



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5292 Name Harry Pursey ~~James~~ With

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>Harry Pursey</u> |
| 2. What is your full Address? | 2. <u>Reynolds St Salt Pond NFB.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 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, Harry Pursey 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.

Harry Pursey SIGNATURE OF RECRUIT

W. S. With Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harry Pursey do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 22 day of May, 1918.

Signature of Attesting Officer W. S. With

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1918

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

5292

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

Name Harry Bursey
 Apparent age 22 years 0 months. Height 5 feet 7 1/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Bursey
Salt Pond, Cape Breton N.S. Relationship Father
 Particulars as to Marriage _____

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards length of engagement reckons from <u>22-5-18</u>									
Joined at <u>St Johns</u> on <u>Nov 22-1918</u>									
<p align="center"><u>Discharged July 18-1919</u></p> <p align="center"><u>Embarked St Johns S.S. Esplanette Co. Halifax N.S. 22-7-18</u></p> <p align="center"><u>Embarked for B.C. 23-1-18</u> <u>Disembarked Panama 25-11-18</u></p> <p align="center"><u>Joined B.C. 5-1-19</u> <u>Transferred from Queen 22-4-19</u> <u>Award Discharge 23-4-19</u></p> <p align="center"><u>to title for demobilization 22-5-19</u> <u>Award Mts. 1-6-19</u></p> <p align="center"><u>Demobilization St Johns 18-7-1919</u></p>									
Total Service forfeited as above.....									

Total Service towards Engagement to 18-7-1919 (date of discharge) 1 years 58 days
 " " Pensions " " " " " " " " " " " "

12
Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 25, 1918.

#5292 Pte. Harry Bursey.

Attested for Gener^{al} Service with the Royal Hfld.
Regt. from 22.5.18

C.R. 5292

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt. St. John's, July 5th, 1919.

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

5292 Pte. H. Bursey.

BLANDFORD ROAD

C.R. 5292

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

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from ~~25.12.18~~-7-19.

Harry

5292 Pte. ~~Levi~~ Bursey.

C.R. 5292

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 18th 1919.

5292, Pte. H. Burseley.

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

C.R. 5292

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Roux Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 25/4/19 and reached
Hazeley Down Camp 28/4/19.

#5292 Pte. H. Bursey.

C.R.

5292

Extract of Nominal Roll of draft No. 86 from the 2nd., Battalion
Winchester to the 1st. Battalion of the Newfound Land Regiment

N. S. F.

Embarked Southampton 23/11/18.

5292
~~5292~~ Pte. H. Bursey.

C.R. 5292

Extract from Daily Orders part 11, from Unit The Royal
H21d. Reg .St. John's, dated July 25, 1918.

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

#5292 Pte. Harry Bursey.

H Bursery

C.R. 5292

L 10

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal Newfoundland Land* } Former Trade or Occupation } *Distilleryman*
2. Regtl. No. *5392* 3. Rank... *plte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bursey* *Murray* (Surname) (Christian Name) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *23*
6. Posted for duty on *apl 22/15* at... *St John's* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | na | |
| (ii.) Previous active service.. .. . | na | |
| (iii.) Climate in pre-war service | na | |
| (iv.) Ordinary military service before the war | na | |
| (v.) Serious negligence or misconduct on the man's part. } | na | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na

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

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

no complaints of no re-ability

16. Was an operation performed? If so, when and what was its nature? na

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na

Repatiation

20. Do you recommend—

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

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

W. E. Proctor *Cap Reme*

Station ... *Hazley Down*

Medical Officer in charge of case.

Date ... *29/4/19*

* 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

No. 5292

Name

Bureau H

Sqn., Batty.,
or Company

D

Corps

R. Newfunderland

Date of
enlistment

22/5/18

G.C.
Badges

Service or
Proficiency Pay

Date of last entry in
Company Conduct Sheet

No. and date
of last drunk

Period not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

W. H. Cap

Character

C. Ford

Army Form B. 122.

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

[P.T.O.]

Bursey, H

5292

Ray Sept.

July 21, 1919

#5292 Pte. Harry Sursey,
Salt Pond,
Lewisporte.

Dear Sir:-

Please find enclosed Discharge Certificate #3120.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5292 Rank Plt Name Burney H
 Intended place of residence Salt Pond

2. Occupation Fisherman
 Classification of soldier E Medical Category A

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 2 1919

H.R. Mansfield
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date 2-7-19

A. Murray
 Signature of soldier

Chas. W. ...
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 2-7-19

A. Burney
 Signature of soldier

James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 424

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 4 1919

R.H. East Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 18/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

OTB 2079/3120

10
30
1.8
8

The Royal Newfoundland Regiment

Class for Demobilization: —

E. 1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *30. 6. 19*

Regimental No *5292*

Name *Bunsey Harry* Rank *Plt.*

Address *Lewisporte N.S.B.*

Present Medical Category *A-1*

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

Members of Board {

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

L. Paterson
Senior Medical Officer

D.W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 524 Rank Plt Name Burns A
 Date of Enlistment 21.5.18 Address Salt Pond District Inverness
 Occupation Fisherman Classification for Discharge C Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L.	do 3rd	" 4
B 179a	D 400C	Form K.	do 4th	" 5
B 179b	B-103	ME 2.		" 6
B 179c	B 120	M 93.		

Date 30.6.19

O. C. Discharge Depot. H. W. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

A. Burns

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 Admission to A.

Date 2-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ⁸²¹⁰⁵ ₈₁₃ to his home at Saltpond and Release Certificate No. 3113 issued.

Date 2-7-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 18-7-19

Date 2-7-19

H.M. Newsitt
Depot Paymaster.

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

N.F. P136	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
B179c	B 120	M 93		

2 Form B

Date 2-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

JUL 4 1919

Date

R.H. Sait MAJOR

O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

A. Ruddy

Signature of Man.

J. H. Snowloft

Signature of the Vocational Officer or his Representative.

Reg. No. 5272

Place

ST. JOHN'S.

Date

2-7-19.

191

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

MEDICAL HISTORY

Surname

Dunsey

OF

Christian Name

Hans

- Table I.—GENERAL TABLE.

Birthplace:—Parish

St. John's Nfld.

County

Nfld.

	SPECIAL RESERVE		REGULAR ARMY			
	on	day of	191	on	day of	191
Examined	at	St. John's		at		
Declared Age	23	years	days	years	days	days
Trade or Occupation	Sherman					
Height	5	feet	9 1/4	inches	feet	inches
Weight	136	lbs.		lbs.		lbs.
Chest Measure- ment	Girth when fully expanded	36	inches		inches	
	Range of Expansion	3	inches		inches	
Physical Development	Right	Left	Right	Left		
Vaccination Marks	Arm	/	/			
	Number					
When Vaccinated						
Vision	R.E.—V= L.E.—V=	6/9 6/9		R.E.—V= 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)	L. Amos Peterson					
(Rank)	Majr					
	Medical Officer.					Medical Officer.
Enlisted	at	St. John's Nfld.		at		
	on	22nd day of May	1918	on	day of	191
		Corps.	Regtl. No.		Corps	Regtl. No.
Joined on Enlistment	Royal Nfld Regiment.		5292			
Transferred to						
Became non-effective by	on	day of	191	on	day of	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 future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazely Down	27	8	18	14	9	18	Mumps	19	Discharged to duty.	<i>J. S. Privan</i> CAPT. R. A. M. C.



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

Harry Bursey

Regiment from which discharged **Royal Newfoundland**

Regimental number

5292.

Intended address

Lewisporte N.D.B

Height on discharge

5 Feet *8*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

Figure on discharge

Medium

Christian name of Father

Joseph

Christian name of Mother

Dunice

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Lewisporte, 14th Dec. 1884

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)

H. Bursey

Pte
(Rank)

Station

St. John's

Date

30 6 18

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

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

Station

Date

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

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

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

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5292* 3. Rank..... *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *J Bursey* *Larry* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday..... *23*
6. Posted for duty on *Apr 22/18* at *St Johns* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ? (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

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

The Complaints of no disability

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

20. Do you recommend—

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

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

Repatriation

W.E. Premier Capt. R.A. M.B.
 Medical Officer in charge of case.

