



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5264 Name Walter Burton Corps CofC

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Walter Burton
2. What is your full Address? ..... 2. 153 New Queen's City
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 23 Years ..... Months
5. What is your Trade or Calling? ..... 5. Black
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Walter Burton 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.

W. H. Burton ..... SIGNATURE OF RECRUIT.  
R. Bayne ..... Signature of Witness.

21/5/18  
Walter Burton OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
I, Walter Burton do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
The above questions were then read to the Recruit in my presence.  
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 21 day of May 1918.  
Signature of Attesting Officer R. B. Dickson

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.  
Date May 21 1918 .....  
Place St. John's ..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

3264

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

Name Walter Burton  
Apparent age 23 years          months Height 5 feet 6 1/2 inches  
Chest Measurement { Girth when fully expanded 34 inches  
Range of expansion 3 inches  
Distinctive marks         

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jenny Burton  
153 New York City | 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.

Table with 4 columns: (a), (b), (c), (d) for marriage information.

Particulars as to Children

Table with 2 columns: Christian Names, Date and Place of Birth.

STATEMENT OF THE SERVICES

Table with columns: Corps in which served, Rgt. or Lt. regt., Promotion, Reductions, Casualties, &c., Army Rank, Dates, Service not allowed to reckon for fixing the rate of pension (Years, Days), Service in Reserve not allowed to reckon towards G. C. Pay (Years, Days), Signature of Officers certifying correctness of entries.

C.R. 5264

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

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

5264, L/C. W. Burton.

C.R. 5264

Extract from Daily Orders Part II Unit The Royal Rifle  
Regt. St. John's, July 10-1919.

The discharge of the interneted on demobilisation has been  
APPROVED by G.O. Discharge Depot with effect from 21-7-19.  
21-7-19.

5264 I/C. W. Burton.

C.R. 5264

Extract from Daily Orders part 11, from Unit The Royal  
Hqld. Regt. St. John's, dated July 25/1918

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

#5264 B/Cpl. Walter Burton.

C.R. 5264

Extract from Daily Orders Part XI Unit The Royal Field. Regt.  
St. John's, July 3rd 1919.

5264 L/Cpl. W. Burton.

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

C.R. 5264

Extract from Daily Orders part 11, from Unit The Royal Hfld.  
Regt. St. John's, dated May 23, 1918.

#5264 Pte. W. Burton.

Attested for General Service with the Royal Hfld.  
Regt. 21.5.18 to report 1.6.18

W. Barton

C.R. 5264

1890



**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 Rifles*..... 7. Former Trade or Occupation } *Cook*
2. Regtl. No. *244* 3. Rank. *Private*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Burton Walter*..... (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *24*.....
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 (if any)
- (b) Where
- (c) Opinion of Court

**Note.**—The foregoing particulars are to be filled in and A.F.B. 179 a (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 general 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 ? } *He claims no 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 ?

*Reparations*

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

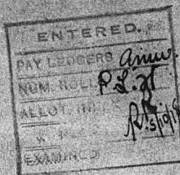
*Note—(b) is only applicable to soldiers invalided at Foreign Stations.*

*W. E. Twiss*  
 Medical Officer in charge of case.

Station *Alcock*

Date *4/1/19*

\* 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, Walter Burton, Regl. No. 5264

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins 8-6-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4218</u>	<u>Walter</u>	<u>Henry Burton</u>	<u>Harbour</u> <u>Bullett.</u> <u>Placentia Bay</u>	<u>50</u>
			Total Allotment, \$	<u>50</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.) H. G. James RMC

Officer Commanding  
D Company

St. John's

8-6-18

(Sig.) Walter Burton

(Rank) Private

RH.

21/5/18  
23  
ay

The O.I/C. Records,  
Newfoundland Contingent,  
58, Victoria St.  
S.W.1.

Medical Research Comm:  
British Museum,  
London, W.C.1.  
3/9/19.

JUNGLAND CONTINGENT, & RECORD OFFICE.	
OS. NO.	5302
4 SEP 1919	
AUG 11	
NO. 5264	
ACTED UPON	
SEARCHED	DATE
INDEXED	
P & A.	
B & C.	
B & E.	

Newfoundland Regt.

For L/Cpl. Burton, Walter. No. 5264,  
2nd. Newfoundland Regt. please give his age on and date  
of enlistment.

Replied by  
W.F.P./61.

X

Mr. J. C. Keeney  
Staff Officer, M.R.C.

No. 20930/2563

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Wld. Regt.,  
Winchester, ~~Hants~~



17th December 1918

19-12-1918

Subject: 5264, B/Cpl. W.H. Burton,

Receipt hereunder.

With reference to the following telegram (10881) from the Hon. Minister of Militia, received

*[Handwritten signature]*

Pay to 5264 Burton £7:0:0

Officer Comdg. 2nd Lt. COLONEL,  
Royal Newfoundland Regiment  
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

Received the sum of £7. 0. 0

Draft £ 7:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

\_\_\_\_\_ on account of  
cable remittance from Newfoundland.

