



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6192 Name Claude Burt Corps Artillery

Questions to be put to the Recruit before Enlistment.

1. What is your name? Claude Burt
2. What is your full Address? } 2. Eastern Ave. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 17 Years 11 Months 6 Days 1900
5. What is your Trade or Calling? 5. Fisherman
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

Claude Burt 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.

Claude Burt SIGNATURE OF RECRUIT.

George Walsh Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Claude Burt 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. John's on this 24 day of Sept 1918.

Signature of Attesting Officer Abdick Lusk

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the If enlisted by special authority, such will be attached to the original attestation.

Date SEP 25 1918 1918

Place ST. JOHN'S The Royal Newfoundland Regiment

Robertson 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)

Conditional

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Claude Burt
 Apparent age 17 years 11 months. Height 5 feet 4 1/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Father William Burt
Castles Lane Swellingfleet | 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 for reckoning 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									}
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____ "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6192 Name Claude Burt Corps Met

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Claude Burt
2. What is your full Address? 2. Carters Cove, St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 17 Years 11 Months 6 Days 1900
5. What is your Trade or Calling? 5. Fisherman
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, Claude Burt 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.

24. 9. 18

Claude Burt SIGNATURE OF RECRUIT.
George Walsh Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Claude Burt 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. John's on this 24 day of Sept 1918
Signature of Attesting Officer Asdicks Lieut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation
Date SEP 25 1918
Place ST. JOHN'S
Signature of Approving Officer Robertson Capt
The Royal Newfoundland Regiment.
St. John's, Nfld.

† 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)

Conditional

DESCRIPTIVE REPORT ON ENLISTMENT

6192

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

Name Claude Burt
 Apparent age 17 years 11 months. Height 5 feet 4 3/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Father William Burt
Carters Ave. Tallahassee | 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 Re-serve 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pensions " " " " [" "] " " "									

Dischgd. Active Jan. 13/1919.

C.R. 6192

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated Nov. 28th. 1918.

HOSPITAL.

6192 Pte. C. Burke.

Discharged from Escasoni. 26/11/18.

C.R. 6192

Extract from Daily Orders Partvll Unit The Royal Nfld
Regt., St. John's, Dec.16th, 1918.

The undernoted man discharges on Demobilization has been
approved by C.C. Discharge Depot from noted date. he is
removed from Depot Strength and transferred to Discharge
Depot pending conformation by Officer in Charge Records.

6192 Pte. CLaude Burt.

16-12-18.

Extract from Daily Orders part 11 Depot St. John's dated Sept. 25.1918/

#6192 Pte. Claude Burt

ATTESTED FOR GENERAL SERVICE WITH THE ROYAL NEWFOUNDLAND REGIMENT FROM
24-9-18

C.R. 6192

Extract from Daily Orders East 11 Unit The Royal Wfld. Regt.m
St., John's Oct. 5th, 1918.

6192 Pte. D. Burt.

Admitted to M.I.D. Hospital 6-10-18.

C.R. 6192

Extract from Medical Board held on Saturday Nov. 5th, 1910.

6192 Pte. C. Burt.

Recommended Discharge - Permanently unfit.

BLANDFORD SO

PRINTED IN GREAT BRITAIN

U.S.A.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Line No. 41 Sent by Moretons H 15 Rec'd by _____ Check 10 No. _____

Place from _____

To J R Bennett
Minifunlitia



Kindly were condition
6192 pbe Claude Bert
waiting reply here

William Bert
condition very much improved.

C.R. 6192

Extract of Daily Orders Part II, Depot St. John's dated Jan. 14th 1919

Discharge confirmed on demobilization.

The discharge of the undernoted man on demobilization has been confirmed by the Officer i/c Records on noted date.

6192 Pte. Claude Butt³/₄

Discharged 13-1-19

C.R. 6192
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated October 11, 1918

To William Burt, Carters Cove, Twillingate.

Regret to inform you that No. 6192 Private Claude Burt was admitted Military Hospital, St. John's, yesterday suffering from Influenza seriously ill.

Charge Militia Dept. J.R. Bennett,
Minister of Militia

FOR TYPEWRITER

C.R. 6192
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's Dept. of Militia**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 15, 1918.**

To **Mr. William Burt,
Moretons Hr.**

Beg to inform you that # 6192 Pte. Claude Burt's condition is very much improved.

**J.R. Bennett,
Minister of Militia.**

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Red	By	Sent	by	Check

Dated Oct. 28, 1918.

To Mr. John Burt,
Bunyan's Cove, B.B.

Req to inform you that your son #6192 Pte. G. Burt, at
Military Hospital St. John's is now convalescent.

J.R. Bennett,
Minister of Militia

C.R. 6192
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's Dept. of Militia**

Line Number	Rcd	By	Sent	by	Check

Dated **Nov. 4, 1918.**
To **Mr. John Burt,**
Bunyan's Cove, B.B.

beg to inform you that your son #6192 Pte. C. Burt, is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

Burt, L

6192

Ray Sept.

January 13th., 1919.

#6192 Pte. Claude Burt,
Carter's Co e,
Twillingate.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.445."

Yours faithfully,

Paymastr & ^{Captain,} i/c Records.

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6192 Rank Pte Name Claude Bart
 Intended place of residence Carter's Cove, Twyfe

2. Occupation Fisherman
 Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of Demobilization

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

Place DEC 14 1918
 Date DEC 14 1918 W. H. Capl
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date St Johns Claude Bart
Dec 14th 1918 Signature of soldier
C. B. Dicks A. Capl
 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 and Date St Johns Claude Bart
11-12-18 Signature of soldier
E. Peters Hc
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-9-18 No of days on Military
 Discharged from service 13-12-18 Plus 28 days Service 109

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Sait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

Date DEC 16 1918

CONFIRMATION OF DISCHARGE

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

Place St Johns, Nfld W. Howley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

Date January 13/1919
2079/445

7
31
30
31
13
112

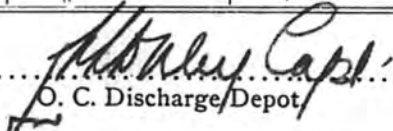
The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6192 Rank Private Name Burt Claude
 Date of Enlistment 24.9.18 Address Castro Cove District Fulgate
 Occupation Fisherman Classification for Discharge B.B. Medical Category E
 Recommendation S.M.B. Privately unfit Disability Rating nil
 Passed to Demobilization Officer with following documents:—

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

Date 11.12.18


 O. C. Discharge/Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Claude 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 Joseph A. Lawrence

Date 11-12-18

O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.210*.....to his home at *Summerford*..... and Release Certificate No. *34*..... issued.

Date*11-12-18*.....

C. D. Dicks 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 *13-1-19*.....

Date*14-12-18*.....

Mooney Capt.
Depot Paymaster.

Discharge approved for.....*16.12.18*.....

Forwarded with following documents to O.C Discharge Depot.

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

Date*14.12.18*.....

C. D. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

DEC 16 1918

Date

R. H. Lant Capt.
O. C. Discharge Depot.

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

Date*Dec 17/1918*.....

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

MEDICAL HISTORY

OF

Surname

Burt

Christian Name

Claude

Table I.—GENERAL TABLE

Birthplace:—Parish *Carters Cove* *St. John's* County *Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY		
	on	day of	on	day of	
Examined	on <i>24</i> day of <i>Sept</i> 191 <i>8</i>		on	day of	191
	at <i>St. John's</i>		at		
Declared Age	<i>17</i> years	days	years	days	
Trade or Occupation	<i>Fisherman</i>				
Height	<i>5</i> feet	<i>4 3/4</i> inches	feet		inches
Weight		<i>134</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>34</i> inches			inches
	Range of Expansion	<i>3</i> inches			inches
Physical Development					
Vaccination Marks	Right	Left	Right	Left	
	Number				
When Vaccinated					
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=		
	L.E.—V=	<i>6/6</i>	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)	<i>Lamont Peterson</i>				
(Rank)	<i>Major</i>	Medical Officer			Medical Officer
Enlisted	at <i>St. John's</i>		at		
	on <i>24</i> day of <i>Sept</i> 191 <i>8</i>		on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.	
	<i>Royal Nfld. Regt</i>	<i>6192</i>			
Transferred to	<i>6</i>				
Became non-effective by	on	day of	on	day of	191
(Signature)					
(Rank)					

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

MEDICAL HISTORY

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on Syphilis, admissions of treatment
	Day	Month	Year	Day	Month	Year			
<i>Middle</i>	8	12	18						
<i>W.S.D. Hospital</i>	6	10	18	5	11	18	<i>Influenza + Pneumonia</i>	30	
<i>McCaskey's</i>	5	11	18	26	11	18		21	



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 *Burt Claude*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6192*
 Intended address *Carlton Cove, Wellington*
 Height on discharge *5* Feet *5*
 Color of hair on discharge *Dark*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father *William G.*
 Christian name of Mother *Elyce*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Carlton Cove, Oct. 6th, 1900*
 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)

Claude Burt

(Rank) *Private*

Station *St John's*

Date *Nov 26*

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.

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

Station

St John's

Date

Nov 26/18

2

Smelling it

The Royal Newfoundland Regiment

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

Class for Demobilization:—
B.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 27 1918

Date

Regimental No. *6192*

Name *Burt Claude* Pre

Address *Carter's Cove, N.D.B.*

Present Medical Category *A-E*

Recommended for:— (a) ~~Immediate discharge~~
(b) ~~Standing Medical Board~~ *Standing medical Board*

Members of Board } *R.H. Lant Capt.*
O.C. Discharge Depot.
Paterson
Senior Medical Officer

Proceedings of Standing Medical Board
M. O. Depot
in file.

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 work in Lumberwoods.

Charles Burt

Signature of Man.

Charles Burt

Reg. No. *6192*

Signature of the Vocational Officer or his Representative.

Place *St. John's*

Date *11/2/18*

191



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Nov. 26th 1918

Regimental No. 6192

Name Burt Claude

Address Cadix Cove, St. John's

Disease or Disability Influenza & Pneumonia

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition _____

Recommendation Standing Medical Board

Category F

Members
of
Board

O. C. Depot

W. W. W. W.

D. D. M. S.

W. W. W. W.

et al.

M. O. Depot



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 **Nov. 26th '18.**

- | | | |
|-----------------------------------|-------------------------------|-------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday | 18 years |
| 2. Regimental No. 6192 | 6. Enlisted on | Sept. 22nd |
| 3. Rank PTE | at | St. John's |
| 4. Name BURT, CLAUDE | 7. Former trade or occupation | Fisherman |
| 8. Disability | | |

INFLUENZA AND PNEUMONIA

9. History **Entered M.I.D. Hospital 6/10/18, suffering from Influenza and developing Pneumonia. Discharged to Convalescent Hospital (Escasoni) 5/11/18., and discharged to Barracks 28/11/18.**

10. What is his present condition?

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

General condition good.
No accompaniments chest.
Complains of occasional pains
in chest.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Yes

Signature **L. PATERSON**.....

Rank or Qualification **Major**.....

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

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 may 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.

Yes. Had the pains before enlistment

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) Intemperence (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

}	General Hospital,
	Naval and Military Con-
	vallescent Hospital,
Jensen Tuberculosis Camp.	

No

20. We recommend discharge from retention in the Army

Permanently Unfit

Remarks if any:—

(Sgd) **W. S. FRASER** President

Signatures **J. SINCLAIR TAIT**

..... **L. PATERSON, Major**

Place **St. John's, Nfld.**

Date **Nov. 30th., 1918**

APPROVED

Station

Date



(Sgd) **CLAY MACPHERSON, Major**
Administrative Medical Officer
D. M. S. NEWFOUNDLAND.

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Adqpts on Sept 24 1918

1. Name Claude Burt Age (a) Declared 18 Reset Month.
(b) Apparent will not be until the 6th October

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None.

Eyes. Blue
Comp Fair.
Heard. —

Born Oct 1900
6192

3. Height 5-4 3/4 Weight 124

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) ✓

6. Examination of Lungs ✓
Measurement (a) Expiration 31 (b) Inspiration 34

7. Examination of Heart ✓ Conditional

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)
Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness)

10. Have you been successfully vaccinated, and when? No
Father William Carters Cove Twillingate Dist

11. Name and address of next of kin

REMARKS—
Underage

Archibald
Swinden

Medical Examiners.

A 11

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt.

Number of Sheet

Over
12

Signature of O. C. Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>6192 Claude Burt</i>	Age on	<i>17</i> ^{<i>11</i>} <i>mt</i> years months	<i>Fisherman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<i>St. John's</i> <i>SEP 24 1918</i>	<i>Meth.</i>	
Joined		Date	Period of	Place of Birth	
Joined	Date	with Colours <i>11/2</i> years	with Reserve <i>3 1/2</i> years	<i>Carters Cove. Nfld.</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's 13/19</i>					

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. *1924* Rank *Plt* Name *Burt Claude*
 Date of Enlistment *24.9.18* Address *Castles Cove* District *Twillingate*
 Occupation *Fisherman* Classification for Discharge *BB* Medical Category *E*
 Recommendation S.M.B. *Permitly profit* Disability Rating *nil*
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	no
B 178a	D 400A	B 1915	2	do 2nd	" 3	3 1B 1
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	1			

Date *11.12.18* *Alley Capt.*
 O. C. Discharge/Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Claude 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 *Joseph A. Snowling*

Date *11-12-18*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 210..... to his home at Summerford..... and Release Certificate No. 34..... issued.

Date 11-12-18..... C. S. Dicks 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 12-1-19.....

Date 14-12-18..... W. H. Bowley Capt.
Depot Paymaster.

Discharge approved for 16. 12. 18.....

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	Form B ✓ J.B. 1 ✓
B 178.....	W 3494.....	B 122.....	✓ 1	Board 1st.....	" 2.....	✓ 1	
B 178a.....	D 400A.....	B 1915.....	✓ 2	do 2nd.....	" 3.....	✓ 2	
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.....	✓ 1				

Date 14. 12. 18..... C. S. Dicks Capt.
Demobilization Officer.

APPROVED. N.

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

Date DEC 16 1918..... R. H. Last Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date Dec 17/1918..... W. H. Bowley Capt.
O.C.D.

Reg. No. 6192 Rank Pvt Name Burt Claude
Attested 24-9-18 Address Easters Lane
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas.....
Embarked for Overseas..... Cause.....

<u>25-9-18</u>	<u>1st Lt 3-10-18</u>	
<u>6-10-18</u>		<u>Admitted to M. F. S. Hosp. Transferred</u>
		<u>to General.</u>
<u>5-11-18</u>		<u>Transferred from General Hosp. to Beacon</u>
<u>26-11-18</u>		<u>Discharged</u>
<u>30-11-18</u>		<u>Recommended discharge permanently</u>
<u>1-12-18</u>		
<u>16-12-18</u>		

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION