



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF



No. 2838 Name Martin Bouke Corps .....

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

- |                                                                                                                                    |                                              |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Martin Bouke</u>                       |
| 2. What is your full Address? .....                                                                                                | 2. <u>27 Avel Place</u><br><u>St. John's</u> |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>Yes</u>                                |
| 4. What is your age? .....                                                                                                         | 4. <u>34</u> Years <u>10</u> Months          |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <u>Seaman</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>Military</u>                           |
| 8. Are you willing to be vaccinated or re-vaccinated? .....                                                                        | 8. <u>Yes</u>                                |
| 9. Are you willing to be enlisted for General Service? .....                                                                       | 9. <u>Yes</u>                                |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. { Name .....                             |
|                                                                                                                                    | { Corps .....                                |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                               |

FOR THE DURATION OF THE WAR

I, Martin Bouke 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.

8 June 18/16 Martin Bouke SIGNATURE OF RECRUIT.  
Chas. Aye Signature of Witness.

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

I, Martin Bouke 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 8th day of June 1916.

Signature of Attesting Officer Chas. Aye Capt

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191..... } 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:—(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.

Name Martin Bouke  
 Apparent age 34 years 10 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 44 inches  
 Range of expansion 5 inches  
 Distinctive marks.....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. John Bouke, 27 Angel Place  
St. John's | 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 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " " " " [ " " " ] " " " "									

2838



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2838

Name Martin Burke

Corps .....

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

- |                                                                                                                                    |                                         |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Martin Burke</u>                  |
| 2. What is your full Address? .....                                                                                                | 2. <u>27 Canal Place<br/>St. John's</u> |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>Yes</u>                           |
| 4. What is your age? .....                                                                                                         | 4. <u>34</u> Years <u>10</u> Months     |
| 5. What is your Trade or Calling? .....                                                                                            | 5. <u>Seaman</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>Military</u>                      |
| 8. Are you willing to be vaccinated or re-vaccinated? .....                                                                        | 8. <u>Yes</u>                           |
| 9. Are you willing to be enlisted for General Service? .....                                                                       | 9. <u>Yes</u>                           |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....                        |
|                                                                                                                                    | { Corps .....                           |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                          |

I, Martin 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.

6 June 1st 16 Martin Burke SIGNATURE OF RECRUIT.  
Chas. Aye Signature of Witness.

I, Martin 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 2nd day of June 1916.

Signature of Attesting Officer Chas. Aye Cpl

### †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 ..... 191 .....

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, Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... (Date) .....









This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Martin Burke*  
aged *34* conducted at *O. Y. B.*  
Date: *May 26/10* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yo*
- 9 *no - no,*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *Capit be attended*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *1/8 bath*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

*J. J. J. J.*  
*O. Y. B.*

*2838*

*Yes twice one ya*  
*5-6*  
*190 39/40*

*\$ 50.00 per month*  
*Mother Mrs. John Burke 27 Angel Place*  
*Mother*

Signature of Medical Examiner: *D. W. Burden Lieut.*



NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch )

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
*Martin Burke, R.C. R.N. Reg. 2838*

2. Age of soldier. Married or Single.  
*43 years. Single.*

3. Name in full of mother. Age. Occupation. Permanent Address.  
*Ether Burke, 75. 27 August Place, St. John's.*

4. Give name of your husband. Age. Occupation Where Employed.  
*John Burke, Dead.*

5. If your husband is not supporting you state the reason.  
*\_\_\_\_\_*

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. ( A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)  
*\_\_\_\_\_*

7. If you are a widow, state date and place of death of your husband.  
*Nov. 25, 1904 at St. John's.*

8. Have you married again since death of above mentioned husband?  
*No.*

9. Names of your other children. Address in full. Age. Occupation Married or Single.  
*Ellen Regan 20 Blank St. 46. Magistrate  
Wm. Burke. 75 Patrick St. 39 Ditto*  
*25/10/09*



10. State amount earned by (a) Yourself  
(b) Your husband. *Nothing*
11. State amount and source of any other income. *None.*
12. State value of real property belonging to you and your husband. *No value*
13. State value of personal property belonging to you and your husband. *No value*
14. If husband is dead state value of real and personal property left by him. *No value*
15. Actual amount contributed by soldier during the year prior to enlistment. *\$45<sup>00</sup> per month.*
16. Was this amount contributed weekly or monthly. *Monthly.*
17. Did this amount include payment of son's board, etc. *No. He was a mate at sea.*
18. State your son's trade or occupation prior to enlistment. *None.*
19. State amount of his wages per week. *as in item 15;*
20. State name and address of his last employer. *G. M. Barr. St. John's.*
21. State amount of monthly support from son since enlistment. *\$21.70 per month.*
22. State amount of allotment received by you from son since enlistment. *21.70 per month.*
23. State from what date did you receive allotment? *Sept. 1/17*
24. Actual amount contributed by other children. Weekly Monthly. *Nothing.*
25. Are any of these children in the employ of you or your husband?

26. If not receiving support from other children, state cause. Explain fully. *Both are married*
27. With whom are you residing at present? *I live with my son at 27 Angel Place St. John's*
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *Yes.*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *Yes. \$20.00 per month.*
30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No.*
31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No.*
32. In what capacity and in what place? *—*
33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No.*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant... *Richard Burke*

Place of Residence... *27 Angel Place, St. John's*

Declared and subscribed before me at... *St. John's, Nfld.*

this... *26th*... day of... *May*... 191*9*.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *John M. Gerthey*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *Shackham*

Signature of member of the Patriotic Fund Committee. *J. P. Lamb*

June 12, 1919

W. J. Martin, Esq.,

Registrar of Vital Statistics,  
City.

Dear Sir:-

Will you kindly advise me date of  
Marriage of William Burke of #75 Patrick Street,  
son of Esther and the late John Burke of #27  
Angel Place. Thanking you in advance.

Yours truly

Captain,  
Paymaster & Officer i/c Records.



Oct. 14, 1919

V Mrs. Esther Burke,  
#27 Angel Place,  
City.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for Two hundred and sixty dollars (\$260.00) in payment of same. Also returning Marriage Certificate of your son William.

Yours truly,

Major  
Paymaster.

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

# MEDICAL HISTORY

Surname Burke OF Christian Name Martin

Table I.—GENERAL TABLE.

Birthplace:—Parish	SPECIAL RESERVE.		REGULAR ARMY	
	County		County	
Examined	on <u>26<sup>th</sup></u> day of <u>May</u> 191 <u>6</u>	on	day of	191
	at <u>St John's</u>	at		
Declared Age	<u>34</u> years <u>10</u> months		years	days
Trade or Occupation	<u>Seaman</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches
Weight	<u>170</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>44</u> inches			inches
	Range of expansion... <u>50</u> inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V= <u>6/9</u>		R.E.—V=	
	L.E.—V= <u>6/9</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)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at	at		
	on	on	day of	191
	day of	day of		
	191	191		
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1<sup>st</sup> Newfel</u>	<u>2838</u>		
	<u>Regiment</u>			
Transferred to				
Became non-effective by				
	on	on	day of	191
	day of	day of		
	191	191		
(Signature)				
(Rank)				



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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>RD</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	26	1	17	16	4	17	Trench Fever	80	Reported sick in France 15.1.17. Messaged & examined here Treatment: Zuelo	<i>W. R. C.</i> Capt Ramesse <i>W. R. C.</i>
Arg. County Hospital	27	5	17	26		17	Typhus	11	Treatment	<i>W. R. C.</i>
3 <sup>RD</sup> Scottish General	28	12	14	18	3	18	Syphilis #2	41	Treatment Completed. No. to serum 3.6 from 174 for 8 W. R. C. signs Wassermann = negative.	<i>W. R. C.</i> W. R. C.





**SYPHILIS CASE-SHEET.**

Regtl. No. *2838*. Rank and Name *Corp Burke Martin* Corps *2/1 4. F. S.D.*

Placed on Syphilis Register at *Scottish General* on *28.12.17* No. in Register

Disease contracted at *Alps* *10.12.17*. Primary sore appeared on (date) *25.12.17*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Sore on upper surface of skin of penis - tip of prepuce & frenum.*

Lymphatic glands *Not Indurated*

Skin (nature and distribution of rash) *—*

Mucous membranes *—*

Other symptoms *—*

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—  
 Method employed (original or modification) *0*  
 Wassermann reaction (Result (positive or negative)) *+*

Station *Glasgow* Date *28.12.17* Signature of M.O. *Hutchison J. G. M.D.*

Struck off Syphilis Register at \_\_\_\_\_ on \_\_\_\_\_

Cause of being struck off Register {  
 (a) Recovered  
 (b) Transferred to Army Reserve  
 (c) Discharged from Army } \_\_\_\_\_

Station \_\_\_\_\_ Date \_\_\_\_\_ Signature of M.O. \_\_\_\_\_

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."  
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Treatment				Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialed)		
				Normal (N.) Albumen (Alb.)	Wassermann Reaction	Arsenical	Mercurial	Other Methods				
								Intravenous Injection. Dose in grammes	Intramuscular Injection. Dose of Metallic Mercury in grains.		Inunctions or Oral (Preparation and dose)	
<i>Subcuticular General.</i>	38.12.17.	<i>admitted to hospital</i>									<i>Am. Carter M. R. H. H. L.</i> In. G. In. G. In. G. In. G. In. G. In. G. In. G. In. G. In. G. In. G. In. G. In. G. In. G. In. G. In. G. In. G.	
	25.1.18				0 +							
	28.1.18											
	1.2.18											
	4.2.18											
	11.2.18											
	15.2.18											
	22.2.18											
	26.2.18											
	4.3.18											
	8.3.18											
	11.3.18											
	15.3.18											
	16.3.18											
	17.3.18											
				<i>No other signs</i>			0 -					
	<i>Hives</i>		17.6.18	<i>Blood Test due 17.6.18</i>								
26.6.18		WASSERMANN TEST RESULT +++										
26.6.18												
3.7.18												
3.7.18												
10.7.18												
10.7.18												
19.7.18												
22.7.18	WASSERMANN TEST RESULT +											
		<i>Get Staphylococcus</i>										
27X18	<i>Hives</i>	<i>Blood Test due 22.10.18</i> <i>Wassermann negative.</i>										



JUN 7 1919

Capt. Howley,  
O. I. C. Records.

Please pay to M. Burke, No 2838  
the sum of eleven dollars and twenty cents  
in payment of allowance for week ended this date  
in connection with re-education.

\$11.20

Pension \$20  
Allowance 7.00  
Dependent 4.20

*W. H. Nichell*  
Vocational Officer.

*M. Burke*

JUN 28 1910

Capt. Howley,  
O. I. C. Records.

Please pay to Mr. M. Burke 2838  
the sum of thirteen fifty three.  
in payment of allowance for week ended this date  
in connection with re-education.

\$13.53

Pension	\$20
Allowance	9.33
Dependent	4.20

*W. W. McNeill*  
Vocational Officer

*M. Burke*

JUN 21 1919

Capt. Howley,  
O. I. C. Records.

Please pay to M. Burke, 2838.  
the sum of thirteen dollars and fifty three cents.  
in payment of allowance for week ended this date  
in connection with re-education.

\$13.53

Pension \$20.00  
Allowance 9.33  
Dependents 4.20

*W. Blackell*  
Vocational Officer.

*M. Burke*



JUN 14 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **M. Burke, No 2838**  
the sum of **eleven dollars and twenty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$11.20

Pension \$20  
Allowance 7.00  
Dependent 4.20

*W. H. Keckell*  
Vocational Officer

*M. Burke*

APR 26 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **Mr. M. Burke, No 2838**  
the sum of **eleven dollars and twenty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

**\$11.20**

Pension	. \$20
Allowance	7.00
Dependents	4.20
<b>Total</b>	<b>11.20</b>

*W. H. Mitchell*  
Vocational Officer.

*M. Burke*

April 12th, 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mr. M. Burke, No 2838  
the sum of **seven dollars**  
in payment of allowance for week ended this date  
in connection with re-education.

\$7.00

Pension	\$20
Allowance	30
Total	50

*V. V. Stechall*  
Vocational Officer

*M. Burke*



April 5, 1919.

Capt. Howley,  
O. I. C. Records.

Please pay to #2838 Mr. Martin Burke  
the sum of **seven dollars**  
in payment of allowance for week ended this date  
in connection with re-education.

\$7.00

Pension	\$20
Allowance	30
Total	50

*B. W. Mitchell*  
Vocational Officer

*M. Burke*

April 19th, 1919

Capt. Howley,  
O. I. C. Records.

Please pay to **Mr. M. Burke, No 2538**  
the sum of **eleven dollars and twenty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

**\$11.20**

Pension	\$20
Allowance	30
Dependent	18
<b>Total</b>	<b>68</b>

*W. J. Meckell*  
Vocational Officer

*M. Burke*

BB/ME

July 31. 1919.

Captain Howley,  
O. I. C. Pay and Records.

*A. C. D.*

Please pay to Martin Burke 2838  
the sum of thirteen dollars and fifty three cents  
in payment of allowances up to August 1st. 1919.  
and charge the same to the Civil Re-establishment Committee.

\$13.53

*C. R. C.*  
*4069*

IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

*M. H. Butler*  
For Vocational Officer.

*M. Burke*



BB/ME

*C.H.*

ACCOUNT		INITIALS	<i>JH</i>
CH. NO.	<i>3825</i>	INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

July 26. 1919.

Captain Howley,  
O. I. C. Pay and Records.

*A.C.R.*

Please pay to M. Burke No. 2838  
the sum of four dollars and twenty cents  
in payment of additional allowance for week ended this date  
in connection with re-education.

\$4.20

Pension            \$20.00

*H. Hunter*

For Vocational Officer.

*M. Burke*

BB/EJ

September 13, 1919.

Capt. Howley,  
O. I. C. Pay and Records.

Please pay to Mr. Martin Burke, 2838  
the sum of five dollars, eighty cents  
on account of three days allowance ending September 12th.

\$5.80

Pension	\$20.00
Allowance	\$ 9.33
Dependent	\$ 4.80

*W. H. Marshall*  
Captain  
for V O.

