



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 905.

Name in full Charles Butler Age 34.

Address 41 Scott St.

~~Married~~ Height 5:8 Weight 137

Single
Color Fair Hair Light Eyes Blue.

Other distinguishing marks Scar on left leg

Nearest relative Samuel Butler John Butler (4th son)

Address Harbour Grace.

Dependents Wife

Occupation Draper Salesman Present Wage 4.00 per year.

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment Jan 4th 1914.

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

Charles Butler

Declared before me this 21 day
of Jan 1914
Eric Sheehan

Regimental Number 905

Company E

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions:

For the duration of the present war, or until my
discharge.

Subject to the Army Act, the King's Regulations,
and to such ordinances as may apply or may
be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act,
5 George V., Chapter IV.

Signed Chas. Butler

Witness S. Robertson

Dated at



191

L. Butler.

905.

P. + P.O.

No. 146

NEWFOUNDLAND CONTINGENT.

ALLOTMENTS.

I, Charles Butts Reg't No 905
 hereby agree, until further notification by me, and in similar official
 form, to make an Allotment of Dollars and 50 Cents
 per diem, from my Pay, to and for the benefit of the undermentioned per-
 son or Persons, and such payment to be made on proof of identity of, and pro-
 duction of the Relative Identity Certificates by the person or persons
 concerned, viz:-

Identity Certif. No	Whether Wife, Child, other Relative or Friend.	NAME (in full)	Address	AMOUNT (each person)
	<u>Mother</u>	<u>Mr John Butts</u>	<u>Harbour Grace Newfoundland</u>	<u>50¢</u>
	<u>In line</u>	<u>from 1. 965</u>		

This Allotment to Commence from (inclusive) July 1 1916

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

(Sig) Churchill 2/4.

Officer Commanding
Company.

Lewton PK School

June 28 1916

(Sig.) Charles Butts(Rank) Corporal

221/19/P&A

PAYMASTER & OFFICER I.C. RECORDS,
NEWFOUNDLAND CONTINGENT,
83, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

Officer Commanding,
2/1st. Newfoundland Regt.,
Ayr, N. B.

FM/WF

Pay & Record Office,

8th, January 8

905. SGT. C. BUTLER,
1st. NEWFOUNDLAND REGIMENT.

With reference to enclosed application for Separation Allowance: Kindly cause N. F. P/83 to be completed, shewing relationship of dependent to the Soldier. . .

Claimant has an allotment of 50 cents per day payable to Mrs. John Butler (Step-Mother) Mr. Grace. Kindly verify whether allottee and the dependent in respect of whom the allowance is claimed are identical and if so, state whether her husband is alive, please.

Major,
Chief Paymaster & C I/c Records.

ORIGINAL

N.F.F./L. ALLOTMENTS

NEWFOUNDLAND CONTINGENT



CANCELLATION OF ALLOTMENT

I (No) 905 (Rank) Opel (Name) Butter Charles
hereby apply for cancellation of allotment made by me on
N.F.L. NO ¹⁶⁰²¹ 27 dated 27th March 1915 in favor
of Mr John Butter Harbor Grace for \$ — cts 40
per day, such cancellation to take place from (inclusive)
the first day of July 1 1916

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

Dated Leiston P.K. School

June 28 1916

Chas Butter

Allottee.

Approved and witnessed

E.C. Henshall 27.H.

O.C. "F" Company.

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

To be made out in triplicate and be sent to Registrar & O L/c Records who will forward original to Headquarters by first mail, duplicate by the following and retain triplicate.

Handwritten initials and marks at the bottom left of the page.

ORIGINAL



FORM K.

No. 146NEWFOUNDLAND CONTINGENT.ALLOTMENTS.

I, Charles Butte, Serial No. 905
 hereby agree, until further notification by me, and in similar official
 form, to make an Allotment of _____ Dollars and 50 Cents
 per diem, from my Pay, to and for the benefit of the undermentioned Per-
 son ^{and} Persons; such payment to be made on proof of identity of, and pro-
 duction of the relative Identity Certificates by the Person ^{and} or Persons
 concerned, viz:-

Identity Certif. No.	Whether wife, Child, other Relative or Friend.	NAME (in full)	ADDRESS.	AMOUNT (each person)
	<u>Mother</u>	<u>Mr John Butte</u>	<u>Harbor Grace Newfoundland</u>	<u>50⁰</u>
		<u>See Serial Form K. 965</u>		

This Allotment to Commence from (inclusive) July 1 1916

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.) E. B. Churchill 2nd Lt.
 Officer Commanding
 F Company.

(Sig.) Chas. Butte

Hewton PK School
June 28 1916

(Rank) Captain

07044

70

Form
C. 345

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
105 VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

MEMORANDUM.

From

From Officer Commanding,
2/1st Newfoundland Regiment,
Ayr, N.B.

To Officer Commanding,

To The Paymaster,
Newfoundland Contingent,
London, S.W.

2/1st Newfoundland Regt.

Ayr, N. B.

ANSWER.

FM/WF

Pay & Record Office,

5th, January 1918.

Jan. 10th 1918.

905, SGT. C. BUTLER,
1st. NEWFOUNDLAND REGIMENT.

NEWFOUNDLAND CONTINGENT.
PAY & RECORD OFFICE.
REF. NOS 104 ✓ 388
11 JAN 1918

With reference to enclosed application for Separation Allowance: Kindly cause N. F. P/83 to be completed, shewing relationship of dependent to the Soldier...

Completed 11/24/18

Claimant has an allotment of 50 cents per day payable to Mrs. John Butler (Step-Mother) Mrs. Grace. Kindly verify whether allottee and the dependent in respect of whom the allowance is claimed are identical and if so, state whether her husband is alive, please.

Allottee and dependent

are identical, her husband not being alive.

W. J. Dineen
Major,
Chief Paymaster & O. i/c Records.

T. B. P. M.
Captain
COMMANDING, 2nd/1st N.F.L.D. REGT.

11494/88

SUSPENSE
CLEARED

The Hon. the Minister of Militia,
St. John's,
Newfoundland.

19th July

8

905, Sgt. C. Butler.

N.F.P. 82, Claim for Separation Allowance, in favour of
Step-mother of above named Soldier.

Cop. to Major M. 11/19/49. 19/4/58

NEWFOUNDLAND CONTINGENT



SEPARATION ALLOWANCE

1. Regimental No. and Rank	4051 Sergeant 4.
Name	Charlie Butler.
Unit	2 nd Newfoundland Regt.
2. Full Name of Dependent.	Charlie Butler (Mother)
3. Address	Harbour Grace Nfld
4. Have you made previous claim for Separation Allowance? If so, state particulars.	NO
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	NO
6. Date of Marriage.	—
7. Name and Address of your last Employer.	James Baird Ltd St John's Nfld.
8. The amount of your salary or wages immediately prior to Enlistment.	\$55 = per month
9. Are your wages or any portion being paid by your employer during your absence?	NO
10. If paid, what is the amount per month?	
11. Name of Corps prior to enlistment in the Nfld Contingent.	

I CERTIFY that the above is a true statement.

Char. Butler

Signature of Officer forwarding this application.

A. Whitaker, LIEUT. COLONEL
COMMANDING 2nd BN. NEWFOUNDLAND REGT.

Unit 2nd Newfoundland Regt.

Date Dec. 22nd 1947

3. Date of Marriage.

Attachment to today payable to Mother Mrs. J. Butler
Harbour Grace.

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 A.F.C.* 7. Former Trade }
or Occupation }
2. Regtl. No. *9057* 3. Rank. *Sgt.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Bullitt* *Bas*
(Surname) (Christian Names)
5. Age last birthday *44*
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 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? }

In all cases such as facial injuries, eyes, ears, 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.)

No complaints of no sensibility

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

20. Do you recommend—

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

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

Refractation

W.E. Procunier - Capt RMC

Station . . . *Hampstead*

Medical Officer in charge of case.

Date . . . *28-6-49*

* 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

Butler, C.

905

Gay Sept.

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



MEDICAL HISTORY

Surname Butler OF Christian Name Charles

Table 1.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	day of	191
Examined	on	11 day of Dec 1914	on	day of 191
	at	St Johns.	at	
Declared Age		34 years	days	years
Trade or Occupation		Draper.		
Height		5 feet 8 inches	feet	inches
Weight		137 lbs.		lbs.
Chest Measurement	{	Girth when fully expanded	32	inches
		Range of expansion	37	inches
Physical Development				
Vaccination Marks	{	Right	Left	Right
		Number		Left.
When Vaccinated		1909		
Vision	{	R.E.—V=	4/6	R.E.—V=
		L.E.—V=	6/6	L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease.	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection.	(b)	Wears denture note R foot slight lameness	(b)	
Approved by (Signature)		Clayton Macpherson		
(Rank)		Capt.		
		Medical Officer.		Medical Officer.
Enlisted	at	St Johns.	at	
	on	4 day of Jan 1914	on	day of 191
		Corps.		Corps.
		Regtl. No.		Regtl. No.
Joined on Enlistment		1st Rifle Regt. 905		
Transferred to				
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(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 Signature
20. 4. 15	 
25. 9. 16	Dental Treatment Complete


It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as No. for discharge on Demobilisation. Medical category I
 Date of M.B. July 18/19

 Discharge Officer

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
St. John's Nfld	Jan 4 ^o 15	20 Mar 15			
T.S. "Stéphano"	20 Mar 15	22 Mar 15			
T.S. ORDUNA	22 Mar 15	30 Mar 15			
Edinburgh Castle	30 Mar 15				



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 *Charles Butler*

Regiment from which discharged **Royal Newfoundland**

Regimental number *905*

Intended address *St Grace*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Burn left leg.*

Figure on discharge *Medium*

Christian name of Father _____

Christian name of Mother *Charity. Step mother*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St Grace Nov 16th, 1870*

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) *Chas. Butler*

Sgt
(Rank)

Station **ST. JOHN'S.**

Date *17-7-19*

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.

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 Art. F. A. B.* 7. Former Trade or Occupation }
2. Regtl. No. *905* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Butler* *Charles* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *44*
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 (b) Date of Discharge ;
(c) on duty (d) off duty ? (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 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 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? } ✓

Complains 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?

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

Repatriation

W. E. Proctor, Capt-R.A.M.C.

Station *Hagley Hall*

Medical Officer in charge of case.

Date *28-5-19*

* 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

*Newfoundland*Regimental No. *1434*Rank *Pte*Name *John Joseph Butler*Enlisted (a) *26/4/15*

Terms of Service (a) _____

Service reckons from (a) _____

Date of promotion }
to present rank }Date of appointment }
to lance rank }Numerical position on }
roll of N.C.Os. }

Extended _____

Re-engaged _____

Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	<i>Disembarked Mascout</i>		<i>3416</i>		
	<i>joined B company</i>		<i>Truro</i>	<i>24.15.13</i>	
	<i>87th ad G. SW left foot band</i>		<i>665</i>	<i>27/16</i>	<i>80 11968</i>
	<i>Transferred to England</i>				

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

(P.T.O.)

No. 1104



DUPLICATE
MICROCOPY
Posted 21 AUG 1918

N.F.P./55.

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

To: ~~The Hon. the Minister of Militia,~~
St. John's,
Newfoundland.

19th July 1918

905, Sgt. C. Butler.

Herewith N.F.P. 82, Claim for Separation Allowance, in favour of
Step-mother of above named Soldier.

Please acknowledge receipt hereon:

(Sig.) _____

(Date) _____

Chief Paymaster & Officer i/c Records.

No. _____

NEWFOUNDLAND CONTINGENT

N.F.P./55.

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

1. Regimental No. and Rank	905 <u>Sergeant</u>
Name (in full)	Charlie Butler
Date of Enlistment	2/1 Newfoundland
Unit	<u>2/1st Newfoundland Regt.</u>
2. Name(s) of Dependent(s) (in full)	<u>Charity Butler</u>
Relationship	<u>Step Mother</u>
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	<u>Harbour Grace, Newfoundland.</u>
3. Ages of Children: Girls under 12 years Boys " 16 "	
4. Children's Guardian Address	
5. Particulars of Allotment Allottee Address Date effective from	£ <u>.50</u> cents per day in favour of <u>Mrs. J. Butler, Stepmother,</u> <u>Harbour Grace,</u> <u>1/7/16</u>
6. Date of Marriage	<u>-----</u>
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	<u>No</u>
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	<u>No</u>

9. Name and address of your last Employer.	James, Baird, Ltd. St. John's, Newfoundland.
10. The amount of your salary or wages immediately prior to Enlistment.	\$55.00 per month
11. Are your wages or any portion being paid by your employer during your absence?	No
12. If paid, what is the amount per month?	-----
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	-----

I CERTIFY that the above is a true statement

Chas. Butler

Signature of Officer forwarding this Application.

Unit 2/1st Newfoundland Regt. A. W. Whittaker, Lieut. Colonel.
Dev, 22nd 1917 Commdg. 2/Bn Newfoundland Regt.
Date _____

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined _____

Date Birth Certificates (in case of children) examined _____

If Soldier is sole support, does Statutory Declaration accompany this Application? _____

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

1. Regimental No. and Rank	905 Sergeant
Name (in full)	Charlie Butler
Date of Enlistment	2/1 Newfoundland
Unit	2/1st Newfoundland Regt.
2. Name(s) of Dependent(s) (in full)	Charity Butler
Relationship	Step Mother
Address (if allowance is claimed for children, name and address of person with whom they reside should be stated)	Harbour Grace, Newfoundland.
3. Ages of Children: Girls under 17 years Boys " 16 "	
4. Children's Guardian Address	
5. Particulars of Allotment Allottee Address Date effective from	\$.50 cents per day in favour of Mrs. J. Butler, Stepmother, Harbour Grace, 1/7/16
6. Date of Marriage	-----
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	No
8. Is Separation allowance being paid on your account to anyone in Newfoundland or elsewhere?	No

9. Name and address of your last Employer.	James, Baird, Ltd. St. John's, Newfoundland
10. The amount of your salary or wages immediately prior to Enlistment.	\$55.00 per month
11. Are your wages or any portion being paid by your employer during your absence?	No
12. If paid, what is the amount per month?	-----
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	-----

I CERTIFY that the above is a true statement

Chas. Butler

Signature of Officer forwarding this Application.

Unit 2/1st Newfoundland Regt. A. W. Whittaker, Lieut. Colonel.
Commdg. 2/Bn Newfoundland Regt.

Date Dev, 22nd 1917

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined _____

Date Birth Certificates (in case of children) examined _____

If Soldier is sole support, does Statutory Declaration accompany this Application? _____



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

Aug. 6th, 1919

From Adjutant,
 Discharge Depot

To Capt. E. M. Maddick,
 Militia Department

905 Sgt. C. Butler

Reference your notification of Aug. 2nd regarding the cancelling of the allotment of the above N.C.O. from July 1st, he was demobilized on July 17th and as we were not notified that his allotment had been cancelled, it was charged against him in the regular way.

N. R. Cooper
 Capt & Adj.

LRG/C

[Handwritten signature]

August 2nd 1919.

Officer Commanding,
Depot.

Re NO. 905, SGT. CHAS. BUTLER.

The above noted man has made application to have his allotment of fifty cents (50¢) per day payable to Mrs. John Butler cancelled from, and including July 1st 1919.

For your information please.

Yours truly,

Cspt. B

RS/.

August 4th 1919.

#905, Sgt. C. Butler,

Mr. Grace.

Dear Sir:

Enclosed please find Discharge Certificate
3511.

Yours truly,

Capt. & Major.

RS/.

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 305

Name Charles Butler

Apparent age 34 years months. Height 5 feet 8 inches.

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

Distinctive marks Color: Fair, Hair: Light, Eyes: Blue

Other distinguishing marks: Scar on left leg

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mrs. John Butler, Harbour Grace, Nfld.

Relationship Step 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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not	Service in Reserve	Signature of Officers certifying correctness of entries.
					allowed to reckon for fixing the rate of Pension	not allowed to reckon towards G. C. Pay	
					years days	years days	
Service towards limited engagement reckons from <u>4/1/15</u>							
Joined at <u>St. John's</u> on <u>4th January '15</u>							
<i>Discharged August 11 1919</i>							
<i>W.H.</i>							
Total Service forfeited as above							
Total Service towards Engagement to (date of discharge) <u> </u> years <u> </u> days							
Pension							

The Royal Newfoundland Regiment

Class for Demobilization:

26

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 15/19

Regimental No.

905

Name

Butler C.

Address

St. George

Present Medical Category

A1

Recommended for: (a) Immediate discharge

(b) Standing Medical Board

Members of Board

A.R. Lodge Capt.

O. C. Discharge Depot.

W. Salmon

Senior Medical Officer

S. W. Gordon

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 905 Rank Sergeant Name Buller C
 Date of Enlistment 11.12.14 Address St. Grace District St. Grace
 Occupation Araper Classification for Discharge 16 Medical Category A.I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 122	/	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		<u>2505</u>	1	

Date July 19/19O. C. Discharge Depot. H.M.S. #

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Chris Buller

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 AlbionstonDate 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 2480 to his home at R. G. G. G. and Release Certificate No. 3724 issued.

Date 19-7-19

A. M. Blomster
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 4-8-19

Date 19-7-19

J. M. H. H.
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>9505</u>	" 6
B 179c	B 120	M 93		

Date 19-7-19

A. M. Blomster
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919

L. R. COOPER, CAPT.
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.

Chas Butler

Signature of Man.

M. B. Weston

Reg. No. 905

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 19-7-18 1918

August 11th 1919.

Mr. C. Butler,
Hr. Grawe. C.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 Ser-
vice gratuity.

Yours truly,

Capt. &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 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..... *Charles* 2. Surname..... *Bathur*

3. Rank..... *Sergeant* 4. Regtl. No..... *905*

5. Address in full to which future payments of gratuity are to be forwarded..... *St. Grace, C. B.*

6. Date of enlistment in the Regiment..... *Jan. 10/15*

7. Name of dependent, if any, to whom Separation Allowance is being issued or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents..... *My mother*

9. Address in full of such dependents..... *St. Grace, 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 field. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in field or Overseas.....

From Jan. 10/15 -

to July 19/19.

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

..... *No!*

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

..... *No*

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

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

19. Are you now serving in the Regts.? *No*. If not give: (a) date of discharge. *19/11/19* (b) Reason for discharge. *New York New York*

..... *New York New York*

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

..... *No.*

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

Chas Butler

Place of Residence:

*Agona, Nfld,
St John's Nfld,*

Declared before me at:

This

19th day of *July* 19*19*.

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

John M. Carthy

POST DISCHARGE PAY.				War Service Benefit.	Net amount due
Date paid	paid grantee.	paid dependent.	War Service Benefit.		
.....
.....
.....
Certified correct.				Registrar	

6357

St. Johns

1-9-1919

To the Paymaster
Royal Newfoundland
Headquarters
Town

Dear Sir

In future please
address all communications for me
to Mr James Bond Hill - Town

Yours very truly
Chas. Burtie

No 905

Gale



No. 146

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles Butcher, Regl. No. 905
 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 ^{and} _{or} Persons, such payment to be made
 on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or}
 Persons concerned, viz:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
	Mother	Mrs John Butcher	Hatfield Road Newfoundland	50
Commencing July 1 st i. line Form K. 965				
Total Allotment, \$				

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.

Sgd.
 (Sig.) E. Churchill 2/11
 Officer Commanding
North Park School Company

Sgd.
 (Sig.) Chas. Butcher
 (Rank) Corporal

June 28th 1916.

not be

SEPARATION ALLOWANCE.

Claimant Charity Butten..... Mother.....

On account of Charles Butten..... No 905..... Rank Cpl.....

Decision..... Approved.....

27/3/15 to 31/8/17

\$582⁵⁸

Date May 6/1920.....

W. F. Rendell Private Co.
M. Bowley Major

Instructions.....
.....
.....
.....

Allotment of 50 [@] per day payable to Mrs John Butten
his mother from 3/3/15 to 4/8/19
Discontinued on account of being discharged.

R. H. Sumner

(Separation Allowance Branch.)

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply, must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to.

THE PAYMASTER
Separation Allowance Branch,
St. John's Hill.

