |
| Enlisted .....  | at <u>St. John's</u>                    |                      | at                   |                  |
|   | on <u>15 day of <u>Oct</u> 1917</u>     |                      | on                   | day of 191       |
| Joined on Enlistment .....  | Corps.                                  | Regtl. No.           | Corps.               | Regtl. No.       |
| Transferred to .....  | <u>1st Regt.</u>                        | <u>3977</u>          |                      |                  |
| Became non-effective by .....                                     | on                                      | day of 191           | on                   | day of 191       |
| (Signature)   |   |                      |                      |                  |
| (Rank)  |   |                      |                      |                  |

Table II.—Only for admission to hospital or to the sick list in 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, etc., will be given in the special syphilis case sheet. | Signature of Medical Officer      |
|--------------------|----------------------|----------|-----------|--------------------------|----------|-----------|-----------------|-------------------------|--|-----------------------------------|
|                    | Day                  | Month    | Year      | Day                      | Month    | Year      |                 |                         |  |                                   |
| <i>Hazeleydown</i> | <i>27</i>            | <i>2</i> | <i>18</i> | <i>22</i>                | <i>3</i> | <i>18</i> | <i>Measles.</i> | <i>23</i>               | <i>Recovered. Discharged to duty</i>   | <i>H. P. Lamm, Capt. R.A.M.C.</i> |



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 |
|----------|------------------------------|
| 6-11-17  | Vacc. 2D                     |
| 14-10-17 | T.A. B7 2D                   |
| 29-10-17 | No. 3 2D                     |
| 3-11-17  | J 2D                         |

*It is hereby certified that this soldier*  
*has been found fit for Travelling Medical*  
*Duty and has been classified as*  
*6 for discharge on Demobilisa-*  
*tion. Medical category*  
*23.6.19*  
Date of T.M.M.

*[Signature]*  
Adjutant-General  
Director-General of Medical Services

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 |
|----------------------|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
|                      |                                |                                     |                      |                                |                                     |



# 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 *John Burden*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3977*

Intended address *Broad Cove N.S.V.*

Height on discharge *15* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Henry, W*

Christian name of Mother *Lydia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Broad Cove, 16<sup>th</sup> Oct, 1899*

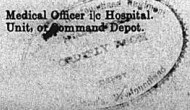
Nature and locality of civil employment required

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

(Soldier's signature in full) *John Burden.* *Plt*  
(Rank)

Station *St John's* Date *23-6-19*

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 Report on an Invalid.

Station Hazelley DownDate 15/19

1. Unit Royal Newfoundland 7. Former Trade } Workman  
or Occupation }
2. Regimental No. 3977 7A. If with previous service in Army, state—
3. Rank plc (a) Former Unit;
4. Name Benson John (b) Regimental No.;
5. Age last birthday 20 (c) Date of Discharge;
6. Enlisted } on Oct 75/17 (d) Cause of Discharge.  
at 1906

## 8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil  
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na

13. What is his present condition?

*He complains of no disability*

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

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

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

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?

*na*

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

*na*

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?

*na*

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

*na*

20. Do you recommend—

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

*Repatriation*

*W E Roscoe*

*Sgt. R. J. M.; Capt Rame*

Officer in medical charge of case.

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

Station *Hazley Barron*

Date *1/5/19*

\_\_\_\_\_  
Officer in charge of Hospital.

\*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

John Burden, Regl. No. 3977

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

Allotment begins November 1<sup>st</sup>

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS              | AMOUNT (each person) |
|--------------------------|---|----------------|----------------------|----------------------|
| 3075                     | Wife  | Mary W Burden  | Bival Cove<br>B.D.V. | 60                   |
|                          |   |                |                      |                      |
|                          |   |                |                      |                      |
|                          |   |                |                      |                      |
|                          |   |                |                      |                      |
|                          |   |                |                      |                      |
|                          |   |                |                      |                      |
|                          |   |                |                      |                      |
|                          |   |                |                      |                      |
| Total Allotment, \$      |   |                |                      | 60                   |

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

(Sig.) W. H. King  
Officer Commanding  
John Burden Company  
6-11-7  
197

(Sig.) John Burden  
(Rank)

ST. JOHN'S, June 23<sup>rd</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Lt. J. Burden

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 24<sup>th</sup> /19

3977 . Lt. J. Burden 24 90

|             |              |
|-------------|--------------|
| ACCOUNT     | <u>B + m</u> |
| CH. NO.     | <u>23785</u> |
| ISS. LEDGER | INITIALS     |
| PAY LEDGER  | INITIALS     |
| GEN. LEDGER | INITIALS     |

Certified correct for \$ 24 . 90

J. A. Shaw Capt.  
Billeting Officer.  
J. Burden

C.R. 3977

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

DATE. 1.15.20  
PLACE. Broad Cove.