ACCOUNT	<i>ca</i>
CH. NO.	<i>9548</i>
IND. LEDGER	
PAY	INITIALS
DATE	INITIALS

*M. Burke*

MAY 3 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mr. M. Burke, No 2838  
the sum of eleven dollars and twenty cents  
in payment of allowance for week ended this date  
in connection with re-education.

\$11.20

Pension	20.00
Allowance	7.00
Dependent	4.20

*W. H. Hall*  
Vocational Officer.

*M. Burke*



MAY 10 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mr. M. Burke No. 2838  
the sum of eleven dollars and twenty cents.  
in payment of allowance for week ended this date  
in connection with re-education.

\$11.20

Pension	\$20.00
Allowance	7.00
Dependents	4.20

*G. W. McNeill*  
Vocational Officer

*M. Burke*

MAY 17 1919

Capt. Howley,  
O. I. C. Records.

Please pay to Mr. M. Burke, No 2838  
the sum of **eleven dollars and twenty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$11.20

Pension \$20  
Allowance 1.00  
Dependent 4.20

*W. H. Keckell*  
Vocational Officer.

*M. Burke*

MAY 24 1919

Capt. Howley,  
O. I. C. Records.

Please pay to M. Burke, No 2838  
the sum of **eleven dollars and twenty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$11.20

Pension	\$20
Allowance	7.00
Dependent	4.20

*W. Macell.*  
Vocational Officer

*M. Burke*



MAY 31 1919

Capt. Howley,  
O. I. C. Records.

Please pay to M. Burke, No 2838  
the sum of **eleven dollars and twenty cents**  
in payment of allowance for week ended this date  
in connection with re-education.

\$11.20

Allowance	\$7.00
Dependent	4.20

*W. B. Mitchell*  
Vocational Officer

*M. Burke*

April 12th, 1919

Capt. Howley,

O. I. C. Records.

Please pay to Mr. M. Burke, No 2538, the sum of  
twenty five dollars and twenty cents in payment of allowance  
for dependent for six weeks ended this date and charge same  
to Civil Re-establishment Committee.

\$25.20

ACCOUNT	C. R. C.
CH. NO.	16095
HAB. LEVON	INITIAL
PAY LEVON	INITIAL
EMP. LEVON	INITIAL

*A. C. S.*  
*W. S. McNeill*  
Vocational Officer

*M. Burke*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

Dec 11 1919

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

M. Burke

Ch. No. 21690	Initials J.C.
Pay Ledger 421	Initials W.S.G.
Gen. Ledger	Initials

Regtl. No. Rank

15



No. 2838

Rank *S/pt*

Name

*M. Burke*

# DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

## PAY VOUCHER.

\$ 70<sup>00</sup>

Sept 9<sup>th</sup> 1919.

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

*[Signature]*

Ch. No. 9240	Initials <i>Eur</i>
Pay Ledger 421/1	Initials <i>CBH</i>
Gen. Ledger	Initials

Regtl. No. Rank

*noted*

No. 2838

Rank *L/Cpl*

Name *Martin Burke*



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

Oct 10<sup>th</sup> 19 19

Received from the First Newfoundland Regiment  
the sum of Twenty Dollars.  
on account of Pay. W.S.-9. J. Burke  
balance

Ch. No. 14570	Initials. JCB
Pay Ledger. 421	Initials. WJ
Gen. Ledger.....	Initials.....

Regtl. No. .... Rank.....

No. 2838

Rank

Lt Col

Name

M. Burke

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$27<sup>30</sup>

Jan'y 12<sup>19</sup> 20

Received from the First Newfoundland Regiment  
the sum of Twenty Seven <sup>30</sup>/<sub>100</sub> Dollars.

~~an account~~  
balance of Pay. W.L.G.

M. Burke

Ch. No. 25930	Initials <i>EW</i>
Pay Ledger 424	Initials <i>W</i>
Gen. Ledger	Initials

Regtl. No. Rank

*C.P.H.*



No. 2838

Rank *Sgt*

Name *SM Burke*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$70<sup>00</sup>

Nov 12 1919

Received from the First Newfoundland Regiment

the sum of Seventy Dollars.

on account of Pay. W.S.G.  
balance

H. Burke

Ch. No. 19561	Initials... J.W.
Pay Ledger... 421	Initials... W.R.
Gen. Ledger.....	Initials.....

H. C. J.

Regtl. No. .... Rank .....

No. 2828

Rank L/Cpl

Name J. Burke



MOTHER.

## FIRST NEWFOUNDLAND REGIMENT.

Separation Allowance Branch.

## Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to,-

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of Soldier Rank. Reg't or Unit. Regt. No.  
*Martin Burke Private, 1st Mfld. Reg. 2838*
2. Age of Soldier Married or Single.  
*40. Single*
3. Name in full of Mother Age Occupation Permanent Address.  
*of Soldier. Esther Burke 70 — 27 1/2 Angel Place*
4. Give name of your husband Age Occupation Where employed.  
*John Burke - dead. — — —*
5. If your husband is not supporting you state the reason. *\_\_\_\_\_*
6. If your husband is a chronic invalid and totally incapacitated state nature of malady. ( A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue). *\_\_\_\_\_*
7. If you are a widow, state date and place of death of your husband. *Nov. 11, 1904 at St. John's*
8. Have you married again since death of above mentioned husband? *No*
9. Names of your other Children Address in Full Age Occupation Married or Single.  
*Ellen Regan 20 Blank Rd 42. Fireman Married  
William Burke Patrick St. Fireman Married*

10. State amount earned by (a) yourself (b) Your husband (a) Nothing (b) Nothing
- 
11. State amount and Source of any other income. None
- 
12. State value of Real Property belonging to you and your husband? None
- 
13. State value of personal property belonging to you and your husband. None
- 
14. If husband is dead state value of Real and Personal property left by him? None.
- 
15. Actual amount contributed by soldier during the year prior to enlistment. \$30<sup>00</sup>/<sub>100</sub> per month.
- 
16. Was this amount contributed weekly or monthly? monthly.
- 
17. Did this amount include payment of son's Board ~~and~~ etc? No. He was always at Sea.
- 
18. State your son's trade or occupation prior to enlistment. Seaman - Rank of Mate
- 
19. State amount of his wages per week. \$40<sup>00</sup>/<sub>100</sub> per month
- 
20. State name and address of his last employer. I do not know, but the name of ship "Golden Bell".
- 
21. State amount of support monthly from son since enlistment. \$21.70.
- 
22. State amount of Allotment received by you from son monthly. 21.70.
- 
23. From what date did, you receive allotment? Sept. 7, 1916.
- 
24. Actual amount contributed by other children. } Weekly Monthly. Nothing.
- 
25. Are any of these children in the employ of you or husband? No.
- 
26. If not receiving support from other children state cause Explain fully. My other children are married.
- 
27. With whom are you residing at present. I live by myself in a rented house - 2 1/2 Angel Place
- 
28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. No.
- 
29. Are you already in receipt of Separation Allowance from any source? If so, how much? No.

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much?

*Nothing*

31. Was the soldier at the time of enlistment an employee of the Newfoundland Government?

*No,*

32. In what capacity and in what place?

\_\_\_\_\_

Y

33. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt.? if so how much?

*No,*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant..... *Esther Burke*

Place of Residence ..... *27 1/2 Angel Place, St. John's Nfld.*

Declared and subscribed before me at..... *St. John's Newfoundland*

this *22nd* day of *October* 191*7*.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. ) *John McCarthy*

This application must be signed by the responsible parties one of whom must be a Cleggyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman ..... *Jos. F. Phipps C.C.*

Signature of Member of Patriotic Committee. .... *[Signature]*

*Joseph Edward O'Connell*

*approved, 5/11/17*  
*J.M.C.*  
*[Signature]*  
*[Signature]*



MEDICAL CERTIFICATE.

(For information of Separation Allowance Department).

- 
1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed. ) *Martin Burke*
- 
2. Name and age of of said soldier, ) *Martin Burke, 40*
- 
3. Is said a chronic invalid and totally incapacitated? ) *not incapacitated*
- 
4. Of what nature is disability? ) *nil*
- 
5. From what date has this total incapacity been existent? ) *nil*
- 
6. How long is total incapacity likely to continue and what will be effect on earning power? ) *nil*
- 
7. If not totally incapacitated by what per cent if your opinion is capacity for work reduced, and from what date? ) *able for full duty*
- 
8. Are you the regular attending physician? ) *yes*
- 
9. Relationship to soldier of applicant. ) *none*
- 

I certify that the above statements are correct.

.....*Richard Jant*.....  
Physician.

.....*St. Albans*.....Place.

.....*Oct. 27. 1917.*.....Date.

BB/ME

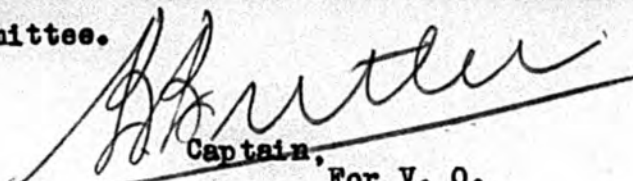
July 31 1919.

To:- Captain Howley  
O. I. C. Pay and Records.

From:- Captain Butler.

Martin\_Burke 2838

The man named in the margin has finished  
his course under the Civil Re-establishment  
Committee.

  
Captain,  
For V. O.

DUPLICATE  
MAIL COPY

NEWFOUNDLAND CONTINGENT

NFP/82.

Postell.

SEPARATION ALLOWANCE

1. Regimental No. and Rank	<u>2838</u> <u>L/Corporal</u>
Name	<u>Martin Burke</u>
Unit	<u>2/1st Newfoundland Regt.</u>
2. Full Name of Dependent.	<u>Mrs, Esther Burke, (Mother)</u>
3. Address	<u>37, Angel Place, St. John's, Newfoundland.</u>
4. Have you made previous claim for Separation Allowance? If so, state particulars.	<u>No</u>
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	<u>Yes 70¢ per day to my mother</u>
6. Date of Marriage.	<u>No</u>
7. Name and Address of your last Employer.	<u>Geo, M. Barr, St. John's, Nfld.</u>
8. The amount of your salary or wages immediately prior to Enlistment.	<u>\$45.00 per month</u>
9. Are your wages or any portion being paid by your employer during your absence?	<u>No</u>
10. If paid, what is the amount per month?	<u>No</u>
11. Name of Corps prior to enlistment in the Nfld Contingent.	

I CERTIFY that the above is a true statement.

2838, L/Cpl. M. Burke

Signature of Officer forwarding this application.

O. W. Whittaker, Lt. Colonel,  
Commanding 2/1st Newfoundland Regt.

Unit 2/1st Newfoundland Regiment

Date December 20th 1917



SEPARATION ALLOWANCE

1. Regimental No. and Rank	2838 L/Corporal
Name	Martin Burke
Unit	2/1st Newfoundland Regt.
2. Full Name of Dependent.	Mrs, Esther Burke, (Mother)
3. Address	37, Angel Place, St. John's, Newfoundland.
4. Have you made previous claim for Separation Allowance? If so, state particulars.	No
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	Yes 70¢ per day to my mother
6. Date of Marriage.	No
7. Name and Address of your last Employer.	Geo, M. Barr, St. John's, Nfld.
8. The amount of your salary or wages immediately prior to Enlistment.	\$45.00 per month
9. Are your wages or any portion being paid by your employer during your absence?	No
10. If paid, what is the amount per month?	No
11. Name of Corps prior to enlistment in the Nfld Contingent.	

I CERTIFY that the above is a true statement.

2838, L/Cpl. M. Burke

Signature of Officer forwarding this application.

C. W. Whittaker, Lt. Colonel,  
Commanding 2/1st Newfoundland Regt.

Unit 2/1st Newfoundland Regiment

Date December 20th 1917

SEPARATION ALLOWANCE.

Claimant... *Burke, Esther (mother, widow)*

On account of *Martin Burke* No. *2838* Rank *Pte*

Decision... *Approved*

*A. S. Newman M. J. M.*  
*W. Kendall Lieut. Col.*  
*M. Dowley A. Maj.*

Date... *Sep. 17/1919*

Instructions.....  
.....  
.....

Allotment of *70<sup>c</sup>* per *day* payable to *Esther Burke*  
his *mother* from *1/8/16* to *29/1/19*  
Discontinued on account of *being discharged*  
*L. I. Spt.*

*Not Payable?*  
*Paid from Sept*  
*1917.*

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name... *Martin* ... 2. Surname... *Burke* .....

3. Rank... *Lance Corporal* ..... 4. Regtl. No. *2838* .....

5. Address in full to which future payments of gratuity are to ~~fax~~ be forwarded... *27 Angel Place* .....

..... *St John's* .....

6. Date of enlistment in the Regiment... *June 1st 1916* .....

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

..... *Esther Burke* .....

8. Relationship of such dependents... *mother* .....

9. Address in full of such dependent... *27 Angel Place* .....

..... *St John's* .....

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 Nfld. If so, give dates, and particulars of such service..... *Applicant was Overseas* .....

.....

12. Give total length of time which you served on active service, whether in Nfld, or Overseas..... *Two years and two* .....

..... *hundred & sixty three days* .....



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

*No*

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

*No*

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

*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?.....

*Not applicable*

19. Are you now serving in the Regt.? *No*.... If not give:- (a) Date of discharge. *Jan 29 / 19*..... (b) Reason for discharge.....

*Demobilisation and being medically unfit for general service*

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.....

*Served in France. Served at the Somme in October 1916.*

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... *Received treatment from Civil Re Establishment Committee from Oct. 1919 to July 1919. Received full pay & allowances during that period.*

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:

*M. Burke*

Place of Residence:

*27 Angel Place S. Johns*

Declared before me at:

*S. Johns*

This

*9th*

day of *September* 19*19*.

*John A. Barron*  
*a Barrister of the Supreme Court.*

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

POST DISCHARGE PAY.

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

ORIGINAL

No. 21354/213

NEWFOUNDLAND CONTINGENT

N.F.P/55.

To: Hon. the Minister of Militia,

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

St. John's,

31st. December, 1918.

Newfoundland.

Reference: "Last Pay Certificate"

Herewith N.F.P/94 (Last Pay Certificate) relating to 2838.Pte.M.Burke.

Please acknowledge receipt hereon.

(Sig.) \_\_\_\_\_

(Date) \_\_\_\_\_

Chief Paymaster & O. i/c Records.



LAST PAY CERTIFICATE

**ORIGINAL**

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 2838 Rank L/Corpl. Name Burke, M. Unit R. Newfoundland Regt. who was repatriated  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_ Authority \_\_\_\_\_

**STATEMENT OF ACCOUNT**

DR.	STATEMENT OF ACCOUNT					STATEMENT OF ACCOUNT					CR.	
	PARTICULARS	£	s	d	PARTICULARS	£	s	d	PARTICULARS	£		s
PERIOD: From 23/11/18 To 11/12/18	Balance Dr. from					Balance Cr. from						
	Allotment 19 days @ 70¢	13	30	2	14	8	Pay 19 days @ \$1.35	19	95			
	Cash Payments:						Field Allow 19 days @ \$.10	1	90			
	1st Pay				10	0	Other Allowes days @ \$					
	2nd "			1	3	2	Other Credits:					
	Other Debits:											
	Barrack Damages					6						
	Misc. Stoppages				1	5						
	Total Debits			4	9	9	Total Credits			4	9	9
	Balance due by Paymaster			4	9	9	Balance due to Paymaster			4	9	9

25A  
18/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of "F" Coy.

Hazeley Down Camp. December 11th 1918.  
(Place) (Date)

(Signed) J. Nunns, Captain.  
O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
Dec. 19th 1918.

*OK*  
*W*

Chief Paymaster & Officer i/c Records.

AMENDED STATEMENT.

ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 2838 Rank Pte Name M. Burke. Unit R. Newfoundland Hgt who was repatriated  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.

CR.

PERIOD: From 23/11/18 To 11/12/18

CHECKED.  
*K.P.*  
30/12/18

PARTICULARS						£	¢	£	s	d	PARTICULARS						£	¢	£	s	d
Balance Dr. from											Balance Cr. from										
Allotment 19 days @ 70¢						13	30	2	14	8	Pay 19 days @ \$1.05						19	95			
Cash Payments:											Field Allowance 19 days @ \$.10						1	90			
30/11/18									10	0	Other Allowances days @ \$						21	85	4	9	9
7/12/18								1	3	2	Other Credits:										
Other Debits:																					
Barrack Damages										6											
Misc. Stoppages									1	5											
Reverts to Ranks 2/12/18																					
Diff in pay of Rank of L/Cpl and Pte 10 days @ 5¢ - 50¢						50			2	1											
Total Debits								4	11	10	Total Credits								4	9	9
Balance due by Paymaster											Balance due to Paymaster									2	1
								4	11	10									4	11	10

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

London, 31st. December 1918

(Place)

(Date)

O.C. \_\_\_\_\_ Company.

Made up/Checked in accordance with information received in the Pay & Record Office \_\_\_\_\_ to \_\_\_\_\_  
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

30/12/18 191

Chief Paymaster & Officer i/c Records.

**LAST PAY CERTIFICATE**

**DUPLICATE  
MAIL COPY.**

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

2838 **L/Corpl.** **Burke, M.** **R. Newfoundland Regt.** **repatriated**  
 Regtl No **Newfoundland** Rank **L/Corpl.** Name **Burke, M.** Unit **R. Newfoundland Regt.** Cause **repatriated**  
 to **Newfoundland** on **11/12/18** Authority \_\_\_\_\_ Posted who was \_\_\_\_\_

**STATEMENT OF ACCOUNT**

DR.	PARTICULARS						CR.							
		\$	¢	£	s	d								
	Balance Dr. from	70¢	13	30	2	14	3	Balance Cr. from	1.35	19	95			
	Allotment days @							Pay days @	19	1	90			
	Cash Payments:							Field Allce days @ \$	.10	21	85	4	9	9
	1st Pay					10	0	Other Allces days @ \$						
	2nd "					3	2	Other Credits:						
	Other Debits:													
	Barrack Damages						6							
	Misc. Stoppages					1	5							
	Total Debits						4	9	9					
	Balance due by Paymaster						4	9	9					
	Total Credits													
	Balance due to Paymaster													

CHECKED: *[Signature]*  
 18/12/18

PERIOD: From 11/12/18 To 28/11/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of \_\_\_\_\_ Coy.

**Hazley Down Camp - December 11th 8.**

**(Signed) J. Nunns. Captain.**

(Place) \_\_\_\_\_ (Date) \_\_\_\_\_ 191

Made up/checked in accordance with information received in the Pay & Record Office London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
*Secy* 19th 1918

*[Signature]*  
 Chief Paymaster & Officer i/c Records.



AMENDED STATEMENT.**DUPLICATE.**LAST PAY CERTIFICATEDUPLICATE  
MAIL COPY.  
N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Unit \_\_\_\_\_  
to \_\_\_\_\_ 2838 Ptn / / Authority M. Burke. R. Newfoundland Regt who was repatriated  
Newfoundland 11 12 18 Cause \_\_\_\_\_

## DR. STATEMENT OF ACCOUNT

		PARTICULARS					\$	¢	£ s d					PARTICULARS					\$	¢	£ s d					CR.				
PERIOD: FROM TO		Balance Dr. from											Balance Cr. from																	
		Allotment days @											Pay days @ \$																	
		Cash Payments: 19	70¢	13	30	2	14							8 Field Alice	19	1.05														
													19 days @ \$																	
		30/11/18											0																	
		7/12/18											2 Other Allices																	
		11/12/18																												
		23/11/18	Other Debits											6																
			Barrack Damages											5																
			Misc. Stoppages																											
		Reverts to Ranks 2/12/18																												
		Diff in pay of Rank of L/Cpl																												
		and Pte 10 days @ 5¢ - 50¢					50						2																	
		Total Debits											10																	
		Balance due by Paymaster											10																	
		Total Credits																												
		Balance due to Paymaster																												

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No 2838, Rank L/Cpl. Name Burke M. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	\$			£			CR.			
		s	d		s	d					
PERIOD: From 23/11/18. To 20/12/18.	Balance Dr. from							Balance Cr. from			
	Allotment 19 days @ 10¢	13	30		2	14	8	Pay 19 days @ \$ 1.05	19	95	
	Cash Payments:							Field Allow 19 days @ \$ 10/100	1	90	
	1 <sup>st</sup> Pay					10	0	Other Allowes days @ \$	21	85	4 9 9
	2 <sup>nd</sup> do.				1	3	7	Other Credits:			
	Other Debits:										
	Barrock Damages						6				
	Misc Staff				1	5					
	Total Debits							Total Credits			
	Balance due by Paymaster							Balance due to Paymaster			
					4	9	9				4 9 9

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of F. Co.

(Place) HAZELEY DOWN CAMP (Date) Dec 11<sup>th</sup> 1918

Made up/Checked in accordance with information received in the Pay & Record Office F. Co. to 11 and is therefore subject to amendment if and as may be found necessary.  
Pay & Record Office, London,

## 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 attend a course of navigation  
to qualify for mate's certificate

*M. Burke*

Signature of Man.

Reg. No. 2838

*B. Butler*

Signature of the Vocational Officer or his Representative.

Place *St John's nfld.*

Date *Jan'y 15th* 191*9*



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2838 Rank L/Pl Name Burke M.  
 Date of Enlistment 26.5.16 Address St. Johns District St. Johns  
 Occupation Seaman Classification for Discharge B Medical Category DE  
 Recommendation S.M.B. permanently unfit Disability Rating 40% with  
 Passed to Demobilization Officer with following documents:—

N.F. P 30 <u>94</u>	1	B 268	B 121	1	N.F. Med.	D.F. 1	
B 178		W 3494	B 122	2	Board 1st	" 2	
B 178a	1	D 400A	B 1915		do 2nd	" 3	<u>cu</u>
B 179	2	D 400B	Form L		do 3rd	" 4	
B 179a		D 400C	Form K		do 4th	" 5	
B 179b		B 103	ME 2	<u>AF. 125</u>	1	" 6	
B 179c		B 120	M 93				

Date 14.1.19

M. W. Call  
C. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

M. Burke

Particulars passed to Vocational Officer for information and action.

Date 14.1.19

M. W. Call

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £6.00

(b) Clothing Supplied Joseph H. Lawrence

Date 1.15.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home at *St. John* and Release Certificate No. *784* issued.

Date *15-1-19* *OSDicks 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 *29-1-19*

Date *15-1-19* *Joseph A Shaw*  
for Depot Paymaster

Discharge approved for *15 1 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. 1364	B 268	B 121	N.F. Med.	D.F. 1
E 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		

Date *15 1 19* *OSDicks Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

JAN 15 1919

Date ..... *R. H. [Signature]*  
O. C. Discharge Depot.

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

Date .....







H.B.—This Form must accompany any inquiry respecting this Telegram.



RYAN & SPOTTS WOOD, Ltd., Lond.

# POST OFFICE TELEGRAPHS.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 1/2d. being reckoned as 1/2d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.

*ayr*

Charges } s. d.  
to pay }

Office Stamp.



Handed } 10.25<sup>h</sup> Received } 10.47<sup>a</sup>  
in at } here at }

TO {

*Mc Burke 58 Victoria St  
# 2838*

*London*

*Extension granted  
5 days*

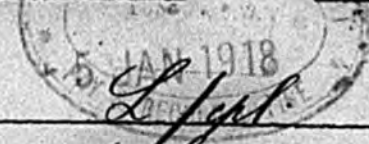
*Adjut.*





NEWFOUNDLAND CONTINGENT

NFP/02.



	COPIES		SEPARATION	ALLOWANCE
	TO	NO.	DATE	
1. Regimental No.	14480774		19/7/18	2838
Name	O.C. 1st. BN.			Martin. Burke.
Unit	2nd. BN.			2nd Newfoundland Regt.
2. Full Name of Dependent.	Mrs. Esther. Burke. (Mother)			
3. Address	37 Angel Place. St. Johns Newfoundland.			
4. Have you made previous claim for Separation Allowance? If so, state particulars.	No.			
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	Yes 70 p day to my mother. No.			
6. Date of Marriage.	No.			
7. Name and Address of your last Employer.	George. N. Barr. Water St. St. Johns.			
8. The amount of your salary or wages immediately prior to Enlistment?	\$25.00 per month.			
9. Are your wages or any portion being paid by your employer during your absence?	No.			
10. If paid, what is the amount per month?	No.			
11. Name of Corps prior to enlistment in the Nfld Contingent.				

I CERTIFY that the above is a true statement.

2838 Lieut. M. Burke

Signature of Officer forwarding this application.

A. White LIEUT. COLONEL  
COMMANDING 2nd BN. NEWFOUNDLAND REGT.

Unit 2nd Newfoundland Regt

Date December 20th 1917

Amended Statement

**OFFICE COPY.**

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 2938 Rank W/Plt. Name M. Burke Unit Royal Field Regt who was repatriated  
 to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR. **STATEMENT OF ACCOUNT** CR.

CHECKED:  
*[Signature]*  
 31/12/18

PERIOD: From 23.11.18 to 12.18

PARTICULARS						\$	¢	£	s	d	PARTICULARS						\$	¢	£	s	d
Balance Dr. from											Balance Cr. from										
Allotment 19 days @ .70¢						113	30	12	14	8	Pay 19 days @ \$1.05						119	95			
Cash Payments:											Field Allowance 19 days @ \$10						11	90			
30/11/18								1	10	0							121	85	14	9	9
7.12.18								1	1	3	Other Allowances days @ \$										
Other Debits Barrack Damage								1		6	Other Credits:										
Misc. Stoppages								1	1	5	Copy sent										
Reverts to Ranks 2/12/18.											H. 2. 21354/213										
Diff in pay of Rank W/Plt.											2-1-19										
10 days @ 5¢ = 50						1	50	1	2	1	Total Credits								14	9	9
Total Debits								14	11	10	Balance due to Paymaster								1	2	1
Balance due by Paymaster											Total Credits								14	11	10
								14	11	10											

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

London 31.12.18 191

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
30.12.18 191

O.C. " " Company.  
 to / /  
 Chief Paymaster & O. i/c Records.

LAST PAY CERTIFICATE

OFFICE COPY N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 2858 Rank Pte. L/Cpl. Name Burke M. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated

to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR. STATEMENT OF ACCOUNT OR.

CHECKED  
SSA  
18/12/18

PERIOD: FROM 23/11/18 TO 12/12/18

PARTICULARS						\$	c	£	s	d					
Balance Dr. from											Balance Cr. from				
Allotment 19 days @ 704						113	30	12	14	8	Pay 19 days @ \$1.00				
Cash Payments:											Field Allowance 19 days @ \$1.00				
1st Pay											Other Allowances days @ \$				
2nd Pay											Other Credits:				
Other Debits:											Copy sent M. S. M.				
Barrock Dages											21302/209 P.K.A. 23/12/18.				
Mess Stop											Total Credits				
Total Debits								14	9	9	Balance due to Paymaster				
Balance due by Paymaster											Total Credits				
								14	9	9	Balance due to Paymaster				
								14	9	9					

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

F. Co. HAZELEY DOWN CAMP. (Place) Dec. 11<sup>th</sup> 1918. (Date) J. Cunningham O.C. "F." Company.

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. Pay & Record Office, London, t5 11





C.R. 2938

Martin Burke was attested for General service  
June 1st 1916  
with the NEWFOUNDLAND REGIMENT on .....

Regimental No 2838 was allotted to Pte. M. Burke.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

2838  
C.R.

Extract from Daily Orders part 11, Depot St. John's dated Jan.17/1919.

The discharge of the undernoted on demobilization have been APPROVED  
by O. C. Discharge Depot on noted dates:- .

#2838 L/ C. M. Burke .

15-1-19.



C.R.2838

**Summary Extract from Medical Board held Jan. 9th, 1919.**

2838 Pte. M. Burke.

**Recommended discharge as permanently unfit.**

C.R. 2838

Extract from Daily Orders part 11, Unit St. John's dated Dec. 23rd., 1918.

---

The following returned from overseas and reported to depot 21-12-18,

22838 Sfc. M. Burke.



C.R. 2838

Extract from Nominal Roll of repatriation draft No.79 per S.S.  
CORSIKAN which embarked at Tilbury Docks, 12/12/18.  
from 2nd., Battalion Royal Newfoundland Regiment.

6

#2838 L/C. M. Farle.



C.R. 2838

Extract from Casualties received from P & R Office London,  
Mar. 22, 1918.

2838 B/C. Burke, M.

Discharged from Hospital to 2Bn.

C.R. 2838

Extract of Casualty List received from P.&R.O. London Dated  
11 March 1918.

The following of the ~~1st~~ 2nd. Batt. remains in Scottish Hospital.

2838L/C.M .Burke

1st. Nfld. Regt. Adm. Stobhill Hos.....Venereal, 28/12/17.

C.R. 2838

Extract from Nominal Roll of Draft No. <sup>12</sup>~~1~~ from 2nd In  
Depot, to 1st Bn, B.E.F. Embarked Southampton, 11-10-16.

2838 Pte. M. Burke.



C.R. 2838

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

The discharge of the undernoted on demobilization has  
been ~~CONFIRMED~~ by Officer i/c Records from noted date  
29-1-19.

2838, ~~Sgt.~~ M. Burke.

January 30, 1917.

Madam,

191

Dear

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 2538, Private Martin Burke, has been admitted to Wandsworth suffering from myalgia.

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

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

Yours faithfully,

Mrs. John Burke,  
27 Angel Place.

Colonial Secretary.

C.R. 2838

Extract from Nominal Roll Embarked St. John's for Europe.  
per S.S. "MEXICAN" July 19, 1916.

2838 Pts. Burke M.



**Medical Report on an Invalid.**

Station HAZELEY DOWN CAMP.

Date 29 NOV 1918

- 1. Unit ROYAL NEWFOUNDLAND REG.
- 2. Regimental No. 2838
- 3. Rank 4C.
- 4. Name BURKE
- 5. Age last birthday 43
- 6. Enlisted  $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$

7. Former Trade }  
or Occupation }

- 7a. If with previous service in Army, state—
  - (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.

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

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

*Debility - Arno Domini*

Statement of Case.

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

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

*Reported back from France with  
French fever Jan'y 1917. Rejoined  
Depot May 1917 put in Employment  
Co'y.*

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

*(V.D.S. cured)*

13. What is his present condition?

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

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

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

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

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

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

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

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

20. Do you recommend—

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

*Repatriation*

*MR. [Signature]*  
*M.O. [Signature]*  
MO. ROYAL NEWFOUNDLAND REG.

\_\_\_\_\_  
Officer in medical charge of case.

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

Station \_\_\_\_\_

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

Date \_\_\_\_\_

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

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

Reg. No. 2838 Rank *Le.* Name *Burke*  
Attested ..... Address *27 Angel Place*  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas *21-12-18*  
Embarked for Overseas ..... Cause *Discharge*

9-1-19. *Recommends Discharge Permanently*  
*Unfit*

14-1-19 **PASSED TO DEMOBILIZATION OFFICER**

15-1-19. **DISCHARGE APPROVED ON DEMOBILISATION.**



**Casualty Form—Active Service.**

Regimental Number **CR 2838**

Regiment or Corps **2<sup>d</sup> Newfoundland Regt**  
 Rank **Private** Surname **Burke** Christian Name **Martin** **1813**

Religion **R.C.** Age on Enlistment **34** years **10** months.

Enlisted (a) **2/6/16** Terms of Service (a) **War** Service reckons from (a) \_\_\_\_\_

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

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_

Signature of Officer i/c Records.



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 Southampton	11 OCT 1916	
		Disembarked <del>Southampton</del>	12 OCT 1916	
	<b>Joined Battalion</b>	<b>22 OCT 1916.</b>		
<b>36 CCs.</b>	<b>Admitted Myalgia</b>	<b>France.</b>	<b>20/1/17.</b>	<b>ED 9009</b>
<b>At Glenart Clo.</b>	<b>Invalided to Eng ex 11</b>	<b>Sty. H. Rouen</b>	<b>25/1/17</b>	<b>W 3083</b>
		<b>Am Bourdell</b>	<b>CAPTAIN.</b>	
		for Officer i/c No. 1 Regular Infantry Section General Headquarters, 2nd Division		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoaling Smith, &c.

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Gilbey & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 (S. 0.) W. 5017/2124 1000m 8/15m 23 58

Forms  
B. 121  
22.

Regiment of Newfoundland.

Number of Sheets Just  
 Signature of C. O. Company Frank Aye Capt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>2838</u>	Age on	<u>34</u> years <u>10</u> months	<u>Seaman</u>	<u>appointed Corporal 27.8.17</u>
Joined	Date	Place and Date of Enlistment	<u>St. John's June 8 1914</u>	Religion	<u>Reverts to marks at own request. 2-12-18</u>
Joined	Date	Period of	<u>with Colours 2 2/3 years.</u> <u>with Reserve 3 1/2 years.</u>	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
<u>St. John's</u>	<u>1916</u> <u>July 6</u>	<u>Pte.</u>		<u>Overstaying leave</u>	<u>Sgt. Shannon</u>	<u>Admonished 7.7.16</u>		<u>Major Montgomerie</u>	<u>L.C.M. 2/16</u>
			<u>1.</u>	<u>Drunk when re-</u> <u>turning to Barracks Corp.</u>	<u>Sgt. Balaan</u>				
<u>Ayr</u>	<u>2. 9. 16</u>		<u>2.</u>	<u>Drunk in town about</u> <u>8.30 p.m.</u>	<u>Cpl. Wainwright</u> <u>Pte. Miles</u>	<u>7 days C.F.</u>	<u>4.9.16</u>	<u>Lt. Col. Whitaker</u>	<u>283 (Doe Exid)</u>
				<u>Demobilized St. John's</u>	<u>29</u>	<u>19</u>			

To be carried over

Army Form B. 121.



## 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

*Martin Burke*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*2838*

Intended address

*St Johns 27 Angel Place*

Height on discharge

*5 Feet 8*

Color of hair on discharge

*Light*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

—

Figure on discharge

*Medium*

Christian name of Father

*John*

Christian name of Mother

*Esther*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

*St John's 1875: 22nd July*

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)

*Martin Burke*  
*mark*  
*Esth*

Station

*St John's*

Date

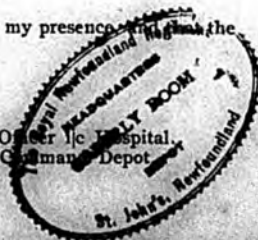
*6-1-19*(Rank) *S/C.*

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





# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 2838 Rank L/cpl Name Burke, T.B.  
 Intended place of residence 127 Vogel place St. Johns

2. Occupation Sailor  
 Classification of soldier B Medical Category C

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

**ELIGIBLE for POST DISCHARGE PAY**

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

Place ..... JAN 15 1919 ..... M. Bowley Capt  
 Date ..... JAN 15 1919 ..... 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 connection.

Place and date St. Johns ..... M. Burke  
15-1-19 ..... Signature of soldier  
 ..... C. Dicks Capt  
 ..... Signature of witness

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

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

Place and Date Jan 15<sup>th</sup> 1919 ..... M. Burke  
ST. JOHN'S ..... Signature of soldier  
 ..... Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 26. 5. 16. No of days on Military  
 Discharged from service 15-1-19 plus 14 days Service 280 days  
1919

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S ..... R. H. Sait Capt  
JAN 15 1919 ..... Officer Commanding Discharge Depot  
 Date ..... The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. Johns, Nfld. ..... M. Bowley Capt  
 Date January 29<sup>th</sup> 1919 ..... Officer in Charge  
The Royal Newfoundland Regiment

as B 20191954

30  
31  
31  
30  
31  
30  
31  
30  
31  
30  
31

Medical Report on an Invalid.

Station HAZELEY DOWN CAMP.

Date 29 NOV 1918

- |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Unit <u>ROYAL NEWFOUNDLAND REG.</u></p> <p>2. Regimental No. <u>2838</u></p> <p>3. Rank <u>L/C.</u></p> <p>4. Name <u>BURKE.</u></p> <p>5. Age last birthday <u>43 years.</u></p> <p>6. Enlisted <math>\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.</math></p> | <p>7. Former Trade }<br/>or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

*Debility -* Arino Domini.

Statement of Case.

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

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

*Reported back from France with French Fever Jan'y. 1917. Rejoined Depot in May 1917 put in employment company.*

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

*V.O.S (cured).*

*He is 43 years of age, complains of pain in legs after hard work, otherwise fit.*

13. What is his present condition?

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

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

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

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

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

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

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

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

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatriation (11)*

*hmk*  
*alt*  
MO. ROYAL NEWFOUNDLAND REG,  
\_\_\_\_\_  
Officer in medical charge of case.

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

Station \_\_\_\_\_

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

Date \_\_\_\_\_

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

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



Opinion of the Medical Board.

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

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

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

*Take over 170  
Complain of pains in legs  
Yes*

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

*At exposure*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

*40% 24 months*

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

27. Do the Board recommend—

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

*Yes*

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station *S. Johns*

Date *Jan 9 1919*

Approved

Station

Date

*[Signature]* President.

*[Signature]*  
*[Signature]* Members.

*[Signature]*  
Administrative Medical Officer.



# The Royal Newfoundland Regiment

2838

## DEMOBILIZATION OF

Reg. No. 2838 Rank L/Pl. Name Burke M.  
 Date of Enlistment 26.5.16. Address St Johns District St Johns  
 Occupation Seaman Classification for Discharge B Medical Category D8  
 Recommendation S.M.B. permanently unfit Disability Rating 40% L. with  
 Passed to Demobilization Officer with following documents:—

N.F. P/3894	1.	B 268	1.	B 121	1.	N.F. Med.	D.F. 1.	
B 178		W 3494		B 122	2.	Board 1st.	" 2.	
B 178a	1.	D 400A	1.	B 1915		do 2nd.	" 3.	cu
B 179	2.	D 400B		Form L.		do 3rd.	" 4.	
B 179a		D 400C		Form K.		do 4th.	" 5.	
B 179b		B 103		ME 2	AF 1258	1.	" 6.	
B 179c		B 120		M 93				

Date 14.1.19

M. Kelly Capt.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

M. Burke

Particulars passed to Vocational Officer for information and action.

Date 14.1.19

C. A. Dick Capt.

#### 2. Clothing.

Certified that Clothing Regulations have been complied with

(a) Clothing Allowance payable £6.00

(b) Clothing Supplied Joseph H. Lower

Date 15-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *mi* to his home at *R. Jones* and Release Certificate No. *784* issued.

Date *15-1-19*

*O. B. Dick* 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 *29-1-19*

Date *15-1-19*

*Joseph A. Snow* Sgt.  
Depot Paymaster.

Discharge approved for *15. 1. 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 394	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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	<i>FP 1238</i>	" 6
B 179c	B 120	M 93		

Date *15. 1. 19*

*O. B. Dick* Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

**JAN 15 1919**

Date .....

*R. H. Smith* Capt.  
O. C. Discharge Depot.

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

Date *Jan 15 1919*

*M. A. Ward* Sgt.  
Govt. Records



20-11-53.

Mr. R. Rule,  
Any S. A. Docs  
for this man?

R-5.  
no record in South African  
Land Grant Records

JWM

COPY

INTRA-DEPARTMENT  
CORRESPONDENCE

DEPARTMENT OF VETERANS AFFAIRS

P.O. Box H-242,  
St. John's, Nfld.,  
7 April, 1959.

TO

Deputy Minister,  
Dept. of Veterans Affairs,  
Veterans Memorial Bldg.,  
OTTAWA 4, Ontario.

MARK YOUR REPLY:

For attention of

Director  
War Service Records.

For attention of

SUBJECT

BURKE, Martin #227 & #2838-VA200138. File No.  
97 Elizabeth Ave., St. John's, Nfld.,

Attached herewith is a certified true copy of additional service information on this veteran. Would you please arrange to have Head Office records amended to show this veteran's service in the South African War.

W. L. Collins,  
District Superintendent,  
Veterans Welfare Services.

WLC/mm

*Original forwarded  
to H.O. D.V.A. for  
their file.*

*W. L. Collins*  
WSRS  
10-4-59

COPY

PUBLIC RECORD OFFICE,  
CHANCERY LANE, W.C.2.

Your Reference .....8307.....

P.R.O. Reference .....LE.....

Telephone Holborn 0741,0742.

All letters to be addressed to

The Secretary

9 March 1959

Dear Sir,

In reply to your letter of February 17, forwarded by the War Office, I have to inform you that it is recorded in the classes of War Office records known as South African War, Local Armed Forces, Nominal Rolls (W.O.127/14) and Medal Rolls (W.O.100/258) that No. 227 Trooper MARTIN BURKE served in Menne's Scouts from 30 April 1901 to 30 October 1901. He was awarded the Queen's South Africa Medal with clasps, Transvaal and South Africa 1901.

Yours faithfully,

?

for Secretary.

Ministry Representative,  
British Ministry of Pensions  
and National Insurance,  
168 Charlotte Street,  
OTTAWA 2,  
CANADA.

RLan/IN.

BRITISH MINISTRY OF PENSIONS

25 March 1959

REC'D APR 2, 1959 - #07595

CERTIFIED TRUE COPY.....



Department of Veterans Affairs

Ottawa 4,

19

TO Supervisor,  
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT

File No.

(1)

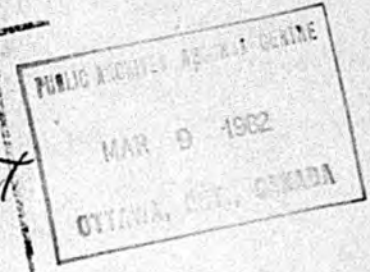
The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

WWI

Departmental Secretary.

- (1) Service number
- (2) Surname
- (3) Christian names
- (4) Date of Birth
- (5) Religion
- (6) Unit of enlistment
- (6a) Highest corresp. rank
- (7) Units overseas
- (7a) Highest corresp. ranks
- (8) Rank on day of discharge
- (8a) Corresp. unit
- (9) Military honours

2838  
 BURKE  
 Martin  
 23 Jul 1875  
 R.C.  
 Royal Yfld Regt  
 Pte  
 Royal Yfld Regt  
 L/Cpl  
 Pte  
 Nil



(2)

Departmental Secretary,  
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date .....

for Supervisor, War Service Records.