



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 373.

Name in full Harold Burt Age 23.

Address Battery Road

~~Married~~ Single Height 5'10" Weight 187 lb.

Color fair Hair fair Eyes blue

Other distinguishing marks burnson both upper arms.

Nearest relative father John

Address as above

Dependents none

Occupation labourer Present Wage 27⁰⁰ p u day

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

I, Harold Burt, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

Harold Burt

Declared before me this 14 day of October 1914

W. J. Rendell

Handwritten notes:
Recruited by
dunlop
October 14 1914

Handwritten date:
Sept. 14th

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 323

Name Harold Burt

Apparent age 23 years months. Height 5 feet 10 inches.

Chest measurement { Girth when fully expanded inches.
 Range of expansion inches.

Distinctive marks Hair: Fair, Eyes: Blue

Other distinguishing marks: Burns on both upper arms

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin John Burt, Battery Road, St. John's

| Relationship Father

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>14/9/14</u>									
Joined at <u>St. John's</u> on <u>14th September '14</u>									
Total Service forfeited as above									
Total Service towards Engagement to (date of discharge) years days									
" " " Pension (") " "									

DESCRIPTIVE REPORT ON ENLISTMENT.

Applicable to all ranks. To correspond with entries on the Medical History Sheet. **Reg. No. 323**

Name **Harold Burt**

Apparent age **23** years _____ months. Height **5** feet **10** inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks **Hair: Fair, Eyes: Blue**

Other distinguishing marks: Burns on both upper arms

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **John Burt, Battery Road, St. John's**

| Relationship **Father**

Particulars as to Marriage.

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

(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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 14/9/14									
Joined at St. John's on 14th Sept. '14									
<i>Embarked S.S. Horze for U.K. 3¹⁰/₁₄</i>									
<i>Disembarked Plymouth L. 19¹⁰/₁₄</i>									
<i>Time Expired (1 year) 15-10-15.</i>									
Total Service forfeited as above									
Total Service towards Engagement to 15-10-15 (date of discharge) 1 year 41 days									
" " " Pension " " " " " " " " " " " "									

ORIGINAL

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

MEDICAL HISTORY

OF

Surname Burt Christian Name Harold



Table I.—GENERAL TABLE.

Birthplace:—Parish		County					
		<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>			
Examined	on	day of	191	on	day of	191
		at			at		
Declared age	23 years		days	years		days
Trade or occupation	Labourer					
Height	5	feet	10	inches	feet	inches
Weight	182		lbs.			lbs.
Chest Measurement	Girth when fully expanded Range of expansion ...			inches			inches
				inches			inches
Physical development						
Vaccination marks	Arm ...	Right		Left		Right	
	Number ...						
When vaccinated						
Vision	R.E. - V =			R.E. - V =		
		L.E. - V =			L.E. - V =		
(a) Marks indicating congenital peculiarities or previous disease		(a)			(a)		
(b) Slight defects but not sufficient to cause rejection		(b)			(b)		
Approved by (Signature)	(Rank)						
				Medical Officer.			Medical Officer.
Enlisted	at St. John's. 47.			at		
		on	day of	191	on	day of	191
Joined on enlistment	Corps		Regtl. No.		Corps	
		4th Field. Regt.		323.			
Transferred to						
Became non-effective by						
		on	day of	191	on	day of	191
(Signature)	(Rank)						

COPY.

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



MEDICAL HISTORY

Surname Burt

OF
Christian Name Harold

Table I.—GENERAL TABLE.

Birthplace:—Parish _____

County _____

	SPECIAL RESERVE.			REGULAR ARMY.		
	on	day of	191	on	day of	191
Examined	at			at		
Declared age	<u>23</u>	years	days	years	days	
Trade or occupation	<u>Labourer</u>					
Height	<u>5</u>	feet	<u>10</u> inches	feet	inches	
Weight			<u>182</u> lbs.			lbs.
Chest Measure. {	Girth when fully expanded ..		inches			inches
	Range of expansion ..		inches			inches
Physical development						
Vaccination marks {	Right	Left		Right	Left	
	Arm					
Number						
When vaccinated						
Vision	R.E.—V.=			R.E.—V.=		
	L.E.—V.=			L.E.—V.=		
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)		
	(b)			(b)		
(b) Slight defects but not sufficient to cause rejection						
Approved by (Signature)						
(Rank)						
			Medical Officer.			Medical Officer.
Enlisted	at	<u>St John's Newfla</u>		at		
	on	day of	191	on	day of	191
Joined on enlistment	Corps	Regtl. No.		Corps	Regtl. No.	
	<u>Newfla Regt</u>	<u>323</u>				
Transferred to.. .. .						
Became non-effective by						
	on	day of	191	on	day of	191
(Signature)						
(Rank)						

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet _____

Regiment of _____

Signature of O. C. Company J. T. C. G. J.

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	323	Age on	23 years ~ months	Labourer	
Joined	Date	Date of Enlistment	14/9/15	Religion	
Joined	Date	Period of	with Colours years.	Methodist	
Joined	Date		with Reserve years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<div style="position: absolute; top: 0; right: 0; transform: rotate(45deg); font-size: 2em; opacity: 0.5;">/</div> <p style="text-align: left; margin-left: 20px; margin-top: 800px;">To be carried over</p>									



Army Form O, 1625.

No. 5 PAY LIST, October 2nd to October 29th 1915. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 2/1st Newfoundland

No. 323 Rank Private Name Burt, H.

~~Died~~ at _____ on the _____ of _____ 191 .
 Discharged on board SS. Corsican on the 15th of October 191 5.
 Deserted at _____

I Certify to the correctness of above in every particular.

E.S. Ayra, Captain { Commanding Squadron, Troop,
O.C. "F" Company Battery or Company.

STATEMENT OF ACCOUNT. [FORM 1.]

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	2	14	3
	Cash issues (Date of each issue to be stated)				Pay 4 days at \$1.00 from <u>2nd</u> to <u>15th</u> <u>\$14.00</u> Proficiency, Service or good conduct pay days at _____ from _____ to _____ <u>Field</u> Major allowance 14 days at 10cts. from <u>2nd</u> to 15th <u>\$1.40</u> <u>= \$15.40</u>			
Oct. 8th		191	5	214				
" 15th	(Casual)	"	5	2				
	Allotment 14 days @ \$4.00 per week \$8.00	1	12	10				
	Consolidated stoppage.....							
	Balance due by the Paymaster				Deferred Pay & Gratuity Exchange Bal.	16	11	
					Balance due to the Paymaster.....			
		£	6	14		£	6	14
				5				5

I hereby Certify that the above account is correct in every particular, ~~and that the debtor balance of £ _____ is correctly chargeable against the Public~~^(b).

Dated at London
 this 2nd day of November 1915. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Burt Harold 682
aged 23 conducted at C L B Armoury
Date: 7/9/14 Recruiting Officer:

NO. OF TEST FINDING

- 1 No
- 2 No
- 3 No
- 4 No
- 5 No
- 6 No
- 7 yes
- 8 yes
- 9 no
- 10 N
- 11 n.
- 12 n.
- 13 n.
- 14 ~~n.~~ Jowels slightly enlarged
- 15 n
- 16 n
- 17 n
- 18 n
- 19 n
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n
- 33 7 years ago
- 34 5' 10"
- 35 182 lbs
- 36 35-38 1/2
- 37 \$2.40 per day
- 38 Father, John Burt, Battery Rd.
- 39 No.

FJ 323 Signature of Medical Examiner: Clay Macpherson M.D.

PAY LIST.

to 15th October

1915 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 323

Rank Private

Name H. Burt

Died (a) at

on the 191 .

Discharged

15th of October 1915

Deserted at

on the 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£ s. d.			Cr.	£ s. d.		
		£	s.	d.		£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to Allotment overcharged 1-15 Oct 15 days @ 4.00 per week Proficiency, Service or good conduct pay £ 8.75	1	15	2
	191				days at from to			
	"				Messing allowance days at			
	"				from to			
	Consolidated stoppage				Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster	1	15	2	Balance due to the Paymaster.....			
		£	1	15		£	1	15
				2				2

I hereby Certify that the above account is correct in every particular, and that the debtor balance of ~~£ 1 15 2~~ is correctly chargeable against the Public CONTINGENT.

Dated at this



191

J. H. Marshall
PAYMASTER & OFFICER IN CHARGE

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

H. Bunt.

323.

P. & R. D.



No 5 PAY LIST. October 2nd to October 29th 1915. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 2nd Newfoundland
 No. 323 Rank Private Name Burt H.
 Died (a) _____ at _____ on the _____ of _____ 191
 Discharged on board of Corsican on the 15th of October 1915.
 Deserted at _____ on the _____ of _____ 1915.

I Certify to the correctness of above in every particular.

E. S. Hynes Commanding Squadron, Troop,
O. C. F. Company Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.		Cr.	£	s.	d.	
	Balance Dr. last month.....					Balance Cr. last month.....	2	14	3 1/2	
	Cash issues (Date of each issue to be stated)					Pay 14 days at <u>£1.00</u> from <u>2nd</u> to <u>15th</u> <u>£14.00</u> Proficiency Service or good conduct pay days at _____ from _____ to _____ FIELD Messing allowance <u>14</u> days at <u>10 cts</u> ' from <u>2nd</u> to <u>15th</u> <u>£1.40</u> <u>£15.40</u>				
<u>Oct 8th</u> <u>Oct 15th (badual)</u>		1915	2	14	3 1/2					
			5	2	7 1/2					
			5	1	7					
	Allotment for 14 days <u>£8.00</u>		1	12	10	Clothing and kit allowance	3	3	3 1/2	
	Consolidated stoppage					Amount produced by the sale of Necessaries				
						Personal Clothing and Effects from Form 2...				
						Amount <u>no</u> Savings Bank balance, including interest (if no balance, to be so stated)				
	Balance due by the Paymaster					Deferred Pay or Gratuity <u>Exchange Del.</u>	16	11	1/2	
		£	6	14	5 1/2	Balance due to the Paymaster.....				
							£	6	14	5 1/2

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at London
 this 2nd day of November 1915. _____ Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.



No 5 PAY LIST. *October 2nd to October 29th* 1915. Voucher No. _____

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2nd Newfoundland*
 No. *323* Rank *Private* Name *Burt H.*
 Died ~~(a)~~ at _____ on the _____ of 1915
~~Discharged~~ *Discharged on board of Corsican* on the *15th* of *October* 1915.
~~Deserted~~ at _____

I Certify to the correctness of above in every particular.

Eric Sheppard Commanding Squadron, Troop,
O. G. F. Company Battery or Company.

STATEMENT OF ACCOUNT. [FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month.....				Balance Cr. last month.....	2	14	3	
	Cash issues (Date of each issue to be stated)				Pay 14 days at \$1.00 from 2 nd to 15 th \$14.00				
					Proficiency Service or good conduct pay				
		£	s.	d.	days at _____ from _____ to _____				
<i>Oct 8th</i>					FIELD				
<i>Oct 15th (badual)</i>					Messing allowance 14 days at 10 cts				
"					from 2 nd to 15 th \$14.00				
"					\$15.40	3	3	3	
		5	1	7	Clothing and kit allowance				
	Allotment for 14 days				Amount produced by the sale of Necessaries				
	<i>\$8.00</i>				Personal Clothing and Effects from Form 2...				
		1	12	10	Amount Savings Bank <i>no balance</i> including interest (if no balance, to be so stated)				
	Consolidated stoppage				Deferred Pay or Gratuity <i>Exchange Act.</i>	16	11	1	
					Balance due to the Paymaster.....				
	Balance due by the Paymaster								
		£	6	14	5	£	6	14	5

I hereby Certify that the above account is correct in every particular, ~~and that the debtor balance of £ _____ is correctly chargeable against the Public^(a).~~

Dated at *London* this *2nd* day of *November* 1915. _____ Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

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PAY LIST.

to 15th October 1915. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *1st Newfoundland*
 No. *323* Rank *Private* Name *K. Hunt*
 Died (a) *Discharged* at _____ on the *15th October* 191*5*
 Deserted at _____ on the _____ of _____ 191*5*.

