



THE ROYAL NEWFOUNDLAND REGIMENT

No. A987 Name Jacob Burt Ed E.

ATTESTATION OF

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Jacob Burt</u> |
| 2. What is your full Address? | 2. <u>Areblanche</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>17</u> Years <u> </u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name <u> </u>
Corps <u> </u> |
| 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, Jacob 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.

Jacob Burt SIGNATURE OF RECRUIT.

J. W. Ottman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Jacob 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 11 day of May 1918.

Edwards 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 1918 } Approving Officer.
Place }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

4987

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

Name Jacob Burt
 Apparent age 19 years months. Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Burt Rose Blumere
 | Relationship

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. G. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>11-5-18</u>									
Joined at <u>St John's</u> on <u>Nov 11 1918</u>									
<u>Discharged Aug. 11 1919</u>									
<u>Embarked St John's train to Halifax N.S. 22 7/8</u>									
<u>To Newfoundland for demobilization 27-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 4-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge)									
Pensions									

C.R. 4987

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

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

4987, Pte. J. Burt.

C.R. 4987

Extract from Daily Orders Part II Royal
Newfoundland Regiment dated July 11th 1919.
Depot St. John's.

The discharge of the undernoted on demob-
ilization has been APPROVED by O.C. Discharge
Depot with effect from 21/7/19.

4987, Pte. J. Burt.

St. John's, July 24, 1919.

C.R. 4987

Extract from Daily Orders Regt. 101st Royal Rifles.

Regt. St. John's, July 24, 1919.

Reported at Headquarters 1-27-19 on "Jassantra" which sailed
Calcutta 24th June 1919.

4987 Pte. J. Burke.

Reported at Headquarters 1-27-19 on "Jassantra" which
sailed Calcutta 24th June 1919.

Extract from Daily Orders Regt. 101st Royal Rifles.
Regt. St. John's, July 24, 1919.

C.R. 4987

Extract of Orders by MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

19/11/18.

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

4987 Pte. J. Burt.

"B" Company.

C.R. 4987

Extract from Orders by Lt. Col., B.J.BARTON, Commanding 2nd., Battalion
the Newfoundland Regiment dated November 18th., 1918.

THE UNDERMENTIONED WILL PROCEEDED TO JOIN THE NEWFOUNDLAND FORESTRY
CORPS, ON 18th NOVEMBER 1918.

#4987 Pte. J. Burt.

C.R. 4987

Extract from Nominal Roll Embarked St. John's Sea Overseas
Sept. 22, 1918. "B".

4987 Burt James.

C.R. 4987

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
dated Sept. 5th, 1918.

The Undernoted Man proceeded on Special Duty to R.N.Co's,
Dry Dock. St. John's, 2-9-18.

4987 Pte. J. Burt.

4987

Extract from Daily Orders part 11, from Unit The Royal Nfld.

Regt. St. John's, dated May 13, 1918.

#4987 Pte. Jacob Burt.

Attested for General Service with the Royal Nfld. Regt.

from 10.5.18 to report 24.5.18

J. Sweet

C.R.

4987

~~PKO~~

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 New Zealand*
2. Regt. No. *987* 3. Rank. *Plt*
4. Name *Burt* *Jacob*
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Diploma*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
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.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

The Complaints of the disability

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

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

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

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?
- Note—(b) is only applicable to soldiers invalidated at Foreign Stations.

Repatriations

W. G. Puccinica Capt RMC

Station *W. G. Puccinica*

Medical Officer in charge of case.

Date *7.11.19*

* 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



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jacob Beert, Regl. No. 4957,

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and Sixty 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 :

Allotment begins 1-7-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4415</u>	<u>Spouse</u>	<u>Mr Charles Clarke</u>	<u>Ht La'hou</u> <u>Beugo district</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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

Sig.) W. Summers Lt.
 Officer Commanding
B Company
St Johns St Field
12-6 1918

(S) Jacob Beert
 (Rank) 1st Lt.

FORM K

No 4712



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jacob Burt, Regl. No. 4957,
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{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 :

Allotment begins 1-7-15

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4415	Guardian	Mr Charles Clarke	Mr Le'hou Rings district	60
Total Allotment, \$				60

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

Sig.) W. Summers

Officer Commanding

'B' Company

(S) Jacob Burt

(Rank) Private

St. Johns N.F. Cd.
12-6-1915

No. 6266/914

H.F.P./79.