1. Name in full of Soldier.				Rank	Reg't. or Unit	Reg't. No.
Charles Butler				Captain	4th Bn.	4905
2. Age of Soldier			Married or Single.			
about 49			Single			
3. Name in full of Mother		Age	Occupation	Permanent Address.		
Charity Butler		65	Housewife	Waterloo, N.S.		
4. Give name of your husband.		Age	Occupation	Where employed.		
Deceased.						
5. If your husband is not supporting you state the reason.						
6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue)						
7. If you are a widow, state date and place of death of your husband.		10th Sept March, 1910 Waterloo, N.S.				
8. Have you married again since death of above mentioned husband?		No.				
9. Names of your other Children		Address in Full.	Age.	Occupation	Married or Single.	
No children.						

Mrs Butler is an invalid, and has to keep a girl to attend on her and do her work. She was in bed when the messengers were given work.

10. State amount earned by (a) yourself (b) Your husband (a) Nothing (b) Nothing
11. State amount and source of any other income. Receives \$3 a month for house rent's rental.
12. State value of Real Property belonging to you and your husband. About \$500.
13. State value of personal property belonging to you and your husband. Nil.
14. If husband is dead state value of Real and personal Property left by him. - answered by 12 and 13.
15. Actual amount contributed by soldier during the year prior to enlistment. Practically supported me. Cannot give actual amount.
16. Was this amount contributed weekly or monthly. Supplied when required.
17. Did this amount include payment of son's Board etc. Yes.
18. State your son's trade or occupation prior to enlistment. Draper.
19. State amount of his wages per week. Not known.
20. State name and address of his last employer. Messrs. Hunt Ltd., A. H. H. S.
21. State amount of support monthly from son since enlistment. \$15.50 monthly - 50¢
22. State amount of Allotment received by you from son monthly. \$15 & \$15.50 Monthly
23. From what date did you receive Allotment? May, 1915
24. Actual amount contributed by other children } None } Nothing
Weekly Monthly.
25. Are any of these children in the employ of you or husband? Nothing
26. If not receiving support from other children state cause, Explain fully. Nothing
27. With whom are you residing at present. Living by myself
28. Have you made a previous claim for Separation Allowance? If not, Why? Give particulars. } No. did not apply.
29. Are you already in receipt of Separation Allowance from any source? If so, how much? No.

(150 letters)

- 30. Are you in receipt of any payment from any Patriotic Fund? If so, How much. *Yes, \$6 a month from the Sabroter Association St. John's, for over a year*
- 31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government. *No.*
- 32. In what capacity and in what place. _____
- 33. Is he in receipt of a salary as much while serving in the 1st. Nfld. Regt. If so, how much?. *Not known*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant..... *Charles H. Butler*
 Place of Residence *Prater Street West St. John's Nfld.*
 Declared and subscribed before me at..... *Keaton House, Nfld.*

this *25th* day of *November*.....1917

Witness - *W. A. Oke*
 Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *William A. Oke*
S. M., N. P.

NOTE - Mrs. Charles Butler, widow of Wm Butler, is the step mother of Charles Butler # 905, Nfld. Regiment.

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above Soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman *Wm R. J. Higgitt*
Reverend of St. James
 Signature of Member of Patriotic Fund Committee. *John Trappnell J. P.*

Approved Dec 1/1917
[Handwritten signatures]

May 12, 1920

Mrs. Charity Butler,
Water Street west,
Harbor Grace.

Dear Madam:-

Referring to your application
for Retroactive Separation Allowance, I
enclose cheque for Five hundred and eighty
two dollars and fifty eight cents (\$582.58),
being the amount due you.

Yours truly

Major

Paymaster.

SEPARATION ALLOWANCE.

Claimant *Chanty Butte* *mother*

On account of *Charles Butte* No. *905* Rank *Sergt.*

Decision. *Already Passed*
Approved

Date *July 27/1920*

W. F. Rendeef *Col*
M. Bowley *Major*

Instructions.....
.....
.....
.....

Allotment of per payable to
his from to
Discontinued on account of

.....



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

April 12, 1920

Mr. Chas. Butler,
"Tremont" Hotel,
City

Dear Sir:

with reference to your
letter of recent date, I enclose form which kindly have
your mother complete in the presence of a Magistrate or
a Justice of the Peