



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5414 Name Solomon Burden Corps Meth.

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. What is your name? | 1. <u>Solomon Burden</u> |
| 2. What is your full Address? | 2. <u>Curling, Boj's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? | 5. <u>fisherman</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 <u>Yes</u> |
| 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, Solomon 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.

Solomon Burden SIGNATURE OF RECRUIT.

W. M. Henry Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Solomon 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 correctly 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 14th day of May 1915.

Signature of Attesting Officer C. D. Dickes

†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.....1915
Place..... } Approving Officer.

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

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

C.R. 5414

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 23/19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 18-7-19.

5414 Pte. Solomon Burden.

C.R. 5414

extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 5th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 2-7-19.

5414 Pte. S. Burden.

C.R. 5414

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

5414, Pte. S. Burden.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5414

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

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

#5414 Pte. S. Burden.

4

C.R. 5-414

Extract from Central Roll of Staff No. 50 from the 3rd., Battalion
the First Battalion of the Bedfordshire Regiment B.E.F.
dated Southampton 22/11/18.

#5414 Pte. S. Burden.

C.R. 5414

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Reg St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S. "Columbella"
July 22, 1918.

#5414 Pte. Solomon Burden.

C.R. 5414

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 27, 1918.


#5414 Pte. S. Burden.

Attested for General Service with the Royal Nfld. Regt.
from 24.5.18

D. Burden

5414

P. & R. P



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvii or xviii), King's Regulations, and in cases of discharge under para. 392 (vi), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } *Fisherman*
 2. Regtl. No. *5414* }
 3. Rank. *Private* }
 4. Name *Burden* } *Solomon*
 (Surname) (Christian Names)
 5. Age last birthday. *20*
 6. Posted for duty on *May 24/18* at *St. Johns*
 in category (or grade).....
 7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
 9. If a Court of Inquiry was held on an injury state:—
 (a) When
 (b) Where
 (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
 12. Place of origin of disability. *nil*
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war
 - (ii) Previous active service.. .. .
 - (iii) Climate in pre-war service
 - (iv) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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

15. What is his present condition ?

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

The complainant of no disability.

16. Was an operation performed ? If so, when and what was its nature ? na.
17. If not, was an operation advised and declined ? na.
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ? na.
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ? na.

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

Repatriation

Station

Hazely D. Camp

Date

30-4-19

W. E. Provenier Capt R.A.M.C.
Medical Officer in charge of case.

* 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



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Solomon Burden, Regl. No. 5414

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

Allotment begins July 15th 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4515	Mother	Mrs. Frederick (Elizabeth) Burden	Crooking Bay of Islands	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.) Swatson Lieut.
 Officer Commanding
 Company

(Sig.) Solomon Burden
 (Rank) Pvt

A. Johns
June 26 191

Burden, S

5414

Gay Dept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3214 Rank PLC Name Burden S
 Intended place of residence Burley

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 2 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date 2-7-19

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 2-7-19

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 421

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 4 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 18/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

[Handwritten] 2079/3108

July 21, 1919

#5414 Pte. Solomon Burten,
Curling,
Bay of Islands.

Dear Sir:-

Please find enclosed Discharge Certificate #3108.

Yours truly

Captain & Paymaster.

June 11, 1919

The Bank of Montreal,
C i t y.

Dear Sirs:

With reference to your
letter of May 3rd. enclosing cheque for \$40.63
I beg to state that I have cabled £8.4.3
to 5414, Solomon Burden.

Yours truly,

Lieut.
For Paymaster.

The Royal Newfoundland Regiment

Class for Demobilization:—

B.G.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

30.6.49

Regimental No

5414

Name

Burden Solomon

Rank

Pte

Address

Curving Bay of Islands

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

W. Peterson
Senior Medical Officer

B.W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5414 Rank Pvt Name Burden J
 Date of Enlistment 2-5-18 Address Curlew District St. George's
 Occupation Fisherman Classification for Discharge A-1 Medical Category A-1
 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 103	ME 2		" 6
B 179c	B 120	M 93		

Date 30-6-19

O. C. Discharge Depot. J. Burden

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J 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 _____

M. O. O'Connell

Date 2-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R 2118 to his home at Burling and Release Certificate No. 3119 issued.

Date 2-7-19

J.A. Snow left
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 15 7-19

Date 2-7-19

J.A. Snow left
Depot Paymaster.

Discharged approved for 4-7-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. 1136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 2-7-19

J.A. Snow left
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 4 1919

R.H. [Signature] MAJOR
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation,

D Burden
Signature of Man.

Reg. No. *3414*

J. H. Knowlton
Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

2-7-19

191

July 23, 1919

#5414 Pte. Solomon Burden,
Bay of Islands.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the war service gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Solomon* 2. Surname *Burden*
3. Rank *Private* 4. Regtl. No.
5. Address in full to which future payments of gratuity are to be forwarded *Mrs. Fredrick Burden*
Bay of Islands
6. Date of enlistment in the Regiment *May 24th 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs. Fredrick Burden*
8. Relationship of such dependents *Mother*
9. Address in full of such dependents *Mrs. Fredrick Burden*
Curling Bay of Islands
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *yes*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service *In France from*
Nov. 23rd 1918 to April 23rd 1919
12. Give total length of time which you served on active service, whether in Nfld. or Overseas *Five months*
in France 13

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

only one

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.

none

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.? *no* If not give:- (a) Date of discharge. *July 2nd*

(b) Reason for discharge. *Demobilization*

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

Bouen, France from Nov. 23rd 1918 to April 23rd 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.

Signature of Applicant: *D Burden*
 Place of Residence: *Carlisle Bay of Barbados*
 Declared before me at: *M Johns*
 This *2nd* day of *July* 19*49*

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

M. Johns

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....
Certified Correct.			Paymaster.	

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

MEDICAL HISTORY

OF

Surname Burden

Christian Name Salomon

Table I.—GENERAL TABLE.

Birthplace:—Parish Cushing Prov. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<u>17th</u>	<u>May</u>		
at	<u>St John's</u>			
Declared Age	<u>19</u>	years		
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u>	feet	<u>5</u>	inches
Weight		<u>118</u> lbs.		
Chest Measure- ment	Girth when fully expanded	<u>34 1/2</u> inches		
	Range of Expansion	<u>4 1/2</u> inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>/</u>		
When Vaccinated				
Vision	R.E.—V=	<u>4/6</u>	R.E.—V=	
	L.E.—V=	<u>4/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects, but not sufficient to cause rejection				
Approved by (Signature)	<u>James Patton</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>St John's</u>	at	
	on	<u>17th</u> day of <u>May</u>	on	day of 191
Joined on Enlistment	Corps.	<u>Regt Nfld.</u>	Corps	
	Regtl. No.	<u>Det 1st</u>	Regtl. No.	
Transferred to	<u>Regiment.</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c Records together with the remainder of the man's documents.

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

Name in full

Burden, Solomon

Regiment from which discharged **Royal Newfoundland**

Regimental number

5414

Intended address

Curling, B. I.

Height on discharge

5 feet 6

Color of hair on discharge

Black

Complexion

Dark

Color of eyes

Grey

Descriptive Marks

None

Figure on discharge

None

Christian name of Father

Fredrick

Christian name of Mother

Levinia

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Curling, 12 Sept. 1900

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)

Solomon Burden

(Rank)

Private

Station

St. John's

Date

30/6/19

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.

Station

Date



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Zealot*
2. Regtl. No. *2414* 3. Rank. *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Burden Salmon* (a) Former Regts. or Corps; with Regtl. No.
- (Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on *May 24/18* at *S.I.W. Hos.* in category (or grade)
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by—
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *O. A.*

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

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

the complaint of one disability

16. Was an operation performed? If so, when and what was its nature?
O. A.
17. If not, was an operation advised and declined?
O. A.
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
O. A.
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?
O. A.

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.*

Repatriation

*Sgt W. E. P. ...
 J. P. ... Capt R. A. M. C.*

Station *Donkey Pt. Camp*
 Date *30-4-19*

Medical Officer in charge of case.

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

Casualty Form - Active Service.

Regiment or Corps P. Newfoundland
 Rank Pte Surname Burden Christian Name S
 Religion Methodist Age on Enlistment 19 years — months
 Enlisted (a) 24/5/18 Terms of Service (a) Duration Service reckons from (a) 24/5/18
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended (.....) Re-engaged (.....) Qualification (b).....
 or Corps Trade and Rate.....
 Occupation Fisherman M. H. G. P. S. Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	28 NOV 18		
		Joined Batt	5	JAN 19	
		Arrived in UK		12/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller/Shoing-Smith, &c (17561.) Wt. W 1887-P 1124. 1,000,000. 0/18. D & S. Form B.103. (E. 1254.)

Next of Kin: Father: Burden Curling: Bay of Islands: N. F. I. d.

ST. JOHN'S, JUL 2-1919

Royal Newfoundland Regiment.

Billeting Account,

To *W. S. Burden*

Billeting Soldiers as undermentioned

from *June 1st /19* to *June 28th /19*

5414. W. S. Burden ^{*A.C.S.*} *28 80*

ACCOUNT	<i>B + m</i>
NO	<i>2032</i>
INITIALS	<i>Red</i>
EDGER	INITIALS
EDGER	INITIALS
EDGER	INITIALS

Certified correct for \$ *28 80*

J. A. Snowball
R.F. *S. Burden*
Billeting Officer.

Receipt for Army Book 64

No. *5414* Name. *Burden S.*

To Certify that I have received the AB 64 of the above
named soldier.

Name. *Solomon Burden*

Date. *July 20 1920*

Place. *Curling Bay of Islands*

N.B. For completion and return to the Department of Militia
Insert in corner of envelope "AB 64"

7

Received

5414

British War Medal

Signature

Salomon Burden

Date

Nov 2nd 1921

Address

Curling B of I

[P.T.O.]

The Royal Newfoundland Regiment 054

DEMOBILIZATION OF

Reg. No. 5117 Rank Plt. Name Burden J Date
 Date of Enlistment 2-1-18 Address Curling
 Occupation Fisherman Classification for Discharge 17 Medical Category H1
 Recommendation S. M. B. Disability Rating
 Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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 30-6-19 O. C. Discharge Depot. Miss H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

APPROVED
 S Burden
 Docum

Particulars passed to Vocational Officer for information and action with following

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$100.00
- (b) Clothing Supplied Am Wilson

Date 2-7-19 O. C. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R2118* to his home at *banking* and Release Certificate No. *3119* issued.

Date *2-7-19**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 *18/7/19*

Date *2-7-19**J.A. Snowball*
Depot Paymaster.Discharge approved for *4-7-19*

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

N.F. P/36	B 288	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	<i>2 Form B</i>
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 *2-7-19**J.A. Snowball*
O.C. Discharge Depot.**APPROVED.**

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUL 4 1919**R.H. Sait* MAJOR
O. C. Discharge Depot.

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

Date *July 10/1919**J. Amelsbach*
Porter

Reg. No. *5416* Rank *Pvt.* Name *Burden Solomon*

Attested Address *Curling*

Allotment Allottee *E*

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Mexican* Cause *Discharge*

27/19

FORWARDED TO DENOBILIZATION OFFICE

47/19

DISCHARGE APPROVED ON DENOBILISATION.