



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5344 Name Albert J Burke Corps RC.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Albert J Burke</u> |
| 2. What is your full Address? | 2. <u>St Jacques</u>
<u>Tobacco Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Electrician</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 embedded in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Albert J Burke 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.

Albert J Burke SIGNATURE OF RECRUIT.

13/10/18

Albert J Burke Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert J Burke 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 13 day of October 1918.

Signature of Attesting Officer C. Dicks

† 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

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

Date.....1918 } Approving Officer.
Place.....

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5344

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name A. J. Burke
 Apparent age 24 years months. Height 5 feet 10 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Catherine Burke
Jacques Tolans Relationship Mother
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service to be reserved 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					Leave Sept 18 78				
Joined at _____ on _____									
<u>Discharged August 1 1919</u>									
<u>Embarked St. Louis St. Catherine Co. Halifax Oct. 22 78</u>									
<u>Staff for demobilization 24 79. Arrived Sept 1-7-1919</u>									
<u>Demobilization St. Louis 9-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> (date of discharge) <u>1</u> years <u>79</u> days									
" " Pensions " <u> </u> [" "] " " " " " "									

C.R. 5344

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 9-8-19.

#5344, L/C. Albert Burke.

C.R. 5344

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. St. John's, July 15-1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 26-7-19.

5344 L/Cpl. A. Burke.

C.R. 5344

Extract from Daily Orders Part VI Unit The Royal Rifle Regt.
St. John's, July 3rd 1919.

5344 L/Cpl. A.J. Burke

Reported at Headquarters 1919 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5344

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

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

#5344 L/Cpl. Albert Burke.

5344

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated July 19, 1918.

#5344 Pte. A. J. Burlje

To be Lance-Corporal from July 18th, 1918.

C.R. 5344

Extract from Daily Orders part 11, from Uni The Royal
Nfld. Regt. St. John's, dated May 25, 1918.

#5344 Pte. Albert J. Burke.

Attested for General Service with the Royal Nfld. Regt.
from 23.5.18

A. J. Burke

C.R.

5344

1190

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 Coy Former Trade or Occupation } Mechanic
2. Regtl. No. 5344 3. Rank. Lt Col 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name Burke Albert G.
(Surname) (Christian Name)
5. Age last birthday. 23
6. Posted for duty on at
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 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 general 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. ml
12. Place of origin of disability. ml
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. ml

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? }

The complainant of the disability

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.)

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
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 ?
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 ?

Repatriation

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.

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

Station *Maycleigh Down*

Date *14/1/19*

* 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

Burke, A

5344

Ray & Sept.

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

MEDICAL HISTORY

Surname Burke OF Sejacus Christian Name Albion

Table I.—GENERAL TABLE.

Birthplace:—Parish Sejacus I.B. County Nes

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	23 rd	May	1918	
at	Sejacus			
Declared Age	24	years		85
Trade or Occupation	Mechanic.			
Height	5	feet 10 ¹ / ₄		
Weight	148.	lbs.		
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		2.	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated	8 years ago.			
Vision	R.E.—V=	4/6	R.E.—V=	
	L.E.—V=	4/6	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)	Lambert Baker			
(Rank)	Major			
Enlisted	at	Sejacus		
	on	23 rd	day of May	1918
Joined on Enlistment	Corps.	Royal Med. Regiment.	Regtl. No.	5344.
	Transferred to			
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

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 F., or P. (T), of the Reserve.

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *344* 3. Rank. *Lance Corporal*
4. Name *Rooke, Albert G*
(Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on at.....
in category (or grade).....
7. Former Trade or Occupation } *Macanias*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. *See*
12. Place of origin of disability. *See*
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. *See*

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? }

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.)

He complains of no Disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
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?

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

A. E. Proctor *Captn R.A.M.C.*
 Medical Officer in charge of case.

Station *Kazley Down*

Date *1/11/19*

* 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



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

Albert Burke

Regiment from which discharged **Royal Newfoundland**

Regimental number

5344

Intended address

Post Aw Post

Height on discharge

5 Feet 11 1/4

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Tall

Figure on discharge

Tall

Christian name of Father

—

Christian name of Mother

—

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

St. Jacques 1896 April 22nd

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)

A. J. Burke

(Rank)

IC

Station

St. John's

Date

7.7.19

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

Medical Officer i/c Hospital,
Unit, or Command Depot.

