



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5450

Name Stanley Bursell C/O  
Corps

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

1. What is your name? ..... 1. Stanley Bursell
2. What is your full Address? ..... 2. 44 Fisher Bay  
N.P.S.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 23 Years ..... Months
5. What is your Trade or Calling? ..... 5. Fosterman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... 11. Yes

I, Stanley Bursell 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

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

I, Stanley Bursell 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 stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at 15 May on this ..... day of ..... 1915

Signature of Attesting Officer .....

### †CERTIFICATE OF APPROVING OFFICER.

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

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

5450

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

Name Stoney Bursell  
 Apparent age 28 years ..... months. Height 5 feet 10 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Richard Bursell  
Jander Day | Relationship Father  
NJ Day Particulars as to Marriage

(a) Christian and Surname of Woman 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 Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <u>United States</u> engagement reckons from <u>25-5-18</u>									
Joined at <u>St. Albans</u> on <u>May 25-1918</u>									
<u>Re-enlisted August 11-1918</u>									
<u>Embarked St. Albans St. Columella to Halifax N.S. 22-7-18</u>									
<u>To RFL for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. Albans 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 72 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5450

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c Records from noted date 4-8-19.

5450, Pte. S. Bursey.

C.R. 5450

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

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

5450 Pte. S. Bussey.

C.R. 5450

Extract from Daily Orders Battalion Unit The Royal Nfld.

Regt. St. John's, July 3rd, 1919.

5450 Pte. S. Bursey.

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

C.R. 5450

Extract from Casualties received from D.&.R. Office,  
London. Sept. 3, 1918.

Admitted to Hospital From Draft No. 21, from Newfoundland.

5450 Pte. S. Bursey.

Discharged From Fort Pitt. Hospital, Chatham, 3/9/18 Sent direct  
to Depot, Hazley Down Camp. Winchester.

C.R. 5450

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

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

# 5450 Pte. Stanley Bursey.

C.R. 5450

Extract from Daily Orders part 11, from Unit The Royal  
Welfd. Regt. St. John's 6. 20. 1918

#5450 Pte. S. Burseley.


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



D. Pursey

5450

P. T. R. O



**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 Regiment* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5450* 3. Rank. *PL* 7a. If the soldier claims previous service in Army, he should state—
4. Name = *Bursey* } *Shank* }  
 (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regl. Nos.
5. Age last birthday... *24*.....
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 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

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

*Nil*  
*Nil*  
*Nil*

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.)*

*The Complaints of no disability*

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

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. Proctor* *Capt. Rame*

Medical Officer in charge of case.

Station .. *Magdeley Barracks*

Date .. *8.14.19* .. .

\* 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. .... Date 3 9 1918

- \* (1) To the Officer i/c Records } .....
- \* (2) The Officer Commanding } .....
- \* (3) The Paymaster } .....



Station. ....

\* Strike out that which is inapplicable.

Regimental No. 5450

Rank and Name Pte Bursary S.

Regiment or Corps 13 Newfoundland Regt

has been granted a furlough from 3. 9. 18 to his Coy

His address while on leave will be Depot

58 Vic St London  
*Sent direct to depot*

- I consider he is fit for
  - \* I. DUTY
  - \* II. COMMAND DEPOT.
  - \* III. EMPLOYMENT.

\* Strike out that which is inapplicable.

Officer in charge W. G. ... Hospital.

Station. ....

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

5251/498.



N.F.P./79.

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.

28th February 1919

*Hand 3rd 1919*

5450. Pte Bursey. S.

With reference to the following telegram from the Minister of Militia / / ( 52.

"Pay to- 5450. Bursey.

£4.2.0.

Cheque £ 4. 2. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

receipt hereunder.

*P. Kamm*  
LIEUT. COLONEL,  
COMMANDING 2nd BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Four

Pounds two shillings in respect of telegraphic remittance from the Minister of Militia.

*R. Hand*  
Chief Paymaster & O. i/c Records.

*S. Bursey*  
No. 5408 Rank Sgt

Witness M. Rockett



Bursey, S

5450

Gay Sept.



August 4th 1919.

#5450, Pte. S. Bursley.

Gander Bay. N. D. B.

Dear Sir:

Enclosed please find Discharge Certificate # 3354.

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5450 Rank PC Name Bursey S  
 Intended place of residence Gander Bay

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 7 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, ST. JOHN'S .....  
 Date JUL 7 1919 .....  
 Signature of soldier S Bursey  
 Signature of witness J. Brown 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, ST. JOHN'S .....  
 Date JUL 7 1919 .....  
 Signature of soldier S Bursey  
 Signature of witness James O'Brien

### STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 ..... No. of days on Military  
 Discharged from service 21-7-19 ..... Plus 14 days Service 437

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S .....  
 Date JUL 21 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 .....  
 Date August 4/1919 .....  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

7  
30  
31  
4  
7

2013 20 791 3254

# The Royal Newfoundland Regiment

Class for Demobilization:

*7/6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *4.1.19* .....

Regimental No. .... *5450* .....

Name ..... *Bunsey Stanley* .....

Address ..... *Gander Bay* .....

Present Medical Category ..... *A-i* .....

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

Members of Board {

*R.H. Last Major*  
.....  
O.C. Discharge Depot.

*J. Paterson*  
.....  
Senior Medical Officer

*G. W. Borden*  
.....  
M. O. Depot

# 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.

*S. Bursey*

Signature of Man.

Reg. No. 5450

*J. H. Snowball*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*5-7-19*

191

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. 5450 Rank Plt Name Burroughs  
 Date of Enlistment 25 5 43 Address Harvey St 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. 1)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 108	ME 2		" 6
B 179c	B 120	M 93		

Date 4 7 19 O. C. Discharge Depot St. John's

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. Burroughs

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied

Date 7-7-19 O. i.c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>P2203</sup> to his home at Yander Bay and Release Certificate No. 3219 issued.

Date 7-7-19

*J.A. Snowlast*  
Demobilization Officer

**4. Pay and Allowances.**

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

Date 7-7-19

*H. M. ...*  
Depot Paymaster.

Discharged approved for 21-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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*

Date 7-7-19

*J.A. Snowlast*  
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 JUL 21 1919

*L.R. Cooper Capt*  
for O. C. Discharge Depot.

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

Date .....



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

# MEDICAL HISTORY

OF

Surname Bursey

Christian Name Stanley

Table I.—GENERAL TABLE.

Birthplace:—Parish

Fander Bay, N.S.B.

County

Nes

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<u>25<sup>th</sup></u>	<u>May</u>		
at	<u>St John's.</u>			
Declared Age...	<u>23</u>	years		
Trade or Occupation	<u>Shipman.</u>			
Height	<u>5</u>	feet <u>10</u>		
Weight		<u>139</u> lbs.		
Chest Measurement	Girth when fully expanded...			
	Range of Expansion...			
		<u>35</u> inches		
		<u>3</u> 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>T. J. Patterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>St John's.</u>	at	
	on	<u>25<sup>th</sup></u> day of <u>May</u>	on	
		191 <u>8</u>		191
Joined on Enlistment...	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>Royal Wes.</u>	<u>5450.</u>		
Transferred to..				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(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				
General Hospital.										
St. Johns.	5	6	18	20	6	18	Influenza with Bronchitis.	15	Temp. and Pulse normal for ten days.	<i>H. Keegan</i>
Port Pitt Chalkam	8	8	18				Parotitis		Has recovered. Transferred to Camp.	<i>James Law Capt. Rames</i>





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 W. of Ordnance* } Former Trade or Occupation } *Blacksmith*
2. Regtl. No. *57450* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Bursey* } *Stawley*  
(Surname) (Christian Names)
5. Age last birthday. *24*
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 (b) Where (d) Particulars of Pension or Gratuity (if any)  
(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*
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? }

*The Complaints of no disability*

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.)*

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. B. Proctor, Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station ... *Hazley, Devon*

Date ... *8/4/19*

\* 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



## 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 *Stanley Pursey*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5250*  
Intended address *Gander Bay*

Height on discharge *5* Feet *10*

Color of hair on discharge *Black*

Complexion *Loi*

Color of eyes *Blue.*

Descriptive Marks —

Figure on discharge *Small.*

Christian name of Father *Richard*

Christian name of Mother *Phoebe.*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Gander Bay 17<sup>th</sup> April, 1895*

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) *Stanley Pursey*

*Pt*  
(Rank)

Station *St Johns*

Date *4-7-19*

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

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

Station

Date

Bureau

Joined on by Market, after  
after 3 times —

Will not make me feel  
soldier. (City Command's State)  
Rec. Lunge & Fox. Bon.

WPK

Capano.

August 22, 1919

Mr. Stanley Bursay,  
Gander Bay, N.D.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.

1791

DEPARTMENT OF MILITARY.  
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 20th, 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 & RECORDS OFFICE, ST. JOHN'S.

- 1. Christian name Shawley..... 2. Surname..... Bursey.....
- 3. Rank..... Pte..... 4. Regt. No..... 5450.....
- 5. Address in full to which future payments of gratuity are to be forwarded..... Garret Bay N. S. B......
- 6. Date of enlistment in the Regiment..... Nov 20/18.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... h.....
- 8. Relationship of such dependents..... h.....
- 9. Address in full of such dependents..... h.....
- 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 Hfld. If so, give dates and particulars of such service..... Overseas.....
- 12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... fourteen months.....

15

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

*no*

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

*no*

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

*no*

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

*no*

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

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?

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge. *July 21/19* (b) Reason for discharge.

*no*

*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.

*England*

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: *S. Purkey*  
 Place of Residence: *Gardner, Bay. N. S. B.*  
 Declared before me at: *St John's*  
 This *7* day of *July* 19*17*.....

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

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

*Trans to station  
7/4  
J. P. [unclear]  
J. P. [unclear]*

May 27th. 1918.

The Royal Newfoundland Regiment,  
To 5450 Pte. Stanley Bursey,

May 24th. 1918 To passage from Glenwood to St. John's. \$4.65.

(As per voucher).

*o.k.  
J.P.*

*May Correct for \$4<sup>65</sup>*

*C. S. Dick  
J. P. [unclear]*

*to be sent to 5450 Pte Stanley Bursey.  
27/5/18.*

*James R. M. [unclear]*

*J. P.*

# 5450

Form 463

REID-NEWFOUNDLAND COMPANY.

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT.

Received from, Stanley Pursey the sum of  
four Dollars 65 Cents, being the amount of Second Class Fare  
From Glenwood to St John.

and have issued him Ticket No 237 Form No.

Date May 24 1918  
W Russell  
Agent, Conductor or Purser

This form to be used when requested to give receipt for amount paid for tickets.

May 31st. 1918.

Private Stanley Bursey,

No. 5450,

Prince's Rink.

Dear Sir,-

I enclose herewith cheque for \$4.65, being the ~~balance~~  
amount due you for passage from Glenwood to St. John's.

Yours faithfully,

Capt. Paymaster.

JH/.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39.

Regiment of Royal Newfoundland Number of Sheet one  
Signature of O. C. Company C. B. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No. <u>5450 Bursay, Stain</u>		Age on <u>23</u> years <u>0</u> months	Trade <u>Fisherman</u>						
Joined _____ Date _____		Place and Date of Enlistment <u>St. John's 25.5.18</u>	Religion <u>CP</u>						
Joined _____ Date _____		Period of } with Colours <u>1 1/2</u> years. with Reserve <u>3/65</u> years.	Place of Birth <u>St. John's</u>						
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
				<u>Demobilized</u>	<u>St John's</u>	<u>4-19</u>			

To be carried over.

# The Royal Newfoundland Regiment

3450

## DEMOBILIZATION OF

Reg. No. 5450 Rank Plt Name Bursary  
 Date of Enlistment 75.5.18 Address Hammerby District Wolfe  
 Occupation fisherman Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	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 4-7-19 O. C. Discharge Depot Wolfe

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

Particulars passed to Vocational Officer for information and action.

Date .....

**2. Clothing.**

Certified that Clothing Regulations have been complied with

(a) Clothing Allowance payable... \$60.00

(b) ~~Clothing Supplied~~ .....

Date 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2203 to his home at Under Bay and Release Certificate No. 3219 issued.

Date 7-7-19 *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 4-30-19

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

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
F 178a	D 400A	B 1915		do 2nd	" 3	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				

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

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919 *J.R. Coole Capt*  
O. C. Discharge Depot.

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

Reg. No. 52450 Rank Pt Name Russell S.

Attested ..... Address Grand Bay

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

Date of Allotment ..... Returned from Overseas JUL 1 1915

Returned on S.S. Cassandra Cause Discharge

7.7.18  
8.4.18

PASSED TO DEMOBILIZATION  
DISCHARGE APPROVED ON DEMOBILIZATION