Station *Harley D. Lamb*

Date *29-4-19*

* 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

Casualty Form - Active Service.

Regiment of Corps Newfoundland
 Rank Pte Surname Bursey Christian Name J
 Religion Methodist Age on Enlistment 23 years — months
 Enlisted (a) 22/5/18 Terms of Service (a) Duration Service reckons from (a) 22/5/18
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended (.....) Re-engaged (.....) Qualification (b).....
 or Corps Trade and Rate.....
 Occupation Fisherman W. R. K. Ross Signature of Officer.

Report		Record of promotions reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	28 NOV 1918		
		Joined Batt.	8 JAN 19		
		Arrived in UK		13/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered (b) Signaller, Shipping-Smith, Ac (17501.) Wt. W 1887 - P 1124, 1,000,000, 6/18, D & S. Form B/103. (E. 1256.)

Next of Kin: Father: Bursey Joseph: Salt Pond: Notre-dame-Beaf: R. F. L. D

July 23, 1919

#5292 Pte. Henry Bursey,
Salt Pond,
Lewisporte.

Dear Sir:-

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

Yours truly,

Captain & Master.

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 26th, 1919.

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

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Henry* 2. Surname..... *Bursey*
3. Rank..... *Able* 4. Regtl. No..... *9292*
5. Address in full to which future payments of gratuity are to be forwarded..... *Saint Poul, Rensselaire*
6. Date of enlistment in the Regiment..... *May 22. 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in field, if so, give dates and particulars of such service..... *Oversea*
12. Give total length of time which you served on active service, whether in field or Overseas..... *1. 3/4*

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

..... *no*

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

..... *no*

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

..... *no*

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

..... *no*

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

..... *Feb. 16/19* *Demobilization*

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

..... *France & 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: - *A. Barry*
 Place of Residence: *Sact. Louis, Lewisporte*
 Declared before me at: *St John's*
 This *2nd* day of *Jul* 191*9*

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

J. P. Halley,

POST DISCHARGE PAY.

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

Certified Correct.

Paymaster.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harry Burney, Regl. No. 5292
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz. :

Allotment begins July 15 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4513	Father	<u>Joseph Burney</u>	<u>Soft Pond Lourports</u>	60
Total Allotment, \$				60

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

(Sig.) Swatson Lieb
 Officer Commanding
C Company

(Sig.) Harry X Burney
Master Gardener
 (Rank) Plg

SA Johns
June 26 1918

The Department of Militia:

Trans

\$ 5.⁰⁰/₁₀₀

9311 INITIALS *EW*

The sum of *five Dollars* Dollars ~~is~~ due

Mr. *Harrison Bursley Salt Pond Twillingate Dist.* for *Passage*

Reg. No. *5392* Rank. *Pte* Name. *Bursley H.*

from *Lewisville* to *Salt Pond Twillingate Dist.*

Receipt attached

Amount for \$ 5.⁰⁰/₁₀₀

2-9-19

J. A. Snow
W.S.H.

Captain
Demobilization Officer

No. L 813

TRAVELLING WARRANT

Date 2-7-19 The Royal Newfoundland Regiment

General Harrison Gurney

Please issue 1st Class Passage and Meals for *1st Passage*

No. 6392 Rank TG Name Bursey H. 500

From - ST. JOHN'S - To Halifax
Seemaport

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

J. H. Hewlett

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot-Newfoundland

Oct. 3. 19

Mr. Harrison Bursey,
Salt Pond, Twillingate,
Nfld.



Dear Sir:

I enclose cheque for \$5.00
amount due you for conveying Ex Pte. H. Bursey
to his home.

Yours truly,

Major
Paymaster.

LM/
Enc. 1

ST. JOHN'S, JUL 2 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To *Pt H Bursey*

Billeting Soldiers as undermentioned

from *June 1/19* to *June 2/19*

5292 Pt Bursey H. S. 8. 80

AMOUNT	<i>37m</i>
CH. NO.	<i>2023</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ *28.80*

M. Bourke

Billeting Officer.

H Bursey

2/10/19

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



OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Harry Bursey

in respect of his service as No. 5292 Rank Pte.

Name H. Bursey Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received British War medal

Signature Harry Bursey

Date Oct 22nd

Address Ball Pond Lewisport

[P.T.O.]

Receipt for Army Book 64

NO.....*5292*.....Name.....*Bursey A*.....

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

Name *H. Bursey*.....

Date *July 17th 1920*.....

Place *Salt pond*.....

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Munster Fusiliers

Signature of O. C. Company

Number of Sheet *one*
C. B. Dukeshire

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<i>Bussery Harry</i>	Age on <i>23</i> years <i>0</i> months	<i>Fisher</i>				
Joined _____ Date _____		Place and Date of Enlistment } <i>St John's</i> <i>22.12.18</i>	Religion <i>Methodist</i>				
Joined _____ Date _____		Period of) with Colours <i>5 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth <i>Severton, W.D.</i>				
Joined _____ Date _____							
Joined _____ Date _____							

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
				<i>Demobilized</i>	<i>St John's</i>	<i>18 7/9</i>			

To be carried over.

5292

Standard Form 100-10 (Rev. 1-27-60) (GSA FPMR (41 CFR) 101-11.6)

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 524-1 Rank Plt Name Bruce A
 Date of Enlistment 21.5.18 Address Salt Pond District Truro
 Occupation Ferretman Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. Disability Rating _____
 Passed to Demobilization Officer with following documents: _____

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 30.6.59 R. O. C. Discharge Depot. HMS

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

APPROVED
[Signature]

Particulars passed to Vocational Officer for information and action, with following documents _____

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable 60.00
- (b) Clothing Supplied _____

[Signature]

Date 2-7-19 O.i.c. Re-clothing _____

5292

Demobilization and Release Certificate

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Date

Reg. No. 524-1 Rank PLC Name Buddy A

Date of Enlistment 21.5.18 Address Salt Pond District St. John's

Occupation Fisherman Classification for Discharge 6 Medical Category AI

Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 30.6.19 O. C. Discharge Depot H.M.S. H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

APPROVED
A. [Signature]

Particulars passed to Vocational Officer for information and action with following documents

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 60.00

(b) Clothing Supplied Compliments to A

Date 2-7-19 O. i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ⁸²¹⁰⁵ 2-813 to his home at Salt Pond and Release Certificate No. 3113 issued.

Date 2-7-19 *J.A. Lawless*
Demobilization Officer

3. 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 1-1-19

Date 2-1-19
Depot Paymaster.

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B
msd

Date 2-7-19 *J.A. Lawless*
O. C. Discharge Depot.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date July 4, 1919
O. C. Discharge Depot.

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

Date July 18/1919 *Handwritten signature*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ⁸²¹⁰⁵ 3-813 to his home at Baltimore and Release Certificate No. 3113 issued.

Date 2-7-19 Demobilization Officer J.A. Lawless

3. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 15-7-19

Date 2-7-19 Depot Paymaster J.A. Lawless

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

N.F. P136	B 268	B 121	N.F. Med	D.F. 1	1 2 Form B 3 4 5 6
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	
B179c	B 120	M 93			

Date 2-7-19 O. C. Discharge Depot J.A. Lawless

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date UL 4 1919 O. C. Discharge Depot

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

Date July 18/1919 J.A. Lawless

Reg. No. 529 Rank Pte Name Bursey, Harry

Attested Address Salt Pond

Allotment Allottee

Date of Returned from Overseas 29.5.19

Return am Cause Discharge

27
47

APPROVED BY DEMOBILIZATION OFFICER

APPROVED BY DEMOBILIZATION