August 15, 1919

Mr. Albert Burke,
#216 Park Street,
SYDNEY C.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of 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 *Alfred Joseph* 2. Surname *Bunker*
3. Rank *He* 4. Regtl. No. *5344*
5. Address in full to which future payments of gratuity are to be forwarded. *24 216 Park Street Sydney C.B.*
6. Date of enlistment in the Regiment. *21 May / 18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Sister*
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 Mfld. If so, give dates and particulars of such service. _____
12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *Quarter Months*
..... 1.2

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

one enlistment in Canada 1916, but unfit

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. Yes

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. 12 July 1919 (b) Reason for discharge. Demobilized

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. No

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.

6653

26 Park Street
Sydney
Eps. 19. 28 1919

Capt. J. M. Hawley
Paymaster
Royal Newfoundland Regt.

Dear Sir

I am writing to know would
you kindly advance me one month's
gratuity as things are pretty dull here. I am
working but only get three days per week
I am working with the Dominion Iron
& Steel Co. I find it quite impossible to
to live on that much so I have decided
to leave here for Halifax but it is
quite impossible if I do not get the
advance from you. Kindly consider my
case urgent for which I will be very
grateful.

Yours truly
A. J. Bunker
#5344

July 14
Aug 10
Aug 8

Hay

700
700
14000

28000
baldwin

68110

216 Park Street
Sydney
19/12/19

Captain J. M. Howley
Paymaster
Royal Welfd Regt
S. John's Wood

Dear Sir
This is the third time I have
written you concerning my Gratuity
and no reply if you would give the
your immediate attention I would
be very grateful as at the present
time I am badly in need. Hoping
to hear from you on receipt of this
letter

I remain

Yours truly

A. J. Buck

Reg. No 5344
B. Co.

July 14 to pay 7000

Aug 10 7000

Aug 8 14000

Baldue 28000

② purchase some
of Aug 213 Aug 14/1919
674
② A. I. man

216 Park Street

Sydney

Sept 26th 1919

Capt. J. H. Snow

O.C. Discharging Dept.
Department of Militia
St. John's

Dear Sir,

Up to now I have not
got my discharge papers &
badge kindly see into
the matter and oblige

Yours truly
Ex Lt. A. J. Burke
5344

Address

216 Park Street

Sydney

C. Breton

P.M.