B. D. V.

NO. 3977. NAME. J. Burdeon.



**Casualty Form - Active Service**

Regiment or Corps *21st Royal Newfoundland*

Rank *Pte* Surname *Burden* Christian Name

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

Enlisted (a) *15.10.17* Terms of Service (a) *Duration* Service reckons from (a) *15.10.17*

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

Extended Re-engaged Qualification (b) *2.5 MAY. 1918*  
or Corps Trade and rate *2.5 MAY. 1918*

Occupation *Fisherman* *J. M. Currier* *Signature of Officer*



| Report         |                    | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty          | Date of Casualty | Remarks<br>Taken from Army Form B.213, Army Form A.36, or other official documents. |
|----------------|--------------------|---|----------------------------|------------------|---|
| Date           | From whom received |   |                            |                  |   |
|                |                    |   | Embarked <i>25-5-18</i>    |                  |   |
|                |                    |   | Disembarked <i>27-5-18</i> |                  |   |
|                |                    |   | <i>31-5-18</i>             |                  |   |
| <i>22.7.18</i> | <i>O.C. Unit</i>   | <i>adm Hospital</i>   | <i>Field</i>               | <i>14.7.18</i>   | <i>B13</i>  |
| <i>5.8.18</i>  | <i>7. Gen 1400</i> | <i>adm Wrethritis Guild</i>   | <i>Homeaux</i>             | <i>25.7.18</i>   | <i>16226769</i>   |
| <i>28.8.18</i> | <i>7. G.H.</i>     | <i>Trans to D.M.S. 2nd Army (V.D.S.M.)</i>  | <i>~</i>                   | <i>17.8.18</i>   | <i>HA 27744</i>   |
| <i>24.9.18</i> | <i>21. C.O.S.</i>  | <i>ofom ~ V.D. to Comd</i>  | <i>~</i>                   | <i>10.10.18</i>  | <i>RD. 5589.</i>  |
|                | <i>S.I.B.D</i>     | <i>Assumed</i>  | <i>Reven</i>               | <i>15.11.18</i>  | <i>Race</i>   |
|                |                    |   | Joined <i>Field</i>        | <i>21/11/18</i>  | <i>B. 213.</i>  |
|                |                    | <i>Leave to N.E. 12/11/18 27/11/18</i>  |                            | <i>3213</i>      |   |
|                |                    | <i>Indemnity of 1/18</i>  |                            |                  |   |

*SM*



D3977

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3977 Rank Plt Name Burden, J  
 Date of Enlistment 15-10-17 Address Broadway District 280  
 Occupation Truckman Classification for Discharge E7 Medical Category Hi  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

|          |        |        |   |           |        |   |
|----------|--------|--------|---|-----------|--------|---|
| N.F. M36 | B 268  | B 121  | 1 | N.F. Med  | D.F. 1 | 1 |
| B 178    | W 3494 | B 122  |   | Board 1st | " 2    |   |
| B 178a   | D 400A | B 1915 | 1 | do 2nd    | " 3    | 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 23-6-19 O. C. Discharge Depot. Mr. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.  
John Burden

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £100.00  
 (b) Clothing Supplied 2. Brown caps

Date 23-6-19 O. C. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 71923 to his home at Brentford and Release Certificate No. 2367 issued.

Date

B.D.V.  
23-6-19

*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

Date

23-6-19

*J.A. Snowball*  
Depot Paymaster.

Discharge approved for

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

|          |         |        |            |        |
|----------|---------|--------|------------|--------|
| N.F. 136 | B 268   | B 121  | N.F. Med   | D.F. 1 |
| B 178    | W 3494. | B 122  | Board Ist. | " 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   |            |        |

*23-6-19* *J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

JUN 24 1919

Date

*J.A. Snowball*  
O. C. Discharge Depot.

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

Date

July 4/19

*J.A. Snowball*  
Depot Paymaster.

Reg. No. *3977* Rank *Pte* Name *Burden J*  
Attested ..... Address *Broadway B.D.V*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas .....  
Returned on S.S. .... Cause *Discharge*

*23-6-19* PASSED TO DEMOBILIZATION OFFICER  
*24-6-19* DISCHARGE APPROVED ON DEMOBILISATION.