*[Handwritten signature]*  
Chief Paymaster & O. 1/c Records.

W.H. Burton

No. 5264 Rank L/C.

Witness A. Mannes Sgt.

*[Handwritten mark]*

No. 21010/2575

066249



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/Bn Royal Wld. Regt.  
Winchester.

18th December 1918

Dec 21 1918

Subject: 5624, Pte. N. Toms,

Receipt hereunder.

*Exam Copy*

With reference to the following telegram (10957) from the Hon. Minister of Militia, received

LIEUT. COLONEL  
Officer Commdg. 2nd Bn ROYAL NEWFOUNDLAND REGT.  
Newfoundland Regiment

Pay to 5624 Toms £6:3:0

Received the sum of Six  
pounds three shillings on account of  
cable remittance from Newfoundland.

Draft £ 6:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*W. J. ...*

No. 5324 Rank Private

Witness P. ...

*A. J. ...*  
Chief Paymaster & O. i/c Records.

*P. J.*

No. 2928/421.

From . . . NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.

2nd/Bn. Ryl Nfld Regt.

Winchester.

19th February 1919

5264. L/C. Burton. W.H.

With reference to the following  
telegram from the Minister of  
Militia / / ( 36 )

"Pay to- 5264. Burton.

£7.0.0.

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

Chief Paymaster & O. i/c Records.

NEWFOUNDLAND CONTINGENT  
58, VICTORIA STREET  
LONDON, S.W. N.F.P. /79.  
22 FEB 1919  
PAY & RECORD OFFICE

*February 20th 1919*

Receipt hereunder.

*L. Kane* *Cpt J.* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of *Seven pounds*

in respect of

telegraphic remittance from the  
Minister of Militia.

*W. A. B. W. H. J.*  
No. *5264* Rank *Private Corporal*

Witness *M. Rochett*

*P.D. 0674*  
*1919/2/19*

No. 7570/1491

N.F.P. 179.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding  
2nd Batt. Ryl. Mld. Regiment  
Winchester.

16th May 1919

May 21 1919

5264 L/Cpl. W .H. Burton

With reference to the following telegram from the Minister of Militia / / 19 ( 189):

Receipt hereunder.

"Pay to- 5264 W.H. Burton  
£7. 0. 0.

W.H. Burton LIEUT. COLONEL,  
OFFICER COMMANDING 2ND BATT. RYAL MOUNTED INFANTRY  
NEWFOUNDLAND REGT.  
K.R.R.

Cheque £ 7. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon:

Received the sum of Seven Pounds in respect of telegraphic remittance from the Minister of Militia.

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

No. 5364 Rank Loop

Witness: M. Roberts



Burton, W

5264

Ray Sept.

August 14th 1919.

#5264 , L/C .W.Burton.

Hr. Buffett. P.B.

Nfld.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3331

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5264 Rank 21 b/c Name Burton W.  
 Intended place of residence Mr. Bennett  
 2. Occupation clerk  
 Classification of soldier E Medical Category A 2

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

*J. M. Smith*  
 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

*W. Burton*  
 Signature of soldier  
*J. M. Smith*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 7 1919

*W. Burton*  
 Signature of soldier  
*J. M. Newman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 2-5-18 No. of days on Military  
 Discharged from service 2-7-19 Plus 14 days Service 441

### 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

*N. R. Cooper Capt*  
 Officer in Charge 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

*J. M. Howley Capt*  
 Officer in Charge Depot  
 The Royal Newfoundland Regiment

*W. R. 209 a / 3771*

# The Royal Newfoundland Regiment

Class for Demobilization: —

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 4.7.19

Regimental No. 5264

Name Burton Walter Rank L/C

Address St. Bonifacius

Present Medical Category A1

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

Members of Board {

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

P. Peterson  
Senior Medical Officer

J.W. Burden  
— M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5264 Rank Sy Corp. Name Burton, Webster  
 Date of Enlistment 21-5-18 Address St. Bonifacius District Acadia  
 Occupation Clerk Classification for Discharge #4 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 4-7-19 O. C. Discharge Depot. W. Burton

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

W. Burton

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65

(b) Clothing Supplied

W. Burton

Date 7-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>R2181</sup> to his home at As Buppitt and Release Certificate No. 3234 issued.

Date

7-7-19

*J.A. Snowball*  
Demobilization Officer

Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to <sup>H-8-19</sup> 7-7-19

Date

7-7-19

*J. Minch Jr*  
Depot Paymaster.

Depot Paymaster.

Discharged approved for

21-7-19

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date

7-7-19

*J.A. Snowball*  
O. C. Discharge Depot.

O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity.**

Date

JUL 21 1919

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

O. C. Discharge Depot.

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

Date

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*W. Burton*

Signature of Man.

Reg. No. 5264

*J. H. Snowlapp*

Signature of the Vocational Officer or his Representative.

Place

*21 - Johns*

Date

*7-7-19*

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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 Brunswick Land* 7. Former Trade or Occupation } *Clerk*
2. Regtl. No. *11264* 3. Rank. *A Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Buxton* *Walter* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *24*...
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) Date of Discharge;
- (b) Where (c) Cause of Discharge.
- (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. 179a (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? }

*The Complaint of no disability*

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.)*

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

20. Do you recommend—  
 (a) Discharge as permanently unfit ?  
 (b) Change to United Kingdom ?

*Repatriation*

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

*W. G. Groomer. Capt R.A.M.C.*

Station *Hazely Down*

Medical Officer in charge of case.

Date *4/4/19*

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



## 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 Office 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 *Walter Burton*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5264*

Intended address *St Ruffell, C.B.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *Tall.*

Christian name of Father *Henry*

Christian name of Mother *Mary*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *St Ruffell, 28<sup>th</sup> Oct, 1895*

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) *Walter H. Burton*

*R. C. H.*  
(Rank)

Station *St Johns*

Date *4-7-19*

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

Medical Officer in Hospital.  
Unit, or Command Depot.

Station

Date

August 22, 1919

Mr. Walter Burton,  
Harbor Buffett, P.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

5805

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- 1. Christian name. *Mallett*..... 2. Surname. *Burton*.....
- 3. Rank. *Private*..... 4. Regtl. No. *5 West*.....
- 5. Address in full to which future payments of gratuity are to be forwarded. *Harbor Buffett, Placentia Bay*.....
- 6. Date of enlistment in the Regiment. *May 30/18*.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *NO*.....
- 8. Relationship of such dependents. *NO*.....
- 9. Address in full of such dependents. *NO*.....
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier. *NO*.....
- 11. Were you on active service only in Mfld. If so, give dates and particulars of such service. *Overs eas*.....
- 12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *Fourteen months*.....

5

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? no

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? no

19. Are you now serving in the Regt. no If not give? - (a) Date of discharge. July 2/19 (b) Reason for discharge. Demobilization

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

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

Place of Residence: *Harbor Basset P.B.*

Declared before me at: *to plus*

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

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

*John M. Carthy*

POST DISCHARGE PAY.

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

Certified correct.

Registrar

FORM K

No 4651



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Burton, Regl. No. 5264

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Twenty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins 8-6-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4218</u>		<u>Mrs Henry Burton</u>	<u>Harbour Buffett Placentia Bay</u>	<u>50</u>
			Total Allotment, \$	<u>50</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.) H. G. James  
Officer Commanding  
Company  
St. John's  
8-6-18

(S) Walter M. Burton  
(Rank) Private

1918

No. 4651



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Burton, Regl. No. 5264

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 ..... Dollars and Fifty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 8-6-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4218	Mother	Mrs Henry Burton	W. Burton Buffett Placentia Bay	50
			Total Allotment, \$	50

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.) W. G. James 2/18  
 Officer Commanding  
 St. John's Company  
8-6-18

(S) Walter Burton  
 (Rank) Private



C. 5264

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 23, 1918.

#5264 Pte. W. Burton.

*Lance Corporal* <sup>20<sup>th</sup></sup>  
to be ~~Acting Sergeant~~ from July 22, 1918.

# 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. B. Dick

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>Promoted 21-7-18</u>	
No.	<u>Burton, Walter</u>	Age on	73 - years months	<u>Clerk</u>		
Joined		Place and Date of Enlistment	St John <u>21/5/18</u>	Religion <u>CoE</u>		
Joined		Period of } with Colours 77 years. with Reserve 365 years.		Place of Birth <u>St John</u>		
Joined						

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>Demobilized</u>	<u>St John</u>				<u>4-19</u>

To be carried over

Army Form B. 121.

45264

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5264 Rank S/Corpl. Name Burton, Herbert  
 Date of Enlistment 21-5-18 Address St. Bullitt District St. John's  
 Occupation Clerk Classification for Discharge HT Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1956	B 288	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	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. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

W. Burton

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable None
- (b) Clothing Supplied [Signature]

Date 7-7-19 O. i. c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 32181 to his home at As Bampton and Release Certificate No. 3234 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 7-7-19

Date 7-7-19  
Depot Paymaster.

Discharge approved for 21-7-19  
Forwarded with following documents to O. C. Discharge Depot.

N.F. P[36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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	do 6th.	" 6
B179c	B 120	M 93		

*2 Form B*

Date 7-7-19 *J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

Date JUL 21 1919 *J.R. Cooper Capt*  
O. C. Discharge Depot.

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

Date July 21 1919 *J.R. Cooper*

Reg. No. *5264*... Rank *Co*... Name *Burton W.*  
Attested ..... Address *H. Russell*.....  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas .....  
Returned on S.S. .... Cause .....

*4-7 19*  
*7-7 19*

**PASSED TO DEMOBILIZATION DIVISION**  
**DISCHARGE APPROVED ON DEMOBILIZATION**