



THE ROYAL NEWFOUNDLAND REGIMENT

Prop. 5377
No. ~~5377~~

ATTESTATION OF

Name *Albert Butler*, Corps *Art.*

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. *Albert Butler*
- 2. What is your full Address? 2. *Charles Beach / Fat grave*
- 3. Are you a British Subject? 3. *Yes*
- 4. What is your age? 4. *19* Years Months
- 5. What is your Trade or Calling? 5. *Fisherman*
- 6. Are you Married? 6. *no*
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. *no*
- 8. Are you willing to be vaccinated or re-vaccinated? 8. *yes*
- 9. Are you willing to be enlisted for General Service? 9. *yes*
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. *yes*

I, *Albert Butler* 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.

Albert Butler SIGNATURE OF RECRUIT.

23/5/18

R. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Albert Butler* 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 *18* day of *May* 191*8*.

Ch. Dicks Field 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 complied with. I accordingly approve, and appoint him to the:
If enlisted by special authority, such will be attached to the original attestation.

Date 191*8*
Place } 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

5372

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

Name Albert Butler
 Apparent age 19 years months. Height 5 feet 3 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Charlotte Butler
Clarks Beach Pt. Grace Relationship Mother

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. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>22-5-18</u>									
Joined at <u>St. Johns</u> on <u>Nov 23-1918</u>									
<u>Discharged July 11/19</u>									
<u>Embarked St. Johns S.S. Colombia to Halifax N.S. 22-7-18</u>									
<u>Embarked for B.C.A. 23/18. Re-embarked France 25-11-18</u>									
<u>Joined Battalion 5/19. Transferred from Poles 22-7-19. Arrived Newcastle 23-7-19</u>									
<u>Left for demobilization 22-5-19. Arrived U.K. 1-6-1919</u>									
<u>Demobilization St. Johns 11-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 11-7-1919 [date of discharge] 1 years 50 days
 " " Pensions " " " " " " " "

C.R. 5372

extract from daily orders part II Royal Newfoundland Regiment.
Dated 17-7-19. Depot St. John's.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date
8-7-19.

5372, Pte. Albert Butler.

C.R. 5372

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. June 28th, 1919.

The discharge of the undernoted on demobilisation has
been APPROVED by C.G. Discharge Depot with effect from
27-6-19.

5372 Pte. A. Butler.

C.R. 5372

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

5372, Pte. A. Barnes.

Batter

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5372

Extract of Nominal Roll of draft No. 56 from the 2nd., Battalion
Winchester to the 1st. Battalion of the Newfoundland Regiment

B. E. F., Embarked Southampton 23/11/18.

#5372 Pte. A. Butler.

C.R. 5372

Extract from Daily Orders part 11, from Unit The Royal Bld.
Reg St. John's, dated July 25, 1918.

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

#5372 Pte. Albert Butler.

C.R. 5372

Extract from Daily Orders part 11, from Unit/The Royal
Hild Regt. St. John's, dated May 25.1918.

#5372 Pte. Albert Butler.

Attested for General Service with the Royal Hild Regt.
from 25.5.18

A. Butler

C.R. 5372

P. T. R. 9

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 Newfoundland* Former Trade or Occupation } *None*
2. Regtl. No. *5372* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Butler* *Albert*
 (Surname) (Christian Names)
5. Age last birthday... *19*
6. Posted for duty on *May 23/18* at *St. John's* 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 ?
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. 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 | } <i>na</i> | |
| (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? } | | <i>na</i> |

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.)

He complains of disability

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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.

Repatriation

W E Prosser
Capl Reme

Station *Mazeley town*

Date *29/4/19*

Medical Officer in charge of case.

* 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

100. a

No. 19438/603

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Royal Newfoundland Regt.
B. E. F.

27th November 1918

30-1-1919

Subject: 5372, Pte. A. Butler,

ANSWER.

With reference to the following telegram (9818) from the Hon. Minister of Militia, received

5372 - Pte A. Butler

Pay to 5372 Butler £2:1:0

The man wishes this amount retained to his credit please

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

A. A. Munnell Maj.

Chief Paymaster & O. i/c Records.

18516/~~307~~2043

2/BN Royal Wfld. Rgt.
Winchester.

16th November 8

5372, Pte. A. Butler

✓
9818

Pay to 5372 Butler £2:1:0

2:1:0

FORM K

Nº 4661



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert Butler, Regl. No. 5372
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and 75 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 July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4229</u>	<u>Mother</u>	<u>Mrs (Mrs) Butler</u>	<u>Clarks Beach</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.) Watson Lient

Officer Commanding
E Company

(S) Albert Butler

(Rank) Pte

July 10th

1918

FORM K

N^o 4661



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert Butler, Regl. No. 5372, hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 75 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 July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4229	Mother	Mrs (Charlotte) Butler	Clarks Beach	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.) Watson Leub
 Officer Commanding
E. Company
July 10th
 1918

(Sig.) Albert Butler
 (Rank) Pte

No. 5372 Name Burke - A. Sqn., Batty., or Company } DA Corps R. Newfound Date of enlistment } 23/5/18 G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } M. J. [unclear] Company, etc. } Character } Good

Army Form B. 122.

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>Field</u>	<u>7/1/19</u>	<u>Pvt</u>		<u>Deficient of iron rations</u>	<u>C.S.M. Parsons</u>	<u>Pay for same</u>	<u>7/1/19</u>	<u>Major Burns</u>	<u>B+</u>

Butler, A

5372

Ray Sept.

July 12, 1919

#5372 Pte. Albert Butler,

Clarks Beach, U.S.

Dear Sir:-

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

Yours truly

Paymaster & U. i/ c ^{Captain.} records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes, if any 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.

- Christian name, *Albert* Surname, *Buttler*
3. Rank, *Private* 4. Regt. No. *5372*
5. Address in full to which future payments of gratuity are to be forwarded, *Albert Buttler - Black Beach - Port-de-Grave District - Conception Bay*
6. Date of enlistment in the Regiment, *23rd May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge,
Charlotte Buttler
8. Relationship of such dependents, *Wife*
9. Address in full of such dependents, *Charlotte Buttler Black Beach Port-de-Grave District C B*
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 H.M.I.D. If so, give dates and particulars of such service,
France November 18 - Germany January 1919
12. Give total length of time which you served on active service, whether in H.M.I.D. or Overseas, *From 23rd May 18 to 26th June 1919*

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

no

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

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.? If not give - (a) Date of discharge. (b) Reason for discharge.

26th June 19.

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.

North Sea, Belgium

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.

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: *Albert Butler*
 Place of Residence: *Clark Beach Mont-de-la-Croix District*
 Declared before me at: *St Johns*
 This *26th* day of *June* 19*19*.....

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

Wm James Esq

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		Net amount due
.....
.....
.....
Certified correct.					Paymaster

July 11, 1919

#5372 Pte. Albert Butler,

Clarkea Beach,

Port De Grave.

Dear Sir:-

Please find enclosed Discharge Certificate #2931.

Yours truly

Captain,
Paymaster & O.i/c Records.

The Royal Mfld. Regiment

DEMOBILIZATION

No. 5372 Rank _____

Name Burke A

Warned for demobilization on

JUN 26 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3372 Rank Plt Name Butler A
Intended place of residence Clarks Beach

2. Occupation Clarks Beach
Classification of soldier E Medical Category A 1

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 JUN 26 1919
Comanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date JUN 26 1919
ST. JOHN'S
Signature of soldier Albert Butler
Signature of witness J. A. Knowlton

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
Place and Date JUN 26 1919
ST. JOHN'S
Signature of soldier Albert Butler
Signature of witness James O'Shaughnessy

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No of days on Military
Discharged from service 27-6-19 PLUS 14 DAYS Service 415

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.
Place ST. JOHN'S
Date JUN 27 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, Nfld.
Date July 11/1919
Officer in Charge of Records
The Royal Newfoundland Regiment

Handwritten note: 27/6/19/2931

The Royal Newfoundland Regiment

Class for Demobilization:—

A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *25-6-19*

Regimental No. *5372*

Name *B. H. H. H. H.* Rank *Pt*

Address *Clarke Beach*

Present Medical Category *Ai*

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

Members of Board

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

J. P. Adams
Senior Medical Officer

J. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5377 Rank Plt Name Baker A
 Date of Enlistment 23 5 18 Address Planked Beach District Port A B 3
 Occupation Fisherman Classification for Discharge E Medical Category A I
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915	1	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 25 6 19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Albert Butler

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$160.00

(b) Clothing Supplied _____

Alfred [Signature]

Date 26 - 6 - 19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1971 to his home at Blankes Beach and Release Certificate No. 3046 issued.

Date 26-6-19

J.A. Snow left
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 11-7-19

Date 21-6-19

J.A. Snow left
Depot Paymaster.

Discharged approved for 27-6-19
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 26-6-19

J.A. Snow left
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 JUN 27 1919

R.H. Jait MAJOR

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.

Albert Butler

Signature of Man.

Reg. No. 5372.

J. A. Snow

Signature of the Vocational Officer or his Representative.

Place

ST. JOHNS

Date

JUN 26 1919

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

MEDICAL HISTORY

OF

Surname Butler

Christian Name Albert

Table I.—GENERAL TABLE.

Birthplace:—Parish Clark's Beach Cts. County Alea

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	on <u>23</u> day of <u>May</u> 191 <u>8</u>	at <u>S. Johns</u>	at	
Declared Age	<u>49</u> years	<u>—</u> days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>3 1/2</u> inches	feet	inches
Weight		<u>139</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>35 1/2</u> inches		inches
	Range of Expansion	<u>2 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	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)	<u>Lamin Bass</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>S. Johns</u>	at		
	on <u>23</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>The Royal</u>	<u>1372</u>		
Transferred to	<u>Alea Regt</u>			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

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

Date	Brief Details, and Signatures
24-5-78	Vacc. 78
13-6-18	Rec... 78
20-6-18	T A B } 78
27-6-78	T A B } 78
4-7-78	T A B } 78

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 4 for discharge on Demobilisation. Medical category 4

23-6-19 [Signature]
Date of T.M.B. Captain
Discharge Depot-Hawkinsdale

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



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 *Albert Butler*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5372*

Intended address *Clarks Beach N.B.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Christopher*

Christian name of Mother *Charlotte*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Clarks Beach 26 Aug. 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) *Albert Butler*

Pte.
(Rank)

Station _____ Date *23-6-19*

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.



Station _____

Date _____

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 Newfoundland* 7. Former Trade or Occupation } *Miner*
2. Regtl. No. *1372* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *P. Butler* *Albert* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *19*
6. Posted for duty on *May 23/18* at *St. Johns* 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 ?
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. 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 | } | na | |
| (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? } na

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? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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.S. Percival Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Shuteley D. Camp.*
 Date *29-4-19*

* 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

Casualty Form - Active Service.

Regiment or Corps N. S. Newfoundland
 Rank Pte Surname Butler Christian Name A
 Religion Methodist Age on Enlistment 19 years 23 months
 Enlisted (a) 23/5/18 Terms of Service (a) Duration Service reckons from (a) 23/5/18
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation Fisherman W. H. Douglas Signature of Officer.

Report		Record of promotions reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	28 NOV 1918		
		Joined Batt.		5 JAN 1919	
		Arrived in UK		23/4/19	

Int

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered (17501.) Wt. W 1887 - P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)
 (b) Signaller, Shoeing-Smith, &c

Next of Kin: - Mother: - Butler Charlotte: - Clarke's Beach: - Port-de-Gravi: - N. S. L.D

ST. JOHN'S, JUN 26 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr. A. Butler

Billeting Soldiers as undermentioned

from June 1st /19 to June 20th /19

5872 Mr. A. Butler 21 00

ACCOUNT	<u>BVM</u>
CH NO	<u>24934</u>
IND LEDGER	---
PAY LEDGER	---
GEN LEDGER	---

Certified correct

[Handwritten signature]

R-T

Billeting Officer.

Albert Butler

RECEIPT
FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

5372

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

NAME..... *Albert Butler*.....

DATE. *18/2/20*.....

PLACE... *Calais Beach*

Dear Sir

I understand that there is
another liband due to me But
I have not yet get I did
not get in service liband
until yesterday as I just came

home from Halifax 20th Aug
5372 ex pt. a Butler

1901

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

Albert Butler

in respect of his service as No. 5372 Rank Pte.

Name A. Butler Royal Nfld. Regt.
~~Infantry Corps~~

Receipt of the same should be acknowledged hereon.

Received medal nov 18th 1921

Signature Albert Butler

Date 19/11/21

Address Clarks Beach P de G

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One
Signature of O. C. Company ASD Dickson

Regiment of Royal Newfoundland

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5372 Buller Albert</u>	Age on	14 years / months	Fisherman	
Joined	Date	Place and Date of Enlistment	<u>St. John's 25 5 18</u>	Religion	
Joined	Date			<u>Methy</u>	
Joined	Date	Period of	with Colours / 50 years.	Place of Birth	
Joined	Date			with Reserve / 36 years.	<u>Clarks Beach NS</u>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>	<u>11 7/19</u>				

To be carried over.

The Royal Newfoundland Regiment

5372 ✓

DEMobilIZATION OF

Reg. No. 5372 Rank Plt Name Butler A
 Date of Enlistment 23.5.18 Address Clarke Beach District Port A. S.
 Occupation Fisherman Classification for Discharge No. Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. Pls6	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		" 6
B 179c	B 120	M 93		

Date 25.6.19 O. C. Discharge Depot. H. News H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.
Albert Butler

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 25.6.19 O. C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 7.1971 to his home at Blakes Beach and Release Certificate No. 3046 issued.

Date 26-6-19 *J.A. Snowball*
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 11-7-19

Date 11-7-19
Depot Paymaster.

Discharge approved for 27-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	<input checked="" type="checkbox"/>	N.F. Med	D.F. 1	<input checked="" type="checkbox"/>
B 178	W 3494	B 122	<input checked="" type="checkbox"/>	Board Ist.	" 2	<input checked="" type="checkbox"/>
B 178a	D 400A	B 1915	<input checked="" type="checkbox"/>	do 2nd	" 3	<input checked="" type="checkbox"/>
B 179	D 400B	Form L	<input checked="" type="checkbox"/>	do 3rd	" 4	<input checked="" type="checkbox"/>
B 179a	D 400C	Form K	<input checked="" type="checkbox"/>	do 4th	" 5	<input checked="" type="checkbox"/>
B 179b	B 103	ME 2	<input checked="" type="checkbox"/>		" 6	<input checked="" type="checkbox"/>
B179c	B 120	M 93	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Date 26-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 27 1919 *R.H. Sait* MAJOR
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot *J. M. ...*
Date July 9/19 *...*

Reg. No. *1372* Rank *Alie* Name *Baker A.*
Attested Address *6 Larders Beach*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Konstan* Cause *Discharge*

26.6.19

PASSED TO DEMOBILIZATION OFFICER

27.6.19

DISCHARGE APPROVED ON DEMOBILISATION