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____ <i>Attachment overcharged 1/15 October</i> <i>15 days @ 4⁰⁰ = 18⁰⁰</i> Proficiency, Service or good conduct pay			<i>1 15 2</i>
	191				days at _____ from _____ to _____			
	"				Messing allowance days at _____			
	"				from _____ to _____			
	Consolidated stoppage				Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster	<i>1</i>	<i>15</i>	<i>2</i>	Balance due to the Paymaster.....			
		£	<i>1</i>	<i>15</i>		£	<i>1</i>	<i>15</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *1 15 2* is correctly chargeable against the Public.

Dated at _____ this _____ day of *1 AUG 1915* 191*5*. PAYMASTER & OFFICER IN CHARGE OF RECORDS Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL

N.F.P/L ALLOTMENTS



NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 10 (Rank) Sgt. (Name) R. Williams

hereby apply for cancellation of Allotment made by me on

N.F.K.No. 323 dated October 3/14 in favour

of Mrs. W. Williams for \$ — cts 60

per diem. Such cancellation to take place from (inclusive)

the 26th 1st day of December 1916 *D. Williams*

I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, by mail in time to become operative at above nominated cancelling date: and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.*

Dated at Bay
Nov 26th 1916.

R. Williams Sgt.
Allotor.

Approved and Witnessed.

J. J. ...
C. C. "E" Company.

NOTED
R. Martin
C.C.
Date 6/14/16
Copy

NOTED
D. Stephenson
C.C.M.S.
Date 28-11-16
Co'y

*Attention is drawn to the fact that Allotments are payable by Headquarters per Calendar, not Regimental month, and therefore reasonable time must be allowed for delivery of this request at St. John's, in order to become operative.

To be made out in triplicate and sent to the Paymaster & Officer in Charge of Records, who will forward original to Headquarters by first mail, duplicate by the following, and retain triplicate.

No. 323 Name *Burt B.*

Sqn., Batty., or Company } *a*

Corps *1st Newfoundland*

Date of enlistment } *aug 31st 1914*

G.C. Badges } *1*

Service or Proficiency Pay } *1*

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No.

Signature O.C. } *H. J. Carby*
Company, etc. }

Character

Place	Date of offence	Rank	Cases of drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial.	By whom awarded	Remarks

Army Form B. 122

P.T.O.

Bunt. Harold

323

Ray Dept

This space to be left blank for the Chelsea Number.



Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 223 Army Rank Private

Name Harold Apert
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st Newfoundland Regiment

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c. or to General Staff of the Army, it should be so stated.)

Date of discharge October 15th 1915

Place of discharge on board J. J. Foxtham, "Boreican"

1. Description at the time of discharge.

Age <u>23</u> years	months	Descriptive marks.
Height <u>5.10"</u> feet	inches	
Chest measurement	girth when fully expanded _____ ins.	
	range of expansion _____ ins.	
Complexion <u>Fair</u>		
Eyes <u>Blue</u>		
Hair <u>Brown</u>		
Trade <u>Labourer</u>		
Intended place of residence	<u>St Johns Newfoundland</u>	
(To be given as fully as practicable)		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Temp & Expiring and medically unfit.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— Exemplary

4. Character awarded in accordance with King's Regulations:— An excellent soldier and an honest worker

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form D. 2007* and that Army Form D. 460 was awarded in this case.

AWO.
Initials of Commanding Officer.

Army Form B. 2088 has been issued to* COMMANDING DEPOT 1st N.F.L.D. REGT., NEWFOUNDLAND

* Strike out if not applicable.

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N. C. O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class ✓

6. Campaigns, Medals and Decorations

Blank lines for listing campaigns, medals, and decorations, with a checkmark in the second line.

Certificate of education

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

(Place) 7/5 "Bosnian"

(Date) 15th Oct. 1915

E. S. [Signature] MAJOR,
Commanding TOP COMMANDING DEPOT, N. F. L. D. REGT.,
NEWTON-ON-AVR, N. B. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) 7/5 "Bosnian"

(Date) 15. 10. 15

H. Burt (Signature of Soldier.)
K. Goodyear (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

H. Burt (Signature of Soldier.)

10. Statement of service.

Service towards engagement to Oct 2nd '15 (the date to which the record of service is completed) 1 years — days.

Further service " 15th Oct (the date of confirmation of discharge) " 12 "

Total .. 1 " 12 "

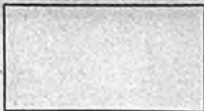
11. Confirmation of discharge.

The discharge of the above named man is hereby confirmed for OCT. 15. 1915 (date)

(Place) DEPOT, N.F.L.D. REGT.
* OCT 15 1915 *
(Date) NEWTON-ON-AVR, SCOTLAND

Signature C. White MAJOR,
COMMANDING DEPOT, N. F. L. D. REGT.,
NEWTON-ON-AVR, N. B.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>329</u>	Army Rank <u>Private</u>
Name <u>Harold Post</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>First Newfoundland Regiment</u> Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>October 15th, 1915</u>	
Place of discharge <u>On board S.S. "Corsican"</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>23</u> years _____ months	Descriptive marks.
Height <u>5' 10"</u> feet _____ inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Fair</u>	
Trade <u>Labourer</u>	
Intended place of residence { <u>St. John's</u> <u>Newfoundland</u> <small>(To be given as fully as practicable)</small>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Time expiring and medically unfit</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
To be filled in on the soldier quitting the Colours.	3. Military character :— <u>Exemplary</u>
	4. Character awarded in accordance with King's Regulations :— <u>An excellent soldier and an honest worker</u>
Certified that the above is an accurate copy of the character given by me on Army Form B. 268* and that Army Form D. 489 was awarded in this case. <u>(Spd) S.W.W.</u> Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) S/S "Boricaw"

(Date) 15th Oct. 1915

(Sgd) E. J. Ayre

Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) S/S "Boricaw"

(Date) 15. 10. 15

(Sgd) H. Bunt (Signature of Soldier.)

"A. Goodyeat Supt" (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Sgd) H. Bunt (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to Oct. 12 (the date to which the record of service is completed) 1 years - days.

Further service " " 15 (the date of confirmation of discharge) " 13 "

Total ... 1 " 13 "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for Oct: 15th 1915 (date)

(Place) _____

Signature G. W. Whitaker

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

CR 323

Extract from General Roll embarked St. John's per S.S.
"Florissel" Oct. 6, 1914.

323 Buft Harold.

CR. 323

**Extract from Nominal Roll of Royal Nfld. Regt, ~~Discharged~~
Discharged in United Kingdom 15-10-15.**

323 Pte. H. Burt.

Time expired (Ayr) Subsequently repatriated (M.U.)

C.R. 323

Extract from Roll of Officers, N.C.Os. and Men Discharged
from The Royal Newfoundland Regiment.
Authority: Pay Office, St. John's.

No.	Rank.	Name.	Date.	Reason.
323	Pte.	H. Burt	Oct. 15th 1915.	Med. Unfit.

C.R. 323

Extract from list of discharged men of the Royal Newfoundland
Regiment on various dates.

#323 Pte. H?Burt, Oct.15th 1915, Medically unfit.

C.R.

323

Harold Burt. was attested for General Service
with the NEWFOUNDLAND REGIMENT on . Sept. 14, 1914 ...
Regimental No. 323 was allotted to Pte Harold Burt

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

991

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. (312) W9043/1195 100m 12/14s 23 58

Forms
B. 121.
29.

Number of Sheet

Signature of O. C. Company

H. J. Cook, Capt.

Regiment of _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<i>Burt St.</i>	Age on	<i>23</i> years <i>0</i> months	<i>Laborer</i>		
<i>323</i>		Place and Date of Enlistment	<i>St. John's 4/9/14</i>	Religion		
Joined	Date	Period of {	{	<i>Neth.</i>		
Joined	Date					<i>with Colours 14 1/2</i> years.
Joined	Date				<i>with Reserve 36 1/2</i> years.	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS	
		<i>Plt</i>		<i>Discharged St. John's Med. Unfit 15/10/15.</i>						
				To be carried over						

Army Form B. 121.



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 Harold*

Regiment from which discharged *1st. Newfoundland*

Regimental number *323*

Intended address *Bally Road.*

Height on discharge *5* Feet *11*

Color of hair on discharge *Dark Brown.*

Complexion *fair.*

Color of eyes *blue.*

Figure on discharge *medium.*

Christian name of Father *John.*

Christian name of Mother *Jemima*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth. *St. Johns* *Oct. 20th* *1892*

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) *Harold Burt* (Rank) *Private*

Station *St. Johns* Date *Feb. 1st*

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.

St. Borden *Lieut*
Medical Officer i/c Hospital.
Unit, or Command Depot.

Station *St. Johns Nf* Date *Feb. 1. 1917*

STATEMENT OF ACCOUNT

No. 323.

Name Burt H.

Date	Particulars	Ch.No.	Dr.		Cr.		Bal.	
Oct 15	Bal due by P.M. 1-15-2.				8 55		8 55	
	w/s Gratuity 1 mo + 70%				70 00		78 55	
	Clothing allowance				10 00		88 55	
	Bonus				12 95			
	To Pay	7309	100	10			1 1 55	
	C allowance		10	00			21 55	
						88 55		
			110	10		88 55	21 55	

Signed [Signature]

20
11
1920

PENSIONS AND DISABILITIES BOARD OF NEWFOUNDLAND PATRIOTIC ASSOCIATION

HON. P. T. McGRATH, LL.D.
(President Legislative Council
Chairman
HON. M. P. CASHIN,
(Minister of Finance and Customs)
HON. M. G. WINTER, M.L.C.
MAJOR. G. T. CARTY, (1st. Nfld. Regt.)
FLEET PAYMASTER G.W. WYLLYS, R.N.
C. P. AYRE, ESQ.
J. A. CLIFT, ESQ., K.C., M.H.A.
H. E. COWAN, ESQ.
R. F. HORWOOD, ESQ.
R. A. TEMPLETON, ESQ.

All Communications should be addressed to the Secretary
2ND. LIEUT. J. M. HOWLEY,
Deputy Paymaster 1st. Nfld. Regt.
St. John's.

St. John's, Newfoundland,

January 29th. 1917 191


Mr. Harold Burt,
Battery Road,
City

Dear Sir:-

In order to establish the extent of your disability and to have your case considered by this Board for final disposal, it will be necessary for you to appear before the Medical Board at St. John's, for examination, at the earliest opportunity.

I have therefore, to request that you report to me at the Regimental Pay Office, Colonial Building, St. John's, immediately on receipt of this letter.

Yours truly,


Secretary

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any question 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 *Harold* 2. Surname *Burt*
3. Rank *Private* 4. Regtl. No. *323*
5. Address in full to which future payments of gratuity are to be forwarded *Upper Batters Road, St. John's*
6. Date of enlistment in the Regiment *Sep. 14/1914*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None*
8. Relationship of such dependents *Not applicable*
9. Address in full of such dependent *Not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *Yes on active service outside of Newfoundland, Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *13 months*

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 when paid.....

Post Discharge Pay from Militia Dept. St John

Regd 1870s

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

ye

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

No

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

No

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

No

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

Not applicable

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

Oct 25/15

for active service

Unfit

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

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.....

No

(b). If so, are you in receipt of full pay and allowances from that Committee.....

No

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

Signature of Applicant: *Harold Burk*
 Place of Residence: *Upper Battery Road, St. John.*
 Declared before me at: *St. John's*
 This *28th* day of *February* 19*19*

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits. *J. L. L. Barrister-at-Law.*

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
21.12.18	100.10		1.40		70.00
			less P.D.P.		100.10
					30.10

Certified Correct. Paymaster.

FORM K

No. 463



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, A. Burt, Regl. No. 323

hereby agree, until further notification by me, and in similar official form, to make an allotment of four Dollars and week Cents, per diem, from my Pay,

to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or}

Persons concerned, viz:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
		<u>Mother of A. Burt.</u>	<u>Battery Road St Johns</u>	<u>4</u>
			Total Allotment, \$	<u>4</u>

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

(Sig.) J. W. Maxwell
 Officer Commanding
[Signature] Company

(Sig.) A. Burt
 (Rank) Rto

15th. December

5

Mrs J. Burt,
Battery Road,
City.

Dear Madam,-

I enclose cheque for \$12.00, being final payment
under the allotment made by your son No. 323 Pte. H. Burt.

Yours very truly,

J. M. H. / B. M. W.

Enclosure.



Deputy Paymaster.