



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5463 Name Arthur Butt Corps Medth.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Arthur Butt</u> |
| 2. What is your full Address? | 2. <u>Sander Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u> </u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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>43.</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. <u> </u> 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, Arthur Butt

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.

Arthur Butt

SIGNATURE OF RECRUIT.

Pte Power

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Arthur Butt

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns

on this 7.7 day of May

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

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)

DESCRIPTIVE REPORT ON ENLISTMENT

5463

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

Name Arthur Burt.
 Apparent age 19 years months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 { Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ambrose Burt
Gander Bay, | 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>27-5-18</u>									<div style="font-size: 2em; font-weight: bold; text-align: center;">Discharged Aug 4 1919</div>
Joined at <u>M. J. H. Co</u> on <u>27-5-18</u>									
Embarked <u>M. J. H. Co</u> train to <u>Halifax N.S. 22nd</u>									<div style="font-size: 2em; font-weight: bold; text-align: center;">Demobilization 27</div>
Left for demobilization <u>24-6-19</u>									
Arrived <u>1-7-1919</u>									
Demobilization <u>M. J. H. Co</u> <u>4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 70 days
 " " Pensions " " " " " " " " " " " "

C.R. 5463

Extract from Daily Orders Part II Royal Newfoundland Reg'ts
Depot St. John's dated Aug. 11th 1919.

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

5463, Pte. A. Burt.

C.R. 5463

Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.
St. John's, July 10th, 1919.

The discharge of the undernoted On demobilization has been
APPROVED by O.C. Discharge Depot with effect from 21-7-19

5463 Pte. A. Burt.

C.R. 5463

Extract from Daily Orders Postmill Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5463 Pte. A. Burt.

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

C.R. 5463

Extract of Orders by MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5463 Pte. A. Burt.

"C" Company.

C.R. 5463

Extract from Orders by Lt. Col., B. J. BARTON, Commanding End.,
Battalion of the Newfoundland Regiment, dated 15th November 1918.

The undermentioned will proceed to join the Newfoundland Forestry
Corps, on 18th. No vnder 1918.

#5463 Ptw. A Burt.

C.R. 5463

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's Sept. 24/18/

THE FOLLOWING MAN RETURNED FROM SPECIAL DUTY AT MOUNT PEARL
19-9-18.

5463 Pte. A. Burt.

C.R. 5463

Extract From Nominal Roll Detained At St. John's for Overseas
Sept. 22, 1918. '50

5463 Burke Arthur,

CT. 5463

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's. dated Sept. 9-18.

The undernoted man proceeded ~~by~~ on Special duty to Mount
Pearl. 9-9-18.

5463 Pte. A. Burt,

C.R. 5463

Extract from ~~1918~~ Daily Orders part 11, from Unit The
Royal Wld. Regt. St. John's, dated August 5, 1918.

#5463 Pte. A. Burt.

Discharged from Barracks Hosp. 5-78-18.

C.R. 57463

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 19th, 1918.

#5463 Pte. A. Burt.

Admitted to Barracks Hospital July 18, 1918.

C.R. 5463

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

#5463 Pte. A. Burke

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

A. Burt.

5463

P. + R. P

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 } *Lumberman*
2. Regtl. No. *8763* 3. Rank..... *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Burt* *Arthur*
(Surname) (Christian Names)
5. Age last birthday..... *19*
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
(b) Where (if any)
(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. *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? }

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 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?

Repatriation

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

W. E. Macnamer. Capt Rame

Station *Hazely Down*

Medical Officer in charge of case.

Date *9/4/19*

* 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. 20042/2256/P&A

065789
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,
2nd. Bn. Royal Newfoundland Regt.
Hazeley Down Camp,
Winchester. Hants.

6th. December, 1918.

December 14th 1918

Subject: 5463. Pte. A. Burt.

Receipt hereunder.

With reference to the following telegram (10464) from the Hon. Minister of Militia, received

Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

Pay to 5463 Burt - £4:2:0

Received the sum of Four Pounds

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

two Shillings on account of cable remittance from Newfoundland.

H. A. Minors
Chief Paymaster & O. i/c Records.

A Burt
No. 5463 Rank pte

Witness J. W. Stans C. S. M.

No. 3189/480.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.



25th February 1919

March 3rd 1919

5463. Pte Burt. A.H.

With reference to the following
telegram from the Minister of
Militia / / (48)

Receipt hereunder.
J. Seymour
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5463. Burt.

Received the sum of £ 3.2.0

Three pounds two shillings
respect of
telegraphic remittance from the
Minister of Militia.

£3.2.0.

Cheque £3.2.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Arthur H Burt

No. 5463 Rank

Pte

Witness

Geo. Perry
for C. L. M. S.

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

e

Burt, A

5463

Ray Sept.

August 4th 1919.

#5462 Pte. A. Burt.

Gander Bay.

Dear Sir:

Enclosed please find Discharge Certificate
3306.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5463 Rank Pte Name Burt R
 Intended place of residence Gander Bay

2. Occupation Lumberman
 Classification of soldier E Medical Category A¹

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

Mrs H.
 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

A. Burt
 Signature of soldier

J. H. Snow Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 7 1919

A. Burt
 Signature of soldier

James Whelan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 27-5-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 435

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

A. Burt
 for R. R. Cooper Capt.
 Officer in Records
 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

J. H. Snow Capt.
 Officer in Records
 The Royal Newfoundland Regiment

Cap B 2079/5306

5
30
31
4
70

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 14/7/19

Regimental No 5463

Name Frank Arthur Rank Private

Address Gander Bay

Present Medical Category A 1

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

Members of Board

R. Lat Major
O.C. Discharge Depot.

W. Adams
Senior Medical Officer

W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5463 Rank Private Name Burt A
 Date of Enlistment 27-5-18 Address Grand Bay District Fogo
 Occupation Timberman Classification for Discharge E1 Medical Category H1
 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 4-7-19 O. C. Discharge Depot. M. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Burt

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~~

W. H. Johnston

Date 7-7-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{42,199} to his home at Gander Bay and Release Certificate No. 3231 issued.

Date 7-7-19

J.A. Knowlton
Demobilization Officer

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

Mrs. H
Depot Paymaster

Depot Paymaster.

Discharged approved for 21-7-19

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

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
B179c	B 120	M 93		

2 Form B

Date 7-7-19

J.A. Knowlton
O. C. Discharge Depot.

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919

N.R. Cooper Capt
O. C. Discharge Depot.

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. Burt

Signature of Man.

Reg. No. 5-463

J. H. Knowlton
Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

7-7-19

191

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

MEDICAL HISTORY

Surname Burt OF Sydney Christian Name Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish Gunder Bay 1013 County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>27th May 1918</u>	at	191
Declared Age		<u>19</u> years		days
Trade or Occupation		<u>lumberman</u>		
Height		<u>5</u> feet <u>4 1/2</u> inches		feet inches
Weight		<u>118</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>5</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V	<u>6/6</u>	R.E.—V=	
	L.E.—V	<u>6/12</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>Wm. P. ...</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>Sydney</u>	at	
	on	<u>27th May 1918</u>	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment		<u>Royal Nfld. Regiment.</u>		<u>263</u>
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

in case of Warrant Officers treated in quarters.

case, nature or treatment of the case likely to be of interest or of future use. In case of re-admissions to hospitals will be shown. The subsequent progress, including particulars of out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Cured

W. H. Keffer MAJOR, R.A.M.C.
OFFICER IN CHARGE MILITARY HOSPITAL

[P.T.O.]

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 Signatures
28 ⁵ / ₈	Vacc. 10
13-6-18	T A B 10
* 26-8-18	do. 10
* 14-9-18	do. 10
21-9-18	do. 10

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 10 for Discharge on Medical Grounds. Medical category 10

4.7.19
Date of T.M.B.

[Signature]
Captain

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



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

Arthur Burt

Regiment from which discharged

Royal Newfoundland

Regimental number

52463

Intended address

Sandy Bay

Height on discharge

5' Feet *6*

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

Ambrose

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

G. Twillingate 26th Sept, 1899

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)

A Burt

Pte
(Rank)

Station

St John's

Date

26-7-19

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

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 F., 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 } *Lumberman*
2. Regt. No. *5463* 3. Rank... *Rt S* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bunt* *Arthur* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regt. Nos.
5. Age last birthday... *19*
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
(b) Where (if any)
(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 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 ?

His Complaints of his 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?

Repatriation

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

W. E. Pocumier. *Chas. Rams*

Station *Hazleydown*

Medical Officer in charge of case.

Date *9.15.19*

* 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

August 11th 1919.

Mr. A. Burt,
Main Pt. Gander Bay, Fogo

Dear Sir:

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

Yours truly,

Capt. &
Paymaster.

RS/.

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 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 & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Arthur* 2. Surname..... *Burt*
3. Rank..... *Pte* 4. Regt. No..... *2463*
5. Address in full to which future payments of gratuity are to be forwarded..... *Main Point, Gander Bay,*
7090 Kestrel
6. Date of enlistment in the Regiment..... *Nov. 25, 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no
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?..... *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*
- 13.

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

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.

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

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.

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 Res.?^{no} If not give? - (a) Date of discharge. *July 1919* (b) Reason for discharge.

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: *A. Curt*
 Place of Residence: *Main Point, Borden Prov. 7080 West*
 Declared before me at: *St Johns*
 This *7* day of *May* 19...
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.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
Certified correct.				Register

C.R. 5463

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name..... *A. Burt*

Date..... *Nov 29th 119*

Place..... *Main Point Grand Bay,*

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

Arthur H. Burt

in respect of his service as No. **5463** Rank **Pte.**

Name **A.H. Burt** **Royal Nfld. Regt.**
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received **British War Medal**

Signature **Arthur H Burt**

Date **Oct 22 1921**

Address **Main point Gender Bay**

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of The Royal Newfoundland Signature of O. C. Company C. D. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>2463</u>	Age on	<u>19</u> years <u>0</u> months	<u>Rumboman</u>	
Name		Place and Date of Enlistment		Religion	
<u>Private Arthur</u>		<u>St John's</u> <u>27-5-18</u>		<u>Method</u>	
Joined	Date	Period of	} with Colours <u>1⁷⁰</u> years } with Reserve <u>3⁶⁵</u> years	Place of Birth	
Joined	Date			} <u>St John's</u>	
Joined	Date				

Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's H</u>		<u>8</u>			

To be carried over.

D-5463

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5465 Rank Plt Name Burt A.
 Date of Enlistment 27-5-18 Address Grand Bay District Fogo
 Occupation Shoemaker Classification for Discharge E1 Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 11-7-19 O. C. Discharge Depot. Muns 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 \$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. 82199 to his home at Gander Bay and Release Certificate No. 3231 issued.

Date

7-7-19

J.A. Howlett
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 4-8-19

Date

1-7-19

J.A. Howlett
Depot Paymaster.

Discharge approved for

21-7-19

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 3404	B 122	Board list	" 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

7-7-19

J.A. Howlett
O. C. Discharge Depot.

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. Cooper Capt
O. C. Discharge Depot.

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

Date

July 28/19

Reg. No. *2063* Rank *Pte* Name *Frank A.*

Attested Address. *Gander Cove.*

Allotment..... Allottee ..

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

Returned on S S. *Castandra* Cause *discharge*

7 7 19
21 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.