



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5465 Name James Burry Private 1st Regt.

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

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>James Burry</u>               |
| 2. What is your full Address? .....  | 2. <u>Greenhorn, B.B.</u>           |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                       |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>12</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>fisherman</u>                 |
| 6. Are you Married? .....  | 6. <u>No</u>                        |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                        |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                       |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                       |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....       |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                      |

I, James Burry, 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.

James Burry SIGNATURE OF RECRUIT.  
James Burry Signature of Witness.

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

I, James Burry, 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 truly 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 14th day of May, 1915.

Signature of Attesting Officer C. B. Dicks

### † CERTIFICATE OF APPROVING OFFICER.

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

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

Date ..... 1915 }  
Place ..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5465-

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

Name Jan. Burns

Apparent age 19 years \_\_\_\_\_ months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 36 1/2 inches  
Range of expansion 4 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and address of next of kin Oliver Burns, Father,  
Greensboro, N.C. | Relationship \_\_\_\_\_

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			
Service towards limited engagement reckons from <u>27-5-18</u>								
Joined <u>McKee's</u> on <u>May 27-1918</u>								
Discharged <u>July 4, 1919</u>								
Embarked <u>McKee's</u> S. S. <u>Columbella</u> to <u>Halifax N.S.</u> <u>22-7-18</u>								
Embarked for <u>Det. 23<sup>rd</sup> Regt.</u> Re-embarked <u>France</u> <u>25-11-18</u>								
Joined <u>Baker's</u> <u>5-1-19</u> transferred from <u>Queen</u> <u>22-4-19</u> Arrived <u>Nonchamps</u> <u>23<sup>rd</sup> Regt.</u> <u>1<sup>st</sup> Bde</u> for demobilization <u>22-5-19</u> Arrived <u>Hfd.</u> <u>6-19</u>								
Demobilization <u>McKee's</u> <u>4-7-1919</u>								
Total Service forfeited as above.....								

Total Service towards Engagement to 4-7-1919 [date of discharge] 1 years 39 days

Pensions " " " " " " " " " " " "

No. *5465* Name *Burry Jas.* Sqn., Batty.,  
or Company } *D* Corps *R. Newfoundland* Date of enlistment } *27/5/18* G.C. Badges

Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *503580* Signature O.C. *W. H. Jones* Company, etc. *Cap* Service or Proficiency Pay *Good* Character *Good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Field</i>	<i>8/1/14</i>	<i>Pte</i>		<i>Defaced drawers, vest, shirt, 12 socks</i>	<i>Sgt Sellars</i>	<i>Pay for same</i>	<i>8/1/14</i>	<i>Major Bennett</i>	<i>W/L</i>

C.R. 5465

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records with effect from 4-7-19.

5465 Pte. Jas. Bursey.

C.R. 5465

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

Date June 18th 1919.

5465, Pte. J. Barry.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool. May 22/1919.

C.R. 5465

Extract from Daily Orders Part II Unit The Royal Rifle  
Regt. Depot, St. John's, June 10th, 1919

The discharge of the units noted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 20-6-19.

5465 Pte. Jas. Burrey.

C.R. 5465

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

Date 9/6-19

5465 Pts. Jas. Burrey

Reported at Headquarters 2-1-6-19. ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 5765

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.

#5465 Pte. J. Burrey.



C.R. 5465

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

The following men embarked for overseas on H.M.S. "Colubella"  
July 25, 1918.

#5465 Pte. James Burry.

C.R. 5465

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 29, 1918

#5465 Pte. J. Burry

Attested for General Service with the Royal Nfld. Regt.  
from May 27, 1918

Bursey, Jas

5465

May Sept.

July 4, 1919

#5465 Pte. James Burseyk

Greenspond.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2360.

Yours truly

Paymaster & O.i/c Records. **Captain**

The Royal Nfld. Regiment.

DEMOBILIZATION

No. 5461 Rank \_\_\_\_\_

Name Bury \_\_\_\_\_

Warned for demobilization on

JUN 6 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5465 Rank Pte. Name Burray Jas  
 Intended place of residence Greenpoint  
 2. Occupation Drisherman  
 Classification of soldier 2 Medical Category AT

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 JUN 6 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 my connection.  
 Place and date ST. JOHN'S  
JUN 6 1919  
 Signature of soldier James Burray  
 Signature of witness J.P. O'Neil Capt.

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S  
JUN 6 1919  
 Signature of soldier James Burray  
 Signature of witness W. J. Beaton QMC

### STATEMENT OF SERVICE

7. Enlisted for service 27-5-18 No of days on Military  
 Discharged from service 20-6-19 Plus 14 days Service 407

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S  
 Date JUN 20 1919  
 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, Nfld  
 Date July 4, 1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*a 752079/2360*

*04219  
1012*  
**The Royal Newfoundland Regiment**

**DEMobilIZATION OF**

Reg. No. *5460* Rank *Pvt* Name *Burry James*  
 Date of Enlistment *27-5-18* Address *Greenspond* District *Paradise*  
 Occupation *Underman* Classification for Discharge *1* Medical Category *A1*  
 Recommendation S.M.B. Disability Rating *11-1-1*  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med - 02	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	5
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	1
B 179c	B 120	M 93			1

Date *5-6-19* O. C. Discharge Depot *H. M. West*

**PARTICULARS FOR DEMobilIZATION**

**1. Civil Re-Establishment.**

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

*James Burry*

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 *James Burry*

Date *6-6-19* O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1540* to his home  
 at *Greenspond* and Release Certificate No. *2356* issued.

Date *6-6-19* .....  
*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 *4-7-19*

Date *6-6-19* .....  
*J.A. Snow Capt*  
 Depot Paymaster.

Discharge approved for *20 6-19* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	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		

*Form 13*

Date *6-6-19* .....  
*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 *JUN 20 1919* .....  
*R.H. Jait Capt.*  
 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

James Burg

Signature of Man.

Reg. No. 5465

J. H. Howcroft

Signature of the Vocational Officer or his Representative.

Place Al Johns

Date 6-6-19

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# The Royal Newfoundland Regiment

Class for Demobilization:—

*1/1*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *11.5.19* .....

Regimental No. ... *5465* .....

Name ..... *Burny James Pte* .....

Address ..... *Greenspond B. B.* .....

Present Medical Category..... *A-1* .....

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

Members of Board {

*R.H. East Cpl*  
.....  
O.C. Discharge Depot.

*S. Paterson*  
.....  
Senior Medical Officer

*D. Burden*  
.....  
M.O. Depot

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

# MEDICAL HISTORY

OF

Surname

*Murray*

Christian Name

*James*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Greens Pond Nfld*

County

*Nfld.*

### SPECIAL RESERVE

### REGULAR ARMY

Examined	on <i>27th</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>19</i> years		years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>7</i> inches		feet	inches
Weight	<i>137</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>36 1/2</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches

Vaccination Marks	Right	Left	Right	Left
	<i>[Signature]</i>	<i>[Signature]</i>		

Vision	R.E.—V= <i>6/9</i>	R.E.—V=
	L.E.—V= <i>6/9</i>	L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *Samuel Paterson*

(Rank) *Major*

Medical Officer. Medical Officer.

Enlisted at *St. John's* on *27th* day of *May* 191*8*

Joined on Enlistment	Corps. <i>Royal Nfld.</i>	Regtl. No. <i>2/60</i>	Corps.	Regtl. No.
Transferred to	<i>Regiment.</i>			

Became non-effective by on day of 191 on day of 191

(Signature) (Rank)



## Medical Report on an Invalid.

Station Hazelton Down  
Date 30-4-19

- |                      |  |  |                   |
|----------------------|--|--|-------------------|
| 1. Unit              | <u>Royal Newfoundland Land.</u>            | Former Trade }<br>or Occupation }            | <u>Fisherman.</u> |
| 2. Regimental No.    | <u>5465</u>                                | 7A. If with previous service in Army, state— |                   |
| 3. Rank              | <u>Pte</u>                                 | (a) Former Unit;                             |                   |
| 4. Name              | <u>Burvy J.</u>                            | (b) Regimental No.;                          |                   |
| 5. Age last birthday | <u>20</u>                                  | (c) Date of Discharge;                       |                   |
| 6. Enlisted          | { on <u>20-8-18</u><br>at <u>St John's</u> | (d) Cause of Discharge.                      |                   |

**8. Disability in respect of which invaliding is Proposed.**  
(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

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

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.

wa }

13. What is his present condition?

*He complains of no disability.*

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

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

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

*no*

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

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

*no*

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

*no*

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

*no*

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?

*no*

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*

*Major St*

*Major St*

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

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

Station *Hazley Down*

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

Date *30.4.19.*

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

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



## 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

*James Burry*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*5465*

Intended address

*Greenspond B.B.*

Height on discharge

*5 Feet 7*

Color of hair on discharge

*Black*

Complexion

*Fair*

Color of eyes

*Brown*

Descriptive Marks

Figure on discharge

*Medium*

Christian name of Father

*Oliver*

Christian name of Mother

*Burry*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

*Greenspond, October 2<sup>nd</sup>, 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)

*James Burry**Pte*  
(Rank)

Station

**ST. JOHN'S.**

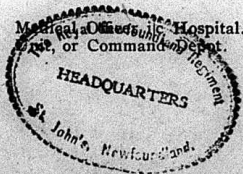
Date

*4-6-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



**Casualty Form - Active Service.**

Regiment or Corps Newfoundland  
 Rank Pte Surname Burry Christian Name James  
 Religion C of E Age on Enlistment 19 years — months  
 Enlisted (a) 27/5/18 Terms of Service (a) Duration Service reckons from (a) 27/5/18  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended (.....) Re-engaged (.....) Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation Fisherman M. P. Capt. Signature of Officer.

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.35, or other official documents
	From whom received	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.35, or in other official documents. The authority to be quoted in each case.			
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrived in UK		2/4/19	

*[Handwritten signature]*

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c (17591). Wt. W 1887-P 1124. 1,000,000. 6/18. P & S. Form B/103. (E. 1256.)

Next of Kin: --- Father: --- Burry Oliver: --- Greenford: --- B. Bay: --- N. F. L. D.



July 29th 1919.

Mr. James Bursey,  
Greenspond.

Dear Sir:

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

Yours truly,

Capt. & Paymaster.

RS/.

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DEPARTMENT OF MILITIA.  
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- 1. Christian name..... *James* .....
- 2. Surname..... *Burry* .....
- 3. Rank..... *PLS* .....
- 4. Regtl. No..... *5468* .....
- 5. Address in full to which future payments of gratuity are to be forwarded..... *Transpor B.B* .....
- 6. Date of enlistment in the Regiment..... *May 26/18* .....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *not applicable* .....
- 8. Relationship of such dependents..... *do* .....
- 9. Address in full of such dependents..... *do* .....
- 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..... *Overseas* .....
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Seven Months* .....

*nt disp*

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

*Not applicable*

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.

*\$5.69 Clothing & Ration allowance*

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?

*no*

19. Are you now serving in the Regt.? If not give - (a) Date of discharge (b) Reason for discharge

*no*

*Jan 20 1919*

*Remobilization*

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

*France Belgium & Germany*

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.

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: *James Barry*

Place of Residence: *Greens pond, B.B.*

Declared before me at: *St John used*

This *6<sup>th</sup>* day of *June* 19*19*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	<i>None</i>	<i>280.07</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	<i>W</i>

No. 6165



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, James Burry, Regl. No. 5465

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

Allotment begins August 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4486</u>	<u>Mother</u>	<u>Mrs Oliver (Barra) Burry</u>	<u>Greenpond B B</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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

(Sig.) Watson Lieut.  
Officer Commanding  
E Company  
St Johns  
July 7 1918

(Sig.) James Burry  
(Rank) Pfc



ACCOUNT	<i>Trans.</i>		
CH. NO.	<i>8023</i>	INITIALS	<i>R.H.</i>
IND. LEDGER	---	INITIALS	---
PAY LEDGER	---	INITIALS	---
GRN. LEDGER	<i>5</i>	INITIALS	---

The Department of Militia.

The sum of *Six dollars + twenty five* .....dollars is due

Mr. \_\_\_\_\_ for \_\_\_\_\_

Reg No. *5465* Rank *Pte* Name *Barry*

From *Lambton* To *Greensted*

*Correct for  
\$6.75*

*M. Blouster*  
Captain

Demobilization Officer

No. <sup>5</sup> 010

# TRAVELLING WARRANT

Date

The Royal Newfoundland Regiment

*General*

*Correct*

*\$6.75*

Please issue 1st Class Passage and Meals for

No. *5465* Rank *Pte* Name *J. Barry*

From *Gambo* - *ST. JOHN'S* To *Greenwood*

*[Signature]*  
The Royal Newfoundland Regiment  
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*[Signature]*  
SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer  
Discharge Depot - Newfoundland

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here





is/are forwarded herewith to

James Burry

in respect of his service as No. 5465 Rank Pte.

Name J. Burry

Royal Nfld. Regt.

~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received

Service Medal

Signature

James Burry

Date

Oct<sup>th</sup> 21

Address

Greenspond. B. B

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet one  
Signature of O. C. Company Edwards Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1765</u>	Age on	<u>19</u> years <u>—</u> months	<u>Fisherman</u>	
Joined _____ Date _____		Place and Date of Enlistment		Religion	
Joined _____ Date _____		<u>St John's</u> <u>27-5-18</u>		<u>CPR</u>	
Joined _____ Date _____		Period of } with Colours <u>39</u> years. with Reserve <u>3 1/2</u> years.		Place of Birth	
Joined _____ Date _____				<u>Greenpoint N.S.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>4</u>	<u>7</u> <u>79</u>		

To be carried over.

## The Royal Newfoundland Regiment

### DEMobilIZATION OF

Reg. No. 5760 Rank Plt Name Burmy James  
 Date of Enlistment 27-5-18 Address Greenspond District Parade  
 Occupation Suslerman Classification for Discharge E Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 5-6-19 O. C. Discharge Depot H. M. W. St.

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.  
 I am \_\_\_\_\_ in a position to resume civilian occupation.  
James Burmy  
 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 by the Army Dept.

Date 6-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1540* to his home  
at *Greenspond* and Release Certificate No. *2356* *3610* issued.

Date *6-6-19* *J.A. Shaw 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 *4-7-19*

Date *6-6-19* *J.A. Shaw Capt*  
Depot Paymaster.

Discharge approved for *20 6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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	<i>2 Form B</i>
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date *6-6-19* *J.A. Shaw Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 20 1919* *R.H. Sait Capt*  
O. C. Discharge Depot.

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

Date *June 11/19* *J. M. ...*  
*for O.P. Records*

Reg. No. *1461* Rank *PL* Name *J Barry James*  
Attested ..... Address *Greensboro*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *1.6.19*  
Returned on S S *Crossman* Cause *Discharge*

*1.6.19*  
*20.6.19*

PASSED TO DEMOBILIZATION OFFICER

APPROVED ON DEMOBILIZATION