



# 4 THE ROYAL NEWFOUNDLAND REGIMENT /

## ATTESTATION OF

No. 4544 Name Herbert Bursley Corps Artillery

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

- |  |                            |
|--|----------------------------|
| 1. What is your name? .....  | 1. <u>Herbert Bursley</u>  |
| 2. What is your full Address? .....  | 2. <u>Lower Island Sts</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>              |
| 4. What is your age? .....   | 4. <u>20</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, Herbert Bursley 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.

Herbert Bursley SIGNATURE OF RECRUIT.  
J. Raymond Signature of Witness.

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

I, Herbert Bursley 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 signed 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 22 day of April 1918

Signature of Attesting Officer Wm. Churchill & Hunt

**† 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 April 22 1918 } Approving Officer.  
 Place St John's }

† 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) .....

Report 10-6-18







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

# MEDICAL HISTORY

Surname Bursey OF Christian Name Herbert

Table I.—GENERAL TABLE.

Birthplace:—Parish Lower Island Cove County Nfld.

SPECIAL RESERVE.

REGULAR ARMY.

Examined	on <u>22<sup>nd</sup></u> day of <u>April</u> 191 <u>8</u>	on	day of	191
	at <u>St John's, Nfld.</u>	at		
Declared Age	<u>20</u> years — days		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches
Weight	<u>125</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>34</u> inches			inches
	Range of Expansion... <u>4</u> inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>/</u>		
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Amundson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's, Nfld.</u>	at		
	on <u>22<sup>nd</sup></u> day of <u>April</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps. <u>The Royal Nfld Regt.</u>		Corps.	
	Regtl. No. <u>4544</u>		Regtl. No.	
Transferred to				
Became non-effective by				
	on	day of	191	on
	[Signature]		day of	191
	[Rank]			



Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the syphilis, admissions and of treatment
	Day	Month	Year	Day	Month	Year			
Station Hosp. Halifax, N.S.	16	6	18	19	7	18	Pleurisy Effusion	33	Pleurisy Fluid accumulated no after rapidly transferred hospital
Pine Hill Halifax	19	7	18	6	8	18	Conval. Pleurisy	18	Fit to
Hazelton Down	29	1	19	6	2	19	Influenza	8	Discharged
MAGDALEN CAMP HOSPITAL WINCHESTER	25	4	19	30	5	19	Pneumonia	36	Admission and discharge



tal or to the sick list in case of Warrant Officers treated in quarters.

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 hospital 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

Pleurisy with effusion of right side.  
Fluid shows an increase of the  
cellular elements chiefly the mononuclear  
No organisms seen.  
After the aspiration patient improved  
rapidly and chest cleared up considerably.  
Transferred to Base Hill Convalescent  
Hospital

Fit to rejoin his unit for light duty

Discharged to duty.

Admission to length the above  
and developed pleurisy - Recovered

M. M. M. M.  
Captain  
John Cameron  
Capt C.A.M.C.

C. S. M. M.  
CAPT. R.A.M.C.

C. S. M. M.  
Capt



Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature	
23-4-18	Vacc.	LP
3-5-18	T.A.B.	LP
10-5-18	Do.	LP
17-5-18	T.A.B.	LP

It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category

18.7.19  
Date of S.M.B.

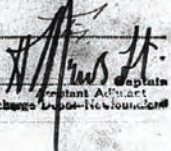
  
 Captain  
 Discharge Inspector

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation





Department of Militia, Newfoundland  
Medical Department

*Medical Report on an Invalid*

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

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

Date.....**July 17/19**.....

- |                   |                           |                               |                    |
|-------------------|---------------------------|-------------------------------|--------------------|
| 1. Unit           | <i>Royal Newfoundland</i> | 5. Age last birthday          | <b>22</b>          |
| 2. Regimental No. | <b>4544.</b>              | 6. Enlisted on                | <b>April 1918.</b> |
| 3. Rank           | <b>Pte.</b>               | at                            | <b>St. John's.</b> |
| 4. Name           | <b>Bursey H.</b>          | 7. Former trade or occupation | <b>Fisherman.</b>  |

8. Disability

**Post Pneumonia.**

- Entered HP. in **Winchester 26/4.** with **Pneumonia.** Left HP. **June 5.** was under treatment at the depot till he embarked for home. Was in Hp 1 in **Halifax June 1917.** with **pleurisy.** L. Side was in Hp. 1 Month

9. History



10. What is his present condition?

Fairly well nourished. No adventitious sounds in chest. Expansion on L. Side much impaired. Complains of pain below cardiac region. Has no cough & does not complain shortness of breath.

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

Department of Military Neuropsychiatry

11. Was sanatorium operation advised and refused? **No.**

12. Do you recommend discharge as permanently unfit? **Yes.**

Signature (SGD) S. G. KEAN, CAPT.

Rank or Qualification .....

Remarks if any by Officer in Charge Hospital.

Place ..... Signature .....

Date ..... Rank .....

Department of Military Neuropsychiatry, St. Mary's Hospital, Washington, D.C.



## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x be considered as aggravated by :—  
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any :—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**Pulse 88 complains of pain in back on bending. No accompaniments in Lungs  
No Albumen in Urine.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **NIL.**
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?  
(State in percentage.) **NIL.**
- Remarks if any :—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of  $\frac{\text{operation}}{\text{sanitorium}}$  is :— (a) Reasonable (b) Unreasonable

Remarks if any :—

19. If fit subject for Hospital do you recommend admittance to { General Hospital  
Naval and Military Convalescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend  $\frac{\text{discharge from}}{\text{retention in}}$  the Army

Remarks if any :—

(SGD) L. PATERSON. MAJOR. ....  
President

Signatures.....".....J. S. TAIT.....

".....J. B. O'RILEY, CAPT.....

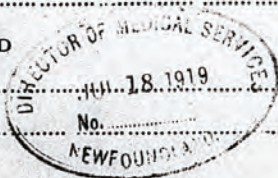
Place ST. JOHN'S.

Date 18/7/19.

APPROVED

Station .....

Date .....



(SGD) CLUNY MACPHERSON. MAJOR. ....  
Administrative Medical Officer.



Copy

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 Herbert..... 2. Surname Bursey.....

3. Rank Private..... 4. Regtl. No. 4544.....

5. Address in full to which future payments of gratuity are to be forwarded. Lower Island Cove G. B......

6. Date of enlistment in the Regiment. 22<sup>nd</sup> April 1918.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. None.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. England.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....

one year three months..... 1.2.....

7



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.

*None*

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 R.A.F.? If not give: (a) Date of discharge; (b) Reason for discharge.

*No*  
*July 22<sup>nd</sup> 1919*

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

*No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.



Signature of Applicant: *Herbert Bwisey*  
 Place of Residence: *Lower Island Cove B. B.*  
 Declared before me at: *St Johns*  
 This *22<sup>nd</sup>* day of *July* 19*49*....

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

*M. G. G. G.*

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



C.R. 4374

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

#4544 Pte. Herbert Bursey.

Attested for General Service with the Royal Nfld.Regt.  
from 22/4/18 to report 10/5/18.



C.R. 4564

Extract of Casualties from O.C.Draft, Royal Newfoundland Regiment,  
to D.O.C., H.Q., dated 24/6/18

4544 Pte. H. Bursey.

In Hospital, particulars forwarded, A.F'S B. 178a, with medical authorities  
all other documents in charge of Adjutant Casualty Company, Wellington Barracks  
Barracks, Halifax



C.R. 4544

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated May 1st, 1918.

#4544 Pte. Herbert Bursey.

To report 10/5/18 reported 23/4/18.



C.R. 4544

Extract from Orders, Part 11, by Lt. Col., B.J. Barton, D.S.O.,  
Commanding 2nd Bn., Royal Newfoundland Regiment, dated 10/9/18.

The undermentioned who arrived from Newfoundland on the 9/6/18 are taken  
on the strength from that date:

4544 Pte. H.J. Bursey.



C.R. 4544

Extract from Daily Orders Part 11. from Unit The Royal Hfld.,  
Regiment, St. John's, dated June 14th 1918.

4544 Pte. H. Bursey.

Embarked for Overseas with draft 11-6-18.



3039/454.

2nd/Bn. Ryl Nfld Regt.  
Winchester.

21st February 9

4544. Pte Bursey. H.

38

4544. Bursey.

£6.6.0.

6.6.0.



C.R. 4544

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

4544 Pte. H. Bursey.

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



C.R. 4544

Extract from Medical Board held on July 18th. 1919.

The following were the findings.

4544 Pte. H. Bursey.

Recommended discharge from the Army.



C.R. 4544.

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 26th 1919.

The discharge of the undernoted on demobilization has  
been APPROVED by O.C. Discharge Depot from noted date  
23-7-19.

4544, Pte. H. Bursey.



C.R. 4544

Excerpt from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
St. John's, Aug. 18th, 1919.

The discharge of the undernoted on demobilisation has been  
COMPLETED by Officer i/o Records from 8 6-8-19.

4544 Pte; H. Bursey



C.R. 4544

July 3rd 1918.

Mr. Ebenzer Bussey,  
Lower Island Cove,  
Bay de Verde.

Sir,

Regret to inform you that the following information  
has just been received by mail that your son 4544 Pte.  
Herbert Bussey who left here with last draft is now at  
Station Hospital, Halifax, suffering from Pleurisy.

Yours faithfully,

Lieut.  
for Lieut. Colonel.



To:-

Lieut. Whidden,  
Wellington Barracks,  
Halifax, N. S.

# 444, Pte. H. Burseay,  
Nfld. Regt.



Herewith the undermentioned Documents in the case of the marginally noted man who is being returned to duty this date.

M.F.B.313a.....2.  
A.F.B.178a.....1.  
Laboratory Report.....2.  
Specialist's Report.....1.  
Kindly acknowledge receipt.

(Enclosure)

Halifax, N. S.  
6 - 8 - 18.  
CG/JD.



*John Cameron*  
Capt. for  
..... MAJOR R O,  
M.O. I/PINE HILL MILITARY HOSPITAL.

*Case Coy.  
N. 16.*

Halifax, N. S., August 6, 1918.

To:-

M.O./c Pine Hill Military Hospital

<sup>5</sup>  
#444, Pte. H. Bursey,  
Nfld. Regt.



Receipt is acknowledged  
of documents of the marginally noted  
as mentioned in your letter of 6-8-18.  
Please.

A handwritten signature in dark ink, appearing to be "O. C.", written in a cursive style.

Lieut.  
O. C. Embarkation Casualty Section,  
No. 6 District Depot.



CENTRAL LABORATORY OF HYGIENE

MILITARY HOSPITAL, HALIFAX, N.S.

23/12/18

TO M.C. 1/c. *Wd No 4*

IT IS REPORTED FOR YOUR INFORMATION, PLEASE, THAT THE  
EXAMINATION OF *Sputum*..... IN THE CASE OF.....

*Pl. Bussay*..... *4544*.....

WAS FOUND TO CONTAIN *No*..... TUBERCLE BACILLI AND IS THERE-

FORE..... *Negative*..... FOR TUBERCULOSIS.

*J. Ch. Malahin*..... CAPT. A.M.C.  
I/O. 1/c LABORATORY.

*42*  
*12*  
*54*

Central Laboratory of Hygiene.  
Military Hospital, Halifax, N.S.

From: M.O. i/c Laboratory of Hygiene

To:- M.O. i/c W and II

It is reported for your information, please, that the  
examination of Plural blood in the case of  
No. 45 4 1/2 pte. Buxey  
was found to contain an increase in the cellular  
content chiefly of the Mononuclears.  
No organisms seen.

K.G. Mahabir Capt. A.M.C.  
i/c Laboratory of Hygiene.



# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. 4544

Name Bursey Herb.

Address Somer Isld. Cove B. D. V.

Present Medical Category E

Recommended for:— { (a) ~~Immediate discharge~~ .....

(b) Standing Medical Board .....

Members of Board {

O. C. Discharge Depot.

*W. Pedersen*

Senior Medical Officer

*W. Burdett*

— M. O. Depot



CASE HISTORY SHEET.

No. 4544 Rank Pfc. Name Bussey, H. Age 20

Unit 4780 Coy. Completed years of service 3 1/2 Where and how long 20 yrs.

Date of admission 16.6.18 Date of discharge

Diagnosis Pleurisy, Effusion Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Had had pain in chest right side for 10-12 days, no cough etc has chronic cracked up for about 3-4 weeks No previous illness except "strain" of stomach early this spring.

Exam shows fair nutrition & colour dullness left apex front & back, dullness right apex front & back, auscultation right base behind. Expiration, frothy all over right back, rust rattle to anterior breathing from top down right back loud coarse too for pleural friction heard over right lower lobe especially in decub.

17/7/18 2 1/2 fluid removed from right chest

18/7/18 Very much better, very little fluid present, slight impairment & few rales at right apex behind

FAMILY HISTORY Mother dead cause not known 3-4 brothers died between 18-25 cause not known.

TREATMENT 19/7/18 Transferred to Questell Convalescent Hospital

CONDITION ON DISCHARGE (and disposal made of case.) Much Improved - Pul Red

Date 19/7/18 Mamey Medical Officer i/c case.

M. F. B. 313a. 50M-11-17. 1773-39-430. Caprine Station Hospital



urinalysis

Pale Straw

acid

1026

Alb. Trace

Sugar. nil

Sed. - nil.



# CASE HISTORY SHEET.

Pine Hill Hospital. Halifax, N. S. Station.  
No. 4544 Rank. Pte. Name. H. Bursey Age. 20  
Unit. Nfld Regt. Completed years of service <sup>Where and how long</sup> } 3½ months.  
Date of admission. 19 7 18. Date of discharge. 6 8 18.  
Diagnosis. Conv. Pleurisy. Place of origin.

## CONDITION ON ADMISSION AND PROGRESS OF CASE

He is rather slimly built but looks in fair condition. There is slight dullness over the base of the Right Lung posteriorly. Other systems normal.

## FAMILY HISTORY. None.

(Tuberculosis, mental or nervous diseases.)

## TREATMENT. General Convalescent.

(Especially any specific or special form.) Epson's Syrup.

## CONDITION ON DISCHARGE. He is fit to rejoin his Unit for light duty.

(and disposal made of case.)

Date. 6 - 8 - 18.

(Sgd) John Cameron, Capt. C.A.M.C.  
Medical Officer i/c case.



From:- M. O. i/c Pine Hill M. H.,  
Halifax, N. S.

22-7-18

To:- Dr. McLennan.

Mr H. Bursley #4844

Complaint Blurring

Kindly report on the marginally  
noted man's. *Large. Complaint of severe*

*pain following close work, can only read for*

CONDITION.

*very short time. Sp. Patish 4 came.*

*V. R. C. 24 30. — well above service requirements*

*A. Schwartz  
M.D.*



PROGNOSIS.

TREATMENT.

Halifax, N. S.,  
1918.



No. ~~5268/769~~ 5268/769

N.F.P./79.

PROV. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.  
2/bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

3rd April 1919

*April 4th* 1919

4544 Pte. Burse H.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / ( 116 )

*Okam* *Capt*

LIEUT. COLONEL.

"Pay to- 4544 Burse,  
£4. 0. 0.

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
*H. B. H.*

Received the sum of Four pounds

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

\_\_\_\_\_ in respect of telegraphic remittance from the Minister of militia.

Chief Paymaster & O. i/c Records.

*H Burse*  
No. 4544 Rank Private

Witness *A. H. H.*

B



No. **3039/454.**

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.

2nd/Bn. Ryl Nfld Regt.  
Winchester.

21st February 1919

*February 24<sup>th</sup> 1919*

4544. Pte Bursey. H.

With reference to the following telegram from the Minister of Militia / / ( 38 )

Receipt hereunder.

*Edward J. ...*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- **4544. Bursey.**

**£6.6.0.**

Cheque **£ 6.6.0.** is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Six pounds *£6.6.0* in respect of telegraphic remittance from the Minister of militia.

*A. C. ...*  
Chief Paymaster & O. i/c Records.

To Bursey  
No. 4544 Rank Private  
Witness M. Rockett

2444/2431  
No. 21446/2431/P&A

066 343  
N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn. Royal Field Ambulance  
Hazeley Down Camp,  
Winchester



26th December 1918

30-12-1918

Subject: 4544, Pte. H. Bursey,

Receipt hereunder.

With reference to the following telegram (11186) from the Hon. Minister of Militia, received

*[Signature]*  
OFFICER COMMANDING  
ROYAL NEWFOUNDLAND REGIMENT  
LIEUT. COLONEL  
BATTALION

"Pay to 4544 H. Bursey, £5.0.0.

Received the sum of Five  
Pounds on account of  
cable remittance from Newfoundland.

Draft £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H. H. Bursey  
No 4544 Rank Pte  
Witness H. Maunders

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

*[Handwritten mark]*











August 22, 1919

Mr. Herbert Bursaw,  
Lower Island Cove, C.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

ST. JOHN'S, July 22<sup>nd</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To St. H. Bursay

Billeting Soldiers as undermentioned

from July 1<sup>st</sup> /19 to July 16<sup>th</sup> /19

4544. St. H. Bursay 16 60

*B. V. M. E.*

ACCOUNT	
CH NO	<u>3606</u>
IND LEDGER	---
PAY LEDGER	---
GEN LEDGER	<u>60</u>

Certified correct for \$

A. M. O'Connell  
R. J. Bursay Billeting Officer.



To: afeso

~~4445~~

4544

Bonsey

Balance 240 <sup>00</sup>/<sub>100</sub>

Gray

son

*[Signature]*

Balance 40 <sup>00</sup>/<sub>100</sub>  
only 254

MD  
JIMMY

Bal due on a/c of W.S.G. 100.00

4544 H. Butsey

W. Newbury C.S.

Prm Payment of Balance  
authorized.

14/10/19

C.G.B. pro. co.

S. J. M. S.



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 40<sup>00</sup>

Oct 3 1919

Received from the First Newfoundland Regiment  
the sum of Forty <sup>00</sup>/<sub>xx</sub> Dollars.  
on account of Pay. W. L. G.  
balance

*Bursary*

Ch. No. <u>14193</u>	Initials <u>EW</u>
Pay Ledger <u>176</u>	Initials <u>W. L. G.</u>
Gen. Ledger.....	Initials.....

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

No. 4544

Rank

Pt

Name

H Bursy



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 100<sup>00</sup>

Oct 16

19 19

Received from the First Newfoundland Regiment  
the sum of One hundred Dollars.

~~on account~~  
balance of Pay. W.S.J.

Ch. No.	14788	Initials	W.S.J.
Pay Ledger	175	Initials	WR
Gen. Ledger		Initials	

H. J. Bursley

Regtl. No.

*[Signature]*  
Bank

No. 4544

Rank Pt

Name

H. Bursey



August 6th 1919.

#4544, Pte.H.Bursey,  
Lower Isld.Cove.

Dear Sir,

Enclosed please find Discharge Certificate  
# 3515.

Yours truly,

Capt.<sup>g</sup> O.i/c Records.

RS/.

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

Herbert Bursay

in respect of his service as No. 4544 Rank Pte.

Name

H. Bursay

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

from Newfoundland <sup>medal</sup> British War

Signature

H Bursay

Date

November fifth

Address

84 Pine St Camb Mass

[P.T.O.]

## 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,

*Briseyt*

Signature of Man.

*A. M. Johnston*

Reg. No. 4844

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*22-7-19.*

191



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. 45444 Rank PLC Name Burns, H.  
 Date of Enlistment 22.4.18 Address Lower Idlers Cove District B.A.V.  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating The  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93	<u>313A 2</u>		

Date July 21/19

O. C. Discharge Depot. Mrs. H.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am  in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £6.00

(b) Clothing Supplied Ambleton

Date 21-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B.2575 to his home at Lower Old Cove and Release Certificate No. 3762 issued.

Date 22-7-19

M. Blouston  
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 6-8-19

Date 19-7-19

Amel Blouston  
Depot Paymaster.

Discharge approved for 22-7-19

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	
B 178a	D 400A	B 1915	do 2nd	" 3	1/2 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93	<u>313a-2</u>		

Date 19

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

JUL 23 1919

Date .....

**E. R. COOPER, CAPT.**

O. C. Discharge Depot.

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

Date .....

19-7-19



4544 1044  
Reg. No. .... Rank. .... Name. *Prassey, A.*

Attested ..... Address. *Home, Seland Coast.*

Allotment ..... Allottee ..

Date of Allotment. .... Returned from Overseas. *JUL 1 1919*

Returned on S S. *Cassandra* Cause. *Discharge.*

*19-7-19* *Rec - Discharge from the Army*

*9. 3. 19*  
*RS TW* **PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**



## 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 *Bursey, Herbert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *7544*

Intended address *Lower Island Cove Bay de Verde*

Height on discharge *5* Feet

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Charles*

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Lower Island Cove 25-10-1897*

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) *Herbert Bursey* *Alto*  
(Rank)

Station **ST. JOHN'S.** Date *17-7-19*

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

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



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. H5444 Rank PLC Name Bursley H  
 Date of Enlistment 22.11.18 Address Lower Idons Cove District B.B.V  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanent Benefit Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. P136	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	313A	2	

Date July 21/19 O. C. Discharge Depot Mrs H

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am  in a position to resume civilian occupation.

Bursley H

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. H 60-00
- (b) Clothing Supplied Ambleton

Date 21-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.2575 to his home at ..... med. Camp and Release Certificate No. 3762 issued.

Date 22-7-19 ..... [Signature]  
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 6-8-19

Date 19-7-19 ..... [Signature]  
Depot Paymaster.

Discharge approved for 22-7-19 .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
E 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	<u>313a 2</u>	

Date ..... [Signature]  
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919 ..... E. R. COOPER, CAPT.  
O. C. Discharge Depot.

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

Date Aug 1/19 ..... [Signature]



**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. *4544* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bursey Herbert* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 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.
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.



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

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

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

*See Complaints of his disability.*

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

20. Do you recommend—

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

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

*Repatriation*

*W.E. Procuier Capt Rous*  
 Medical Officer in charge of case.

Station *Hazely Down* .. .. .

Date *1-4-19* .. .. .

\* 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



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4544 Rank Private Name Bursary H.  
 Intended place of residence Lower Island Cove  
 2. Occupation Tradesman  
 Classification of soldier B Medical Category B

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 19 1919

Amblouster Capt  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S  
 Date JUL 19 1919

H. Bursary Lt  
 Signature of soldier  
Amblouster  
 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 22. 7. 19

Bursary H.  
 Signature of soldier  
W. J. Eaton Qms  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 22-4-18 No. of days on Military  
 Discharged from service 23-7-19 Plus 14 days Service 472

### 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 23 1919

L. R. Cooper Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S  
 Date August 6/1919

M. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

Amblouster 4544 B

10  
31  
30  
31  
6  
108