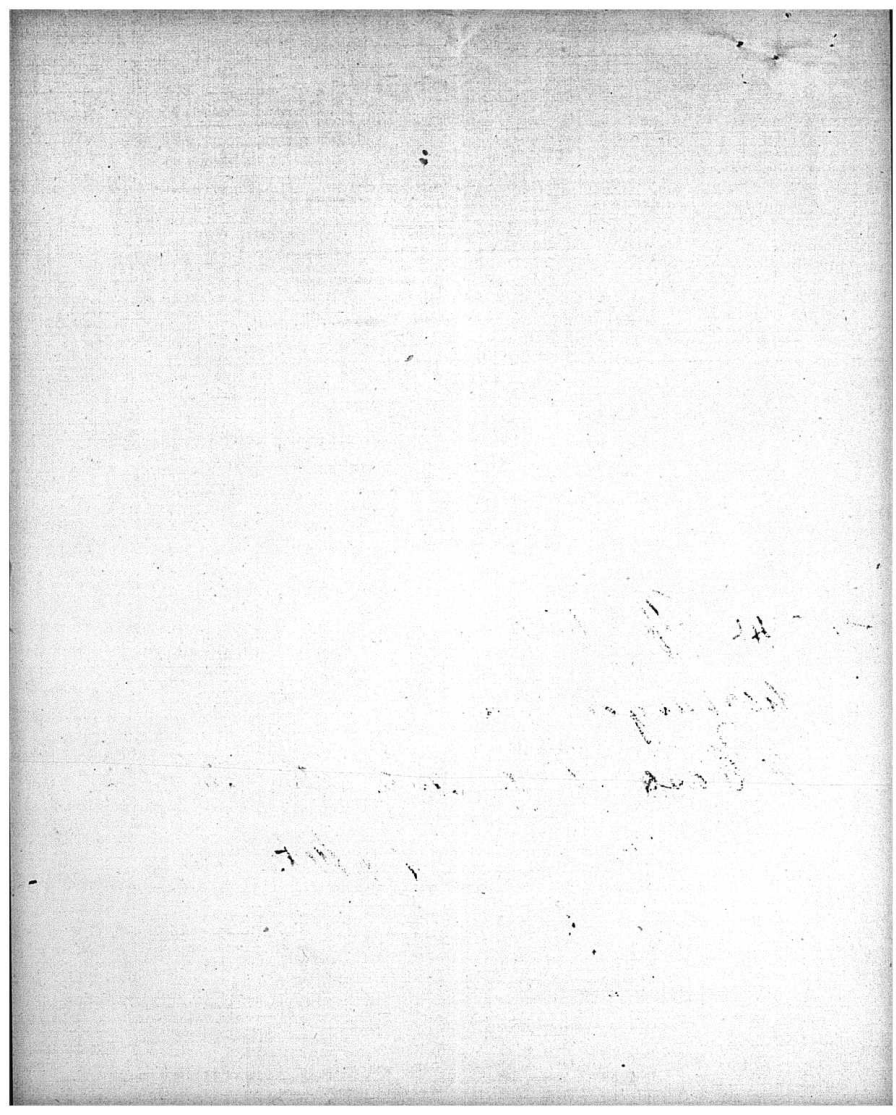
5344 Burke

Please make first pay. W. S. G.

W.P.H.

14/7/19

W. S. G.



July 30th 1919
Portaux Basque

Capt. J. H. Sizer
U.S. Discharge Dept.
Royal Hill Kgt
Sizor's

Dear Sir,

I am now in Portaux Basque on my way to Sydney N.S. and am absolutely without one dollar owing to bills that I owed before joining the Regiment - that I was compelled to pay. I have not got any clothes yet - and while I am waiting for a reply to this letter my board is going on and I have nothing to pay it with until I hear from you and both my father and mother being dead I have no one to fall back on I have a job in Sydney but it is useless for me to go there without money as I will not be able to wear the uniform so I will be very grateful to you if you would intercede for me in sending by return of mail two months

gratefully. I don't know what I will do
if I do not get it, hoping you will
comply with my request.

Yours Truly
H. C. Barker
5344

Address
H. C. Barker 66 Post Office
~~# 5344~~ Port aux Basques

+15344, ^{H. C. B.} Capt. Barke was
discharged on the 26-7-19.

Please look into the matter

McClouston

P.M. One paid in advance authorized
8/8/19 W.T.H.

S.S.O.

For instructions please

M. Bowley Capt.
P.M.

August 9, 1919

#5344, Ex Pte. A. J. Burke,
C/o Post Office,
FORT AUX BASQUES.

A. C. R.

With reference to your
letter to Lieut. J. H. Snow of July 30th.
I enclose herewith cheque for \$140.00
on account of War Service Gratuity
(2 payments)

Capt.
PAYMASTER

LM/

Enc. 1.

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.

A. J. Barker

Signature of Man.

J. J. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 3344

Place

ST. JOHN'S.

Date

12-7-19

191

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5344 Rank LC Name Burke
 Date of Enlistment 22.5.13 Address St. Jacques District St. John's
 Occupation Mechanics Classification for Discharge 10 Medical Category A2
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date July 1944

O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W J Burke

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £6.00

(b) Clothing Supplied

W J Burke

Date 12-7-44

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2358K to his home at St. Joseph and Release Certificate No. 3504 issued.

Date 12-7-19

J. J. Lawrence
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 9-8-19

Date 12-7-19

J. J. Lawrence
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot:

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	Form B
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 12-7-19

J. J. Lawrence
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 26 1919

Date

N. R. Cooper
O. C. Discharge Depot

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

Date

August 14, 1919

#5344 L/C. Albert Burke,
St. Jacques, N.B.

Dear Sir:-

Please find enclosed Discharge Certificate #36731

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5344 Rank 4C Name Burke A
 Intended place of residence St Jacques
 2. Occupation Mechanic
 Classification of soldier E Medical Category AI

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 12 1919

M. H. [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 JUL 12 1919

A. J. Burke
 Signature of soldier

J. H. [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 JUL 12 1919

A. J. Burke
 Signature of soldier

W. J. [Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23. 5. 18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 444

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, 14 ~~twenty-eight~~ days from date.

Place, ST. JOHN'S

Date JUL 26 1919

L. R. [Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 9/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

9
30
39
79

MB 2079/2693



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date July 11th 1919

D.H.I.

Regimental No. 5344

Name 13 mtr Albert

Address Sgt. - Sgt.

Disease or Disability

Finding of last Standing Medical Board,

held on _____ 19 _____

Present Condition

Recommendation L.D.

Category A T

Members
of
Board

R.H. East Major
O. C. Depot

H. Brown
D. D. M. S.

S.W. Burden
M. O. Depot

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/₁₀₀

July 14 19 19

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. W.S.H.
balance

A. J. Burke

Ch. No. 2995	Initials. C.W.
Pay Ledger. 218	Initials. W.S.H.
Gen. Ledger.....	Initials.....

Regtl. No. 5344 Rank. A.C.

F. C. S.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 140⁰⁰

Aug 8 19 19

Received from the First Newfoundland Regiment
the sum of one hundred & forty Dollars.
on account of Pay. *W.H.*
balance

Ch. No. 4432	Initials. <i>EW</i>
Pay Ledger. 218	Initials. <i>WH</i>
Gen. Ledger.....	Initials.....

W.C.A.

Regtl. No. Rank

No. 5344

Rank *Pf*

Name

A. J. Burke

5344

C.R.

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Date.....

Place.....

Name.....

Dec 21 1919
Rose Blanche

Received by mother
Kate Barke

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 514

Regiment of Royal Newfoundland Land Signature of O. C. Company C. B. Dickie

Regimental Number and Name	
No.	<u>5344 Burke C.S.</u>
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<u>24</u> years <u>0</u> months	<u>Mechanic</u>
Place and Date of Enlistment	<u>St. John's</u>	Religion <u>R.C.</u>
Period of	with Colours <u>179</u> years.	Place of Birth <u>St. Jacques</u>
	with Reserve <u>365</u> years.	

Good Conduct Badges, Service pay or proficiency pay
19-7-18 Promoted to Lance Corporal.

W. P. Piper Captain

Place	Date of Offence	Rank	Cause of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>9 8/19</u>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5344 Rank Lt Name Burke A
 Date of Enlistment 23.5.18 Address St. Jacques District Lorraine
 Occupation Mechanic Classification for Discharge 14 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date July 11/19 O. C. Discharge Depot Mrs H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A J Burke

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £6.00

(b) Clothing Supplied _____

M. Blain

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2358R to his home at St. Joseph and Release Certificate No. 3504 issued.

Date 12-7-19

J. J. Knowlton
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 4-8-19

Date 12-7-19

J. J. Knowlton
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1 N.F. Med.	D.F. 1.	1	
F 178	W 3494	B 122	Board 1st.	" 2.	2	
F 178a	1 D 400A	1 B 1915	1 do 2nd.	" 3.	2	Form B
B 179	D 400B	Form L	do 3rd.	" 4.		
B 179a	1 D 400C	Form K	do 4th.	" 5.		
B 179b	B 103	ME 2		" 6.		
B 179c	B 120	M 93				

Date 12-7-19

J. J. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 26 1919

D. R. Cooper Capt.
O. C. Discharge Depot.

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

Date Aug 7 1919

Reg. No. *1344* Rank *Le* Name *Burdette*

Attested Address *Saint Jacques*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

12 7 19
26 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.