FROM NEWFOUNDLAND CONTINGENT

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

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

24th April 1919

April 28th 1919

4987 Pte. Burt J.

With reference to the following
telegram from the Minister of
Militia / / (150)

"Pay to- 4987 Burt
£10. 0. 0.

Cheque £ 10. 0. 0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

J.H. Marshall
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. Seymour
LIEUT. COLONEL,
OFFICER COMMANDING, 2nd BATTN.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £10.0.0

Ten pounds in respect of
telegraphic remittance from the
Minister of Militia.

J. Burt
No. 4987 Rank Pte.
Witness Geo. Lang.

No. 193/38/P&A.

N.F.P./79.

066537

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Wn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

5th January, 1919

18th Jan. 1919

Subject: 4987, Pte. J. Burt,

Receipt hereunder.

With reference to the following telegram (63) from the Hon. Minister of Militia, received

for *A. H. A. [unclear]*
Officer Comdg. ~~the~~ *[unclear]*
Royal Newfoundland Regiment

"Pay to 4987 Burt, £7.0.0.

Received the sum of 4.0.0

Draft £ 7.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Seven Pounds on account of cable remittance from Newfoundland.

A. A. Minnell Maj.
Chief Paymaster & O. i/c Records.

Jacob Burt
No. 4987 Rank Private

Burt. Joseph

1987

Hay Joseph

August 4th 1919.

#4987, Pts. J. Burt.

Rose Blanche.

Dear Sir:

Enclosed please find Discharge Certificate # 3320.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4987 Rank Pte Name Burt J
 Intended place of residence Rose Blanche
2. Occupation Disherman
 Classification of soldier E Medical Category AT
3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place, ST. JOHN'S
 Date JUL 7 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place, ST. JOHN'S
 Date JUL 7 1919
 Signature of soldier
 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 7-7-19
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-5-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 4.51

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S
 Date JUL 21 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place, ST. JOHN'S
 Date August 4/1919
 Officer in Charge
 The Royal Newfoundland Regiment

21
20
31
4
F. 6

4987 B 2079 13320

The Royal Newfoundland Regiment

Class for Demobilization:

B6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *4.7.19*

Regimental No. *4987*

Name *Burt Jacob*

Address *Rose Blanche*

Present Medical Category *A1*

Recommended for:— (a) Immediate discharge

(b) Standing Medical Board

Members of Board

R. H. East Major
O.C. Discharge Depot.

H. Paterson
Senior Medical Officer

Geo. Berden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4947 Rank Pvt Name Butt
 Date of Enlistment 11.5.18 Address Road Blanche District Burgess
 Occupation Indoorman Classification for Discharge E Medical Category A.I
 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.	1
B 178	W 3494	B 122		Board 1st.	" 2.	
B 178a	D 400A	B 1915		do 2nd.	" 3.	3
B 179	D 400B	Form L		do 3rd.	" 4.	
B 179a	D 400C	Form K		do 4th.	" 5.	
B 179b	B 103	ME 2			" 6.	
B 179c	B 120	M 93				

Date 11.4.19

O. C. Discharge Depot. M. J. Butt

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not 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 Warrant No. **R2213** to his home at **Rose Blanche** and Release Certificate No. **3253** issued.

Date **7-7-19**

J.A. Knowlton
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

Date **7-7-19**

Miss H
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
F 178	W 3494	B 122	Board 1st	" 2
R 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		

2 Form B

Date **7-7-19**

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date **JUL 21 1919**

R. Coope Capt
for 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.

J Burt

Signature of Man.

J. H. Crowley

Signature of the Vocational Officer or his Representative.

Reg. No. 4987

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

Christian Name

Jacob

Table I.—GENERAL TABLE.

Birthplace:—Parish

Rose Manasse

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	11	May		191
at	<i>St Johns</i>		at	
Declared Age	19	years		days
Trade or Occupation	<i>Fisherman</i>			
Height	5	feet 3		inches
Weight	133 lbs.			lbs.
Chest Measurement {	36 1/2 inches			inches
	36 1/2 inches			inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	L. E.—V= 6/6		R. E.—V=	
	6/6		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>Lambert Peterson</i>			
(Rank)	<i>Major</i>			
Enlisted	at <i>St Johns</i>		at	
	on	11 day of <i>May</i>	on	day of 191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>The Royal</i>	<i>4987</i>		
Transferred to	<i>Nfld Regt</i>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 F. (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* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4987* 3. Rank *Rt. E* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Burn* *Jacob* (a) Former Regts. or Corps ; with Regtl. Nos.
- (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
- (b) Where
- (c) Opinion of Court
- (d) Particulars of Pension or Gratuity (if any)

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, etc., 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.)

He complains 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?

Repatriation

20. Do you recommend—

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

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

W. E. Proctor *Capt*
Name

Station *Hazley Hill*

Date *9.1.19*

Medical Officer in charge of case.

* Loss of teeth or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Burt Jacob

Regiment from which discharged

Royal Newfoundland

Regimental number

887

Intended address

Rose Blanche, B. & S. Foil.

Height on discharge

5 Feet *4*

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

None

Figure on discharge

Robert

Christian name of Father

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

Rose Blanche, 19 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)

Jacob Burt

(Rank)

Private

Station

Date

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.



Station

Date

August 11th 1919.

Mr. J. Burt,
Rose Blanche.

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 Ser-
vice 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/O

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Jacob* 2. Surname... *Burn*
3. Rank... *Rte* 4. Regt. No. *8 4987*
5. Address in full to which future payments of gratuity are to be forwarded... *Rose Blanche*
6. Date of enlistment in the Regiment... *May 11: 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents... *no*
9. Address in full of such dependents... */*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *four months*
..... 13.

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

no

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

no

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

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 on the R.F.C.? If not give: (a) Date of discharge. *July 21/19* (b) Reason for discharge.

no

Demobilization

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

England

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

Signature of Applicant: *J Burt*

Place of Residence: *Rose Blanche*

Declared before me at: *St Johns*

This *7* day of *July* 19*19*....

John McCarty
J.M.C.

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
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.....
.....

Certified correct.

Paymaster

FORM K

No 4712

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jacob Burt, Regl. No. 4957,

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty 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 :

Allotment begins 1-7-15

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4415	Guardian	Mr Charles Clarke	St. Lewis Bungs district	60
			Total Allotment, \$	<u>60</u>

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

Sig.)

W. Summers Lt
 Officer Commanding
 'B' Company
St Johns St Field12-61918

(Sig.)

Jacob Burt

(Rank)

10th

C.R. 4987

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 *J. Burt*

Date *Dec 2nd 1919*

Place *Rose Blanche*

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

Jacob Burt

in respect of his service as No. 4987 Rank Pte.

Name J. Burt

Royal Nfld. Regt.
Infantry Corps.

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

Jacob Burt

Date

December 17th 1921

Address

Rose Blanche

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company C. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Bunt Jacob</u>	Age on	19 years	months	<u>salesman</u>
Joined	Date	Place and Date of Enlistment	<u>S. Johns</u>		Religion
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours <u>186</u> years.		<u>Rose Blanche</u>	
Joined	Date	with Reserve <u>368</u> 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
<u>Frederic Downs Camp</u>	<u>15-4-19</u>	<u>Pte</u>		<u>hesitating to obey an order</u>	<u>Heary</u>	<u>3 weeks CB</u>		<u>Capt G. Emerson</u>	
				<u>Demobilized</u>	<u>S. Johns</u>	<u>4-19</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

2497

DEMobilIZATION OF

Reg. No. 4957 Rank PL2 Name Mont J
 Date of Enlistment 11.5.18 Address Rose Blanche District Burges
 Occupation fisherman Classification for Discharge 6 Medical Category A.I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
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 11.7.19

O. C. Discharge Depot.

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 Warrant No. ^{R2213} to his home
 at Rose Blanche and Release Certificate No. 3253 issued.

Date 7-7-19

J.A. Sawley
 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

Date 7-7-19

J.A. Sawley
 Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Dept.

N.F. P/36	B 208	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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 7-7-19

J.A. Sawley
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records,
 Board of Pension Commissioners.

with following additional documents,

Eligible for War Service Gratuity

JUL 21 1919

Date

J.R. Cooper Capt.
 for O. C. Discharge Depot.

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

Date July 28/19

Reg. No. 4987 Rank. Plc Name Bent

Attested ... Address. Rose Blanche

Allotment...? Allottee ..

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

Returned on S S Cassandra Cause Discharge

4 4 19
21 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION