

THE ROYAL NEWFOUNDLAND REGIMENT

No. 5600 Namo Bennett Durton Corporate
Questions to be put to the Record before Enlistment.
I. What is your name? Oenneth Ounton
2. What is your full Address? 2. Sinch and Juvillingato
3. Are you a British Subject? 3. 400
4. What is your age?
5. What is your Trade or Calling?
6. Are you Married? 6.7.00
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vac- accinated?
9. Are you willing to be enlisted for General Service? • 9
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
11. Are you willing to serve upon the conditions as embedded in the roll of service to be signed by the figure of you are accepted?
Bernett Burker Bernett Burker State of Recruit. Bernett Burker Bernett Burker State of Recruit. Bernett Burker Bernett Burker State of Recruit. Signature of Witness.
DATE TO BE THE THE RECRUIT ON ATTESTATION. do make oath, that I will be faithful and bear true allegiance to His Majesyr King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfulls desend 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 during the state of the
as replied to, and the said recruit has made and signed the acclaration and taken the oath before mount on this
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 re-
quired 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.
보다 보다 가는 것이 되었다. 그런 사람들은 가장이 되었다면 하는 것이 되었다면 하는 것이 되었다면 하는 것이 되었다면 하는데 되었다면 하는데 되었다면 하는데 되었다면 하는데 되었다면 하는데 되었다면 하는데 하는데 되었다면 되었다면 하는데 되었다면 되었다면 하는데 되었다면 하는데 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면
Date
† 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

DESCRIPTIVE REPORT ON ENLISTMENT

2600

correspond with entries on the Medical History Sheet. Bennett Apparent age years months. Girth when fully expanded Chest Measurement Range of expansion.... Distinctive marks INFORMATION, SUPPLIED, BY Name and Address of next of kin Homas inolo ann Swilling thationship 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. Particulars as to Children Date and Place of Birth Christian Names STATEMENT OF THE SERVICES Service not al-lowed to reckon for fixing the rate of pension Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Signature of Officers certi-Corps in high served Promotion, Reductions, Casualties, &c. Army Rank Dates fying correctness of entries Total Service forfeited as above......

C.R. 5600

Extract from Daily Orders Part 11 Unit The Royal Nfla. . Regt. St. John's, July 12th, 1919.

The discharge of the undernoted or demobilization has been APPROVED by O.C. Discharge Depot with effect from 22-7-19.

5600 Pte. B. Burton.

C.R. 5600

Extract from Delly Orders Peri II Wait The Royal Effe. Regio St. John's, Welly 3,41:1919.

5600 Pte. B. Burton.

Reported at Hondquarters 127-19 ox "Cassanders which sailed Glasgow 24th June, 1919.

Extract from Delly Orders part 11, from Unit The Royal Bill. Regt.St. John's, dated July 25, 1913.

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

#5600 Pte.Bennett Burton.

Favellingate jun 6 x. am righting a few lines Jaying not to take Benguett Burton for the War as he Went on knowing to father and mother not knowing that he was going he & home so he Went from that it Was all we had to depend on do tell, hem father is very Sich ancious to see hem Send hem home quickly not to take Benshett Barton word he stolen away from father

age is not e 21. and father about think you can take them gleace answer this litter father and mother the lost of her son answer as queh as nossible and Thomas la witon adressed Twellingate dellars ofrm nleace hat to take Bennett Durton for the War send hem home to see is drying father and please send me Bennett Burton adressed where he LIVEROIBLE

June 11th. 1918.

Mrs. Thomas Burton,

Durrells Arm,

Twillingate.

Dear Madam,

I am in receipt of your letter of June 6th. 1918, relating to Number 5600 Private Bennett Eurton. In reply I beg to say that this man came here and offered himself for Service passed the Medical examination and was sworn in as a Soldier and is now on duty. He gave his age as Twenty-one and said he had no one depending on him. I am unable to do anithing towards sending him home as I have no authority to refuse him when he comes here and offered himself voluntarily. I you write to him at his address it should find him, Number 5600 Private Bennett Burton, Headquarters Royal Newfoundland Regiment, Prince's Rink, St. John's.

Yours truly,

Assistant Director of Recruiting.

VEWFOUNDLAND POSTAL TELEGRAPI



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.

the Sender the amount pand on the 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

resulting from 16.2 non-transmission or non-territy of the message, or the most of the management of the transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have nitrely 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)

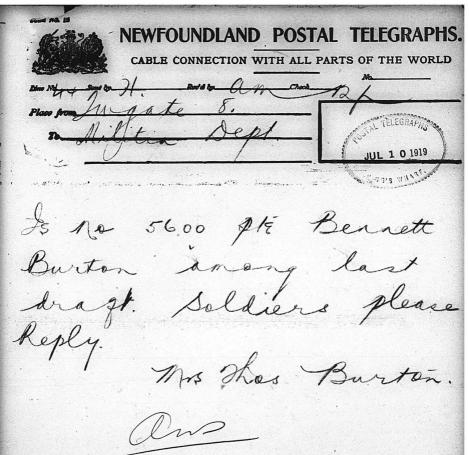
Signature of Sender_ Dept of Hill Check Number Red Sent

Dated July 10th 1919.

To Mrs. Thos. Burton, Twillingate.

> Beg to inform you that 5600 Ptc. Burton returned to Howfoundland by Cassandra July 1st.

> > A.E. Hackman. Minister of Militia.



No angular respecting this Message will be attended to without the senduction of this sunse.

Extract from Daily Orders part 11, from Unit The Royal Nfld.Regt.St.John's, dated June 6th, 1918.

#5600 Pte. B. Burton.

Attested for General Service with the Royal Nfkd. Regt.from 4.6.18

B Burton 5600 PARO

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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. 7. Former Trade or Occupation 7a. If the soldier claims previous service in Army, he should state-(a) Former Regts. or Corps; 4. Name with Regtl. Nos. 5. Age last birthday. 6. Posted for duty on at. in category (or grade)..... 8. If the disability is an injury was it caused (a) in action (b) on field service (c) on duty (d), off duty? (b) Date of Discharge: (c) Cause of Discharge. 9. If a Court of Inquiry was held on an injury state :-(a) When (d) Particulars of Pension or Gratuity (b) Where (if any) (c) Opinion of Court Note.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case. Statement of Case. Norz.—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. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil." 11. Date of origin of disability.

12. Place of origin of disability.

relevant official documents.

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

	14.	State whether the disabilities are	(a) attributable to (b) aggravated by
		(i.) Service during the present war	V
		(ii.) Previous active service	V
		(iii.) Climate in pre-war service	
		(iv.) Ordinary military service before the war	
		(v.) Serious negligence or misconduct on the man's part.	ž
	14	(a). If not due to any of these causes, to what specific condition do you attribute it?	
s such injur- ear. hroat, &c., t's re- o be with a ph s sible; ses of the sition tated.		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 susability
			· 70,200 000 000
	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 treat- ment 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 it so, to what or by what specific military conditions?	
			a H Find
			Retatuator
	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.	Nocumin. La Man
	Sta	ation Mayshylwun	Medical Officer in charge of case.
	Da	te	
	it is	 Loss of teeth on or immediately after active service, she due to some other cause 	ould be attributed thereto, unless there is evidence that

Nº 6091



1ST NEWFOUNDLAND REGIMENT

A	ed, viz.: Ulotment begins	august	Identity	Certificates by the Person	or Pe	rsons
Identity Certificate No.	Whether Wife, Child. other Relative or Friend	NAME (in full)		Address	AMO (each p	
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				Twellingate		
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			- .			
	·					
					_	
1				Total Allotment, \$		+50
SI	equired payments on	Commanding Company and	(Sig.)	Company, signed by the Volunt to the Paymaster as authority	to mak	e the

From:

NEWFOUNDLAND

Chief Paymaster & O.i/c Records, wewfoundland Contingent, Pay & Record Office.

58, Victoria Street, London, S.W. 1.

4th March

191 9

5600. Pte B. Burtton.

With reference to the following telegram from the Minister of Militia / / (59)

"Pay to 5600. Burton.

£4. 0. 0.

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

In Mureusell May. Chief_Paymaster & O. i/c Records.

CONTINGENT

To: Officer Commanding.

2nd/Bn. Ryl Nfld Regt.

Winchester.

1919

Receipt hereunder

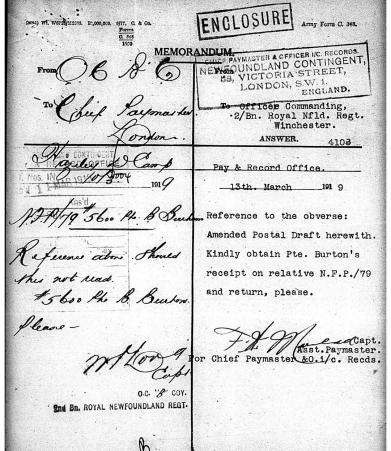
LIEUT. BOLONEL.

Received the sum of

in respect of

telegraphic remittance from the Minister of Militia.

No. Stoo Rank Private



Burton, 13 - 5600

Hay Loeph

FORM No. 15 NEWFOUNDLAND POSTAL TELEGRAPHS. CABLE CONNECTION WITH ALL PARTS OF THE WORLD wgate 18 raster A Milita Hould you Kindly Jo all my gratuity esistely leaving Country krusting

August 5th 1919.

#5600, Pte.B.Burton, Durrell's arm, Twillingate.

Dear Sir:

And losed please find Discharge Certificate # 3389.

Yours truly,

Capt. 0.1/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE
I. No. 3 6 00 Rank Pre Name Buton B. Intended place of residence Durrels arm.
2. Occupation Osler Medical Category A. 7
3. The above named man is discharged in consequence of DEMOBILIZATION Eligible for War Scrvice Gratuity
4. His accounts are correctly balanced and I have impartially inquired into all matters Mught before me,
accordance with Regulations. Place, ST. JOHN'S
Date JUL. 8.1919. 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 just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regime of all financial responsibility in my connection.
Place, ST. JOHN'S Buto
Date JUL 8 - 1919 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 Date Description Signature of witness
7. Enlisted for service. 4-6-18: No. of days on Milita
Discharged from service. JUL 2 2 1919
APPROVAL OF DISCHARGE
8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer is Recor The Royal Newfoundland Regiment, twenty eight days from date.
Place, ST. JOHN'S Date
CONFIRMATION OF DISCHARGE
9. The discharge of above mentioned soldier is hereby confirmed M Howleyland
// Now eighan

Place, ST. JOHN'S
Date August 5/1919

The Royal Newton Hand Regiment

Officer-ile Records
The Royal Newton Hand Regiment

The Royal Newfoundland Regiment

Class for Demobil-		Report of Demobil Travelling Board, held or	
16%		discharge.	2.1
Discharge Depot: Headquart	ers The Royal Newfoundla	and Regiment	
	Da	ite	<i>'</i> 9
Regimental No. 5600			
Name Buton	13 em		
Address . Dunit			
Present Medical Category	T		
	Recommended for:— $\begin{cases} (a \\ (b) \end{cases}$) Immediate discharge) Standing Medical Board	
	(··	O.C. Discharge I	art Mayir.
	Members of Board	Hatel Senior Medical C	Micer
		Jew Box	den
	(::	M. O. Depo	t i

The Royal Newfoundland Regiment

DEMOBILIZATION OF
Registers Rank Str. Name Burton
Date of Enlistmeth 6.18 Addres Junuls Gram District Gate
Occupation 7.151 of Medical Category A
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36 B 268 B 121 N.F. Med D.F. 1
B 178 W 3494 B 122 Board 1st " 2
B 178a D 400A B 1915
B 179 D 400B Form L do 3rd " 4
B 179a D 400C
B 179c B 120
i i i i i i i i i i i i i i i i i i i
Date
PARTICULARS FOR DEMOBILIZATION
I. Civil Re-Establishment. I amin a position to resume civilian occupation.
Bennett Broken
Particulars passed to Vocational Officer for information and action.
i Harris and a second a second and a second
Date.
a. Clothing.
Certified that Clothing Regulations have been complied with:-
(a) Clothing Allowance payabath (a)
(b) Clothing Supplied (MXCIAXXXIII)
Day - 7 - 19 Oilc. Re-clothing.

3. Transportation and Release Certificate. The above named has been provided with Travelling Warrant No. #23.3.6to his home
at Junels Onus and Release Certificate No. 32.85. issued.
Date 8-7-1Cy 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 5
Date 8. —] — 14. Depot Paymaster.
Discharge approved for. 22-7-19
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36.
APPROVED. Documents as above forwarded to:—
Officer ilc Records. Board of Pension Commissioners. with following additional documents.
Eligible for War Service Gratuity Date Date Eligible for War Service Gratuity 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.

Bennett Burton Signature

Signature of Man

Signature of the Vocational Office

Bate 8-7-5

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

MEDICAL HISTORY

Surname Auston

Christian Name Bennett

Birthplace:—Parish Que a Common Morel County (surformal aux). Special Reserve 1918 00 6ay of 191 Special Age 1928 00 192 Special Age 1928 00 192 Special Age 1938 00 193 Special Age 1938 1938 1938 Special Age 1938 1938 1938 1938 Special Age 1938 1938 1938 Special Age 1938 1938 1938 Special	SPECIAL RESERVE On Inv of Inv o	TO THE RESIDENCE OF THE STATE O	min.
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Traile or Occupation Free	Height	vears	days
Weight	Weight		
Chest Girth when fully expanded Measurer Range of Expansion Physical Development Vaccination Marks Arm Number When Vaccinated Vision (a) Marks indicating congenital peculiarities or previous disease Approved by (Signature) (B) Slight detect ball no. selficient to caser rejection Approved by (Signature) (Rank) (b) Medical Officer. Approved by (Signature) (Rank) Medical Officer. Transferred to. Regil No.	Chest Measure Range of Expansion. Physical Development. When Vaccination Marks When Vaccinated When Vaccinated When Vaccinated When Vaccinated When Vaccinated When Vaccinated (a) REPORT REPORT I.E. V. = 66 R.E. V.	feet	inches
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Became non-effective by on day of 191 on day of 191		day of	Regtl. No.
on day of 191 on day of 191		day of	Regtl, No.
on day of 191 on day of 191		day of	Regtl, No.
		day of	Regtl. No.
	(Signature) on day of 191 on	day of PS R	Regtl, No.
(Rank)	(Rank)	day of PS R	•
[P.T.O.	12	day of PS R	•

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Saccination of Appliances; Particulars of Dental Treatment, &c.

Date	of State of Constanting S	Brief Details, and Signatures
-6-18	Vace is	
3-6-18.	TAB 20	TANK TO THE RESERVE OF THE PARTY OF THE PART
1.7.18	TAR 10	
17.18	TAB YP	
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	•	ou cultilly all see
		Data of P.L.S.
		Direktore A treatment Associated

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
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	· /-				
,		1.19			
			But the first the territories where		•

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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. (1) 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

I ransier to	Class W., W. (1), 1.,	of 1.(1), of the Reserve.
2. Regtl. No. 5.6.	Royal nflo	7. Former Trade or Occupation Trade for Occupation Trade Army, he should state—
(Surname)		(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday.	Z.Z	
	at	
	rade)	
8. If the disability is a	n injury was it caused	
(a) in action	(b) on field service	
(c) on duty	(d) off duty?	(b) Date of Discharge;

- 9. If a Court of Inquiry was held on an injury state :-
 - (a) When.
 - (b) Where
 - (c) Opinion of Court

seen by the Officer in charge of the case.

- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if anv)
- Note.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier

Statement of Case.

Norz.—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."

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

nel

	14.	State	whether the disabilities are		(a) att	ributable to	(b) aggravated	by
		(i.)	Service during the present war					
		(ii.)	Previous active service			<i></i>		
		(iii.)	Climate in pre-war service					
		(iv.)	Ordinary military service before	the war		10 (1)		
Ī		(v.)	Serious negligence or miscondu man's part.	ct on the	light of	C		
	14	(a). If	not due to any of these cau- specific condition do you attrib	ses, to what oute it?	}			
cases such	15.	What	is his present condition?		-			
eye, ear, and throat, lities, &c., ialist's reis to be ed with ographs possible; a cases of action the position be stated.			(A note should be made as to Weigi when it is likely to afford evidenc gress of the disability.)	ht in all cases ce of the pro-	Ste	comp	lains .	fre
	16.		n operation performed? If so, wh	en and what				
	17.		was an operation advised and de	clined ?				
			e case of loss or decay of teeth,—I					
		teet dire serv	th the result of wounds, injury ctly attributable to active service rice under such conditions that d at was unobtainable?	or disease or through				
	19.	not Stat have war	articulars of any other disabilities in themselves sufficient to cause te whether or not they are attribe e been aggravated by service during, and if so, to what or by what specialitions?	invaliding. utable to or the present			345 S 170	
						La come		
								-
	20.	Do von	ı recommend—			Reports	ration	
) Discharge as permanently unfit	•				
) Change to United Kingdom?					
	-	Note-	-(b) is only applicable to soldiers. Foreign Stations.	invalided at	PAR	120002	A11 B	
	Sta	tion	Hozely boun	10.4	M	edical Officer in		amp
			· · · · · · · · · · · · · · · · · · ·					

Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that

red ink.



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

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 occuring in the description subsequent to the date of admission to pension should be noted in

Durkon Bounett Name in full Regiment from which discharged Royal Dewfoundland 1600 Sarrile arm July hi Regimental number Intended address Height on discharge Sard. Color of hair on discharge Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children unils arm Tallyle 1897 June 10

Place and date of soldier's birth

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

met Burton grature in full)

Station

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

> Medical Officer i|c Hospital. Unit, or Command Depot.

DEPARTMENT OF MULLIPIA. WAR SERVICE GRATCITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Scrvice 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 blonks on a no debbes, if only questions are not applicable, the words "not APPLICABLE" must be written out. On completion this Declaration is to be returned to MIN OFFICER I/C RECORTS, PAY & RECORD OFFICE, ST. JOHN'S. 5. Address in full to which fitting payments of gratuity are to be 6. Date of enlistment in the Regiment 7. Name of dependent, if and, to when Separation Allowance is being issued, or was being issted, imediately prior to your discharge. Ma 8. Relatiouship of such drapendents. 9. Address in full of sact. dependents 10. Is said dependent, now, or was said dependent at my time in rescip. of Separation Allowange on account of another soldier Al. Were you on active sorvice only in Mild, Is so, sive dates and particulars of such service

12. Give total length of time which you served on active service,

whether in Hfld.or Over, cos.....

The state of the court is a same north cultars
13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
,
14. Have you already received any payment of Post Discharge pay or
War Service Gratuity? If so, state amount you and your dependents
have already received and by whom paid
110
15. Have you been issued with a War Service Badge 2
16. Have you, during the present war, served in the Imperial Dorces. LL
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Post Discharge Pay from the Diperial Forces? If
so, state amount received, or to which you are entitled
••••••••••••
18.Did you revert Overseas to a rank lower than the substantive
renk hold by you on your arrival in England?
(b) If so, was such reversion in consequence of Misconduct or
inefficiency?.
19. Are you now sprving in the Rost.?
of discharge . July . Stag (b) Reason for discharge M. C. M. de
1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
20. Did you at any time serve at the front in an actual theatre of
War? If so Cife particulars of places, and dates of such service
my land duly
21.(a) Are you receiving treatment from the Givil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowences from
that Cormittee, L.Co.
And I take this solumn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

the of services

Signature of Applicant:	S Burlow	4
Place of Residence: Q	Where	
Supreme Cou	of Berrister of the rt, Stipondiary In 18- ry Public, Hustice of the opmissioner of affidavit	shu An Carthu
POST DISCHARGE PAY.		Not amount

POST DISCHARGE PAY.

Date paid Paid Paid War Service due

Cortified correct.

Cortified correct.

Paymenter

Nº 6091



1ST NEWFOUNDLAND REGIMENT

AMOUNT (each person	Address	NAME (in full)		Whether Wife, Child, other Relative or Friend	Identity Certificate No.
	Durrell's arm	urton	Theobe O	nother	+595
	Twelling ate	-	•	7	
					· -
					+
-					
					, ,
154	.Total Allotment, 5				

Twellingate October 29 de Sur as in take a few lines to four in months gray as a haven recived it get There is three months gray due to me, yet and i Want to know the reason Why i would like to know what about at as a well Soon be leaving for the States i Would like for you to send it all the one time please send ex gite Bennett Burtono 5600 dellars arm Fwellingate

bal 2 10 % M to Twilingat my adressed how 5600 ex pte Bennett Burton dellars arm Twellingate 1/M2

Get 23 1420 Dean Vis I Trust you will excuse my Naking the liberty of writing & am not causing a deal of un necessary trouble. This note of am withing is in regard to The War Hervice Button which I have not received yet & Ollige 13 13 of would be so very grateful if you would see it forwarded to me It am sincerely yours would greatly The souly refely So 5600 Durill Arm Twillingak

Amillingate mile thursel she so be in all If you would see it forwarded I would be so very grateful I have not received yet 4. The Mas Struce Tablon which an walnes in in puller me am not coursing a deal of un mote of months of most of Habing the liberty of willing & you sower thou work Round By

An early reply would greatly ablige BB

1, December, 1919

Ex Pte.B.Burton, Twillingate.

Dear Sir:

I enclose cheque

for \$210.00, representing balance of War Service Gratuity, due you, please.

Yours truly,

Major PAYNASTER.

IM-

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER, NOV 18 19 19 \$ 21000 Received from the First Newfoundland Regiment the sum of two Lundred ten _____ Dottars. Rank

10. 5601 Rank Parton Twilingate

DEPARTMENT OF MILITIA. REGIMENTAL PAY BRANCH.

\$7000	PAY VO	OUCHER. Aug	21 st 19/9.
Received	from the T	irst Newfoundl	
the sum of Se	nerty -	1,5	Dollars.
	Name of the second seco	Bennett B	. /
Ch. No. 8/5 1 Initials. Pay Ledger 33/4 Initials. Gen. Ledger Initials.	CBA	Regil. No. 5 6 6	D Rank JUG
	- hor	ed	

No. 5600 Rank & to.

·CR 5600

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 . Ronneld Jurton 5000

Date 20:11:19...
Place Line rullis Arm Twillingale.

Squadron, Troop, Battery and Company Conduct Sheet. Army Form B. 121. B 121. 39. Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay No. Place and Date Date Joined Date with Colours 163 years. Place of Birth Toined Date Joined. Date years Nurels arm furel Date of award or of order dispensing with trial Date of Name of Rank Place OFFENCE Punishment awarded By whom awarded Offence REMARKS Witnesses Demolilges Septino 5 19 To be carried over.

Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF					
Reg. No Coop Rank Ato Name Burton D.					
Date of Enlistment, 14					
Occupation					
Recommendation S.M.B					
Passed to Demobilization Officer with following documents:—					
N.F. P 36 B 268 B 121 N.F. Med D.F. 1 D.F. 1					
B 178 W 3494 B 122 Board 1st " 2					
B 178 W 3494 B 122 Board 1st " 2 Board 1st " 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					
В 179с В 120 М 93					
Date					
I. Civil Re-Establishment.					
I amin a position to resume civilian occupation.					
b 50 10 3-					
Bennito Burton					
Particulars passed to Vocational Officer for information and action.					
Date.					
2. Clothing.					
Certified that Clothing Regulations have been complied with:					
TO TO					
(a) Clothing Allowance payable (2)					
(a) Clothing Allowance payable A. O					
(a) Clothing Allowance payable 7. Clothing Supplied Date 7 7 9 O ilc. Re-clothing.					

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No. 13.5to his home
a June lo Mun and Release Certificate No. 32.85. issued.
Date My throwloged
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
Discharge approved for 22-7-19
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36.
B 178a
B 179 D 400B Form L do 3rd " 4
B 179a do 4th " 5
B 179b B 103 ME 2 " 6 " 6
B 179c
Date 8-7-19 /4 how loft
Demobilization Officer.
APPROVED.
Documents as above forwarded to:—
Officer i c Records. Board of Pension Commissioners.
with following additional documents.
Eligible for War Carries Creatists
Eligible for War Service Gratuity
Date JUL? O. C. Discharge Depot
Date
Received the above noted documents from O. C. Discharge Depot.
2
Out of the second
Date July 31/19

Reg. No.	Address burrells arm	,
Attested	Address Durrells Um	
Allotment		
Date of Allo Returned on	tment))
	Contract Con	
8419	PASSED TO DEMOBILIZATION OFFICER	- 4
214/1	PASSED TO DEMOBILIZATION OFFICER DISCHARGE APPROVED ON DEMOSILISATION.	
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