



A

# THE ROYAL NEWFOUNDLAND REGIMENT

RRP

5392

## ATTESTATION OF

No. ~~5401~~ Name Anthony J. Burke Corps RC

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

1. What is your name? ..... 1. Anthony J. Burke
2. What is your full Address? ..... 2. St. Josephs  
St. John's
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years ..... Months
5. What is your Trade or Calling? ..... 5. Boat worker
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, \* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. Yes
9. Are you willing to be enlisted for General Service? .. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and, who gave it to you? ..... } 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } 11. Yes

I, Anthony 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.

Anthony J. Burke ..... SIGNATURE OF RECRUIT.

J. J. Drayton ..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Anthony 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 on this 23 day of May, 1915.

J. J. Drayton ..... Signature of Attesting Officer

† 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 ..... } 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

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

5392

Name *Anthony J Burke*  
 Apparent age *28* years *0* months Height *5* feet *3* inches  
 Chest Measurement { Girth when fully expanded *33* inches  
 Range of expansion *3* inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Thomas Burke*  
*St Jacques Fortinby Street* Relationship *Father*  
 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <i>23-5-18</i>									<i>Leave Capt. 20-7-18</i> <i>Expire of stripe 14-1-19</i>
Joined at <i>St. John's</i> on <i>May 23-1918</i>									
<i>For service August 4 1919</i>									
<i>Embarked St. John's N.S. Colonville to Halifax N.S. 22-7-18</i>									
<i>Embarked for B.C. 23-11-18</i> <i>Disembarked France 25-11-18</i>									
<i>Joined Butler 5-19 transferred from Reserve 22-19</i> <i>Arrived Reinforcements 23-4-19</i>									
<i>Applied for demobilization 24-6-19</i> <i>Arrived field 7-7-19</i>									
<i>Demobilization St. John's 14-8-1919</i>									

Total Service forfeited as above.....

Total Service towards Engagement to *14-8-1919* (date of discharge) *1* years *74* days  
 " " Pensions " " " " " " " "

C.R. 5392

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

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from noted date  
11-8-19.

5392, Burke, A.J.

C.R. 5392

Extract from Daily Orders part II, Unit the 2nd. Battn. of the  
Royal Newfoundland Regiment by Lieut.Col. B.J. Barton, D. S. O.  
Officer-Commanding, dated 11-6-19.

The undermentioned having reported to this camp is taken on the  
strength and posted to "05 Company. from

#5392 Pte. T. Burke.

11-6-19.

C.R. 5392

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, July 10th, 1919.

The discharge of the undernoted On demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 21-7-19

5392 Pte. A. Burke.

C.R. 5392

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

5392 Pte. A. Burke.

Reported at Headquarters 1-7-19 ex "Cassini" which sailed  
Glasgow 24th June, 1919.

C.R. 5392

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 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5372 Pte. A, Butler.

C.R. 5392

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 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5392 Pte. A, Burke.



CRI 5392

Extract of Daily Orders Part II Royal Newfoundland  
Regiment in France dated 31/1/19.

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Deprived of Lance Stripe 14/1/19 for "Neglect of Duty"

#5392 L/Cpl. A. Burke.

C.R. 5-392

Extract from Nominal Roll of Draft No. 56 of 250 Other ranks  
from the 2nd., Battalion, Winchester to the 1st., Battalion  
of the Newfoundland Regiment, B. E. F.

#5392 L/C. A, J. Burke.

EC.

C.R. 5392

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

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

#5392 L/Cpl. Anthony Burke.

C.R. 5392

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 23, 1918.

#5392 Pte. A. Burke.

to be Acting Sergeant from July 22, 1918.

C.R. 5392

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

#5392 Pte. Anthony Burke.

Attested for General Service with the Royal Nfld. Regt.  
from 25.5.18

C.R. ~~5092~~  
5392

extract from daily orders part II Royal Newfoundland Regiment.  
Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilisation has been  
confirmed by Officer i/c Records from noted date 4-6-19.

5392.

5092, Pte. A. Burke.

A. J. Burke

5392

P. R. Q

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..... *Regt. New Foundland Coy* } Former Trade or Occupation } *Steel worker*
2. Regtl. No. *5592* 3. Rank..... *PL* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Banks*..... *CP*.....  
(Surname) (Christian Names)
5. Age last birthday..... *21*
6. Posted for duty on..... *May 23/16*..... *St John's*  
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 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.
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*  
*nil*  
*nil*  
*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? }

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.)*

*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 ?

*na*  
*na*  
*na*  
*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.

*W.E. Procinier. Capt-Ret*  
 Medical Officer in charge of case.

Station *Harley D Camp*  
 Date *11/1/19*

\* 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





No. 7914/1538

P.D. 100009 N.F.P. 70.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Batt. Ryl. Nfd. Regiment  
Winchester.

26th May 1919

5392 Pte. A.J. Burke

With reference to the following telegram from the Minister of Militia / / 19 (199):

"Pay to- 5392 A.J. Burke  
£4. 19. 0.

Cheque £4. 19. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. J. Minahan*  
Chief Paymaster & O. i/c Records.

June 11 1919.

Receipt hereunder.

*F. J. Burke*  
LIEUT. COLONEL.  
COMMANDING AND BR. ROYAL NEWFOUNDLAND REGT.

Received the sum of 4-19-0

*four pounds nineteen shillings* in respect of telegraphic remittance from the Minister of Militia.

*F. J. Burke*  
No. \_\_\_\_\_ Rank \_\_\_\_\_

Witness: *La Parry*

D/  
No. 18725/2000

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.



19th November 1918

Subject: 5392, Cpl. A. J. Burke,

With reference to the following telegram (9925) from the Hon. Minister of Militia, received

Pay to 5392 Burke £6:3:0

Draft £ 6:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Nov 21 1918

Receipt hereon of *James F.* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2nd Batt'n,  
Royal Newfoundland Regiment.

Received the sum of six pounds three shillings on account of cable remittance from Newfoundland.

A. J. Burke  
No. 5392 Rank L/c

Witness A. L. Carter

# WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES  
CABLEGRAM



Prefix _____ Code _____		At _____		FOR STAMPS
WORDS	CHARGE	To _____	By _____	
		<b>VIA WESTERN UNION</b>		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

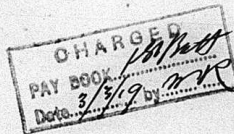
To **THOMAS BURKE**  
**ST. JACQUES (NEWFOUNDLAND)**

27/2/19.

TELEGRAPH FIFTEEN POUNDS THROUGH MINISTER MILITIA.

11/-

Charge to → 5392 BURKE.



Authorized.

NOT TO BE  
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

88, Victoria St., S.W.

Signature \_\_\_\_\_

Address \_\_\_\_\_

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

CHIEF POSTMASTER & OFFICER IN CHARGE, RECORDS.  
NEWFOUNDLAND CONTINGENT,  
85, VICTORIA STREET,  
LONDON, S.W. 1.  
ENGLAND.

86

5392 Pte A. G. Burke.

The above named soldier wishes  
you to cable to his father  
Mr Thomas Burke

St Jacques

for the sum of 15 pounds the  
amount when received to be placed  
to the credit of his account please

J. W. Watkinson Lt ASST. ADJT.

1ST BN ROYAL NEWFOUNDLAND REGIMENT,

22/2/19

To Mr. Mos. Burke

St. Jacques.

Newfoundland

Cable five pounds  
through Militia.

5392 Pl. A. Burke

237



A.  
No. 3411/133.

From: NEWFOUNDLAND

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

NEWFOUNDLAND CONTINGENT N.F.P./80.  
OFFICER COMMANDING,  
1st/Bn. Ryl Nfld Regt.  
B.E.F.

3rd March 1919

15-3-1919

5392. Pte. A.J. Burke.

With reference to the following telegram from the Minister of Militia, / / ( 57 )

"Pay to- 5392. Burke.

£15. 0. 0.

Kindly advise whether this remittance should be

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

Chief Paymaster & O. i/c Records

5392 Pte A. J. Burke  
This man wishes the amount  
retained to the credit of his  
account please.

Lieut. Col.  
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.



Burke, A

5392

Ray Sept.

August 11th 1919.

Mr. Burke,  
St. Jacques. F.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  
Fraternity.

Yours truly,

Capt. &  
Paymaster.

RS/.

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 WEF OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Anthony* 2. Surname *Burke*  
3. Rank *Privates* 4. Regt. No. *5392*  
5. Address in full to which future payments of gratuity are to be forwarded. *St. Jacques Fortune Bay*  
6. Date of enlistment in the Regiment. *May 23rd 1918*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*  
8. Relationship of such dependents. *Father No*  
9. Address in full of such dependents. *St. Jacques No*  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*  
11. Were you on active service only in field. If so, give dates and particulars of such service. *England France & Germany*  
12. Give total length of time which you served on active service, whether in field or Overseas. *1 yr. & 1 month*

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

..... *No* .....

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

..... *No* .....

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

..... *No* .....

16. Have you, during the present war, served in the Imperial Forces

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *No* .....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

..... *No* .....

(b) If so, was such reversion in consequence of misconduct or inefficiency?

..... *No* .....

19. Are you now serving in the Regt.? *No*. If not give: (a) Date of discharge

..... *July 7/19* .....

(b) Reason for discharge. *Demob*

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 + Germany - Dec/18*  
*April - 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: *Anthony J. Burke*  
 Place of Residence: *St Jacques, Fortune Bay*  
 Declared before me at: *St Johns.*  
 This *7<sup>th</sup>* day of *July* 19*19*.....

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

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





# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5892 Rank PLC Name Burke A  
 Intended place of residence St Jacques Fortune

2. Occupation Stevedore  
 Classification of soldier F Medical Category A

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 7 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 7-7-19

*[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 7-7-19

*[Signature]*  
Signature of soldier

*[Signature]*  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military  
 Discharged from service 21-7-19 Plus 14 days Service 439

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

JUL 21 1919

Date

*[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 4/1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*[Handwritten]* 13504915260

9  
30  
31  
4

# The Royal Newfoundland Regiment

Class for Demobilization: 76.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 5.7.19 .....

Regimental No. .... 5392. .....

Name ..... Burke Anthony .....

Address ..... St. Jacques .....

Present Medical Category ..... A1 .....

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

Members of Board {

R. H. Lant  
O.C. Discharge Depot

W. Paterson  
Senior Medical Officer

Deoburden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 539-1 Rank Plt Name Burke A  
 Date of Enlistment 23 5 18 Address St. Jacques District Fortune  
 Occupation Stellwork Classification for Discharge VI Medical Category AI  
 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 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
B 179c	B 120	M 93		

Date 27.19

A. Clarke Capt.  
 for O.C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

A. 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 \$60.00

(b) Clothing Supplied

Date 7-7-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>4839</sup> to his home at St. Jacques and Release Certificate No. 3269 issued.

Date 7-7-19 *J.A. Snow Capt*  
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 7-7-19 *H. M. H.*  
Depot Paymaster.

Discharged approved for 21-7-19  
Forwarded with following documents to O. C. Discharge Depot.

N.F. P <sup>36</sup>	B 268	B 121	N.F. Med	D.F. 1	<i>2 Form B</i>
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 7-7-19 *J.A. Snow Capt*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Date JUL 21 1919 Eligible for War Service Gratuity *J.R. Cooper Capt*  
for 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.

*E. J. Burke*

Signature of Man.

Reg. No. 5392.

*J. A. Newcomb*

Signature of the Vocational Officer or his Representative.

Place

*M. Johns*

Date

*7-7-19.*

191

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

# MEDICAL HISTORY

OF

Surname Burke

Christian Name Anthony J.

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Jacques, 4.B. County Mes.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at <u>St. Johns</u>	<u>23rd</u> day of <u>May</u> 191 <u>8</u>	at	day of 191
Declared Age...	<u>20.</u> years	days	years	days
Trade or Occupation	<u>Steel m. work.</u>			
Height	<u>5</u> feet <u>3.</u> inches		feet	inches
Weight	<u>116.</u> lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded	<u>33</u> inches		inches
	Range of Expansion	<u>3.</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	<u>—</u>	<u>1 Scar.</u>		
When Vaccinated				
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	
	L. E.—V=	<u>6/6.</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>L. M. P. Wilson</u>			
(Rank)	<u>Major</u> Medical Officer.			
Enlisted	at <u>St. Johns</u>	<u>23rd</u> day of <u>May</u> 191 <u>8</u>	at	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>Royal Ws. Regiment.</u>	<u>5392.</u>		
Transferred to				
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

*Anthony Burke*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*5397*

Intended address

*St Jacques*

Height on discharge

*5'* Feet *3*

Color of hair on discharge

*Black*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

*Short*

Figure on discharge

Christian name of Father

*Thomas*

Christian name of Mother

*Margaret*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

*St Jacques, 28th March, 1898*

Nature and locality of civil employment required

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

(Soldier's signature in full)

*Anthony J. Burke*

*Plc*  
(Rank)

Station

**ST. JOHN'S**

Date

*5. 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.



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

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... *Regt. 4th Buffs* } Former Trade or Occupation } *Steel worker.*
2. Regt. No. *8312* 3. Rank. *1st Lt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Burke* (Surname) *W. J.* (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday. *21*
6. Posted for duty on *May 23/18* at *St. Johns* 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 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 when an X-ray, radiogram, etc., is taken of the chest, a specialist's report is to be attached 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? *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.*

*W.S. Prosser. Capt RMC*  
 Medical Officer in charge of case.

Station *Hazley Camp*  
 Date *11/1/19*

\* 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.

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier .. .. .
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?

- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station Hazley D Camp ..... } President or  
 Date 11/6/19 ..... } Chairman.  
 ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable  
 Date ..... } in cases of  
 ..... } Patients in  
 ..... } Hospitals.  
 ..... } Officer in charge, Central Hospital.

OR  
 Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station ..... }  
 Date ..... } O.C. Discharge Centre.







11258

You would oblige me  
very much by looking  
up my letter again.

Think  
you can settle the matter  
satisfactorily.

Please advise  
at earliest convenience

Sincerely yours  
S. J. E. Burke

Present address

Tennenceville, T. Bay.

Tennenceville  
4/7/20

A. G. Maddock Esq.

Dear Sir:-

Referring yours  
May 20th.

Affidavit is  
practically useless to me  
which you can see by  
reference to my former  
letter.

Would it not be  
possible for you to  
have these cheques  
duplicated & the forms  
and cancelled?

HMM/LM.

August 11, 1920

A. J. Burke,  
Terenceville.

Dear Sir:

With further reference to your letter of July 4th. please be advised that it is absolutely necessary for this Department to have this affidavit completed by you and returned, before we can consider to issue duplicate cheques, so kindly have the matter attended to at your earliest convenience.

Yours truly,

Capt.  
For paymaster.




 11555  
**NEWFOUNDLAND POSTAL TELEGRAPHS.**
**CABLE CONNECTION WITH ALL PARTS OF THE WORLD**

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

Line No. \_\_\_\_\_ Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check \_\_\_\_\_

Place from TERRENCEVILLE...To PAYMASTER AND OFFICER i/c RECORDS,  
ST. JOHNS.

19/10/20

Dear Sir:-

Sometime ago I was given affidavits by your dept. dealing with some allotment cheques of mine which had been mislaid .

Sometime since these cheques have come to light and you need not trouble about the matter further as the cheques have been presented and proved satisfactory.

Thanking you for your assistance in the matter,

Yours very sincerely

5392 (Pte)

You would oblige me  
very much if you could  
cancel these cheques as they  
never have been indorsed  
and it is very improbable  
that they will ever be pre-  
sented for payment as I  
imagine they may have  
been burned with some  
other payments papers of  
mine. Could you kindly  
issue two more for the  
amounts & forward my  
father at your earliest con-  
venience.

Hoping hear from you  
in return soon.

I am Sir  
Yours very truly  
539 R. St. A. J. Burke  
St. Jacques.

0500

St. Jacques  
Jan 28/20.

Capt. Howley,

Dear Sir The last two cheques  
of my allotment money though  
they reached my father  
(Thos Burke) have in some  
unaccountable way been  
lost. One cheque was for  
two dollars and the other  
I am not sure of I think  
it was for fourteen or  
fifteen dollars. In my  
case these cheques were  
the last payments due  
and should be easily  
traced.

Ch. no. 5960 for July 15.50  
" 7694 for August 15.50

---

affidavit

LINEN BOND

To be paid to  
Pte. Anthony Burke.

July 2nd. 1918.

The Royal Newfoundland Regiment,

To Number 5392 Private Anthony Burke.

To Eleven days Board at Ninety cents (90¢) per day.

\$9.90.

(As per voucher).



Correct for \$9.90

ROYAL NEWFOUNDLAND REGIMENT,  
St. John's, Nfld.

A. S. Dickson  
Assistant Director

See below

A.D.

Burke J.M.

CH. NO.	8490
DATE	
AMOUNT	
REMARKS	
INITIALS	J.M.

ST. JOHN'S, NEWFOUNDLAND.

No 5398

M<sup>rs</sup> Anthony Burke

B.

Dr. To OSBORNE HOUSE

MRS. McGRATH, Proprietress

Under Doctor's treatment for 11 days

To Port Requirement of Board 14 1/2 days @ 90¢ \$ 13.05

May 21<sup>st</sup> to June 4<sup>th</sup>

23<sup>rd</sup> + 24<sup>th</sup>

Made out under the  
2 day at 90¢  
Sent to Pay Office  
191/8  
CMA

Mr. Dyer

I find that Mr. Anthony  
Burke, was under doctor's  
care in Oshouse House &  
ordered to remain there by  
him, on sick leave.

This would make us responsible  
for his board during the  
period of his leave (11 days) <sup>at go<sup>d</sup></sup>.  
Will you please arrange. He  
tells me he has already paid  
wages, so that amount  
should go to him.

His

ST. JOHN'S, July 7<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Mr. A. Burke

Billeting Soldiers as undermentioned

from July 1<sup>st</sup> /19 to July 9<sup>th</sup> /19

5392 - Mr. A. Burke 9 40

*A.C.P.*

ACCOUNT	<u>2473</u>
CH. NO.	<u>INITIALS</u>
IND. LEDGER	<u>INITIALS</u>
PAY LEDGER	<u>INITIALS</u>
GEN. LEDGER	<u>INITIALS</u>

Certified correct for \$ 9.40

J. A. Knowlton  
Billeting Officer.  
A. Burke

ST. JOHN'S, July 14<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To *W. A. Burke*

Billeting Soldiers as undermentioned

from *July 9<sup>th</sup> /19* to *July 15<sup>th</sup> /19*

*5392 - W. A. Burke*      6 60

ACCOUNT	<i>Burn</i>
CH. NO.	<i>2944</i>
INITIALS	<i>W.A.</i>
LED BY	
INITIALS	
PAY L. NO.	
CH. NO.	<i>60</i>

Certified correct for \$

*R.J.*

*W. A. Burke*  
Billing Officer.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland      Number of Sheet one  
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5392</u>	Age on	<u>40</u> years	<u>Steel Worker</u>	<u>Promoted S/C 21-7-18</u> <span style="float: right;">m/b</span>	
	<u>Buck Anthony J.</u>	months		Religion		
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>			
Joined	Date		<u>13 5 18</u>			
Joined	Date	Period of	} with Colours <u>1 7/4</u> years.	Place of Birth		
Joined	Date					

Place	Date of Offence	Rank	Cases of Discretion	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>4 8/19</u>			

To be carried over.

# The Royal Newfoundland Regiment

539 ✓

## DEMOBILIZATION OF

Reg. No. 539-1 Rank Plt Name Burke A  
 Date of Enlistment 23.5.18 Address St Jacques District Port-au-Loup  
 Occupation Shell worker Classification for Discharge VE 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.	1
B 178	W 3494	B 122	Board 1st.	" 2.	
B 178a	D 400A	B 1915	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 5.7.19

M Cooke Capt  
 for O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### I. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. A 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. #50.00

(b) Clothing Supplied \_\_\_\_\_

Date 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. <sup>4839</sup> to his home at St-Jacques and Release Certificate No. 3269 issued.

Date 7-7-19 *J.A. Snow Capt*  
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 7-5-19

Date 7-7-19 *J.A. Snow Capt*  
Depot Paymaster.

Discharge approved for 21-7-19

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
F 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		

*2 Form B*

Date 7-7-19 *J.A. Snow Capt*  
Demobilization Officer.

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 21 1919 *J.A. Snow Capt*  
for O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date July 21 1919 *J.A. Snow*

Reg. No. *5392* Rank *1<sup>st</sup> Lt* Name *Burke, A.*

Attested ..... Address *St. Jacques*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas .....

Returned on S.S. .... Cause .....

*8719*  
*21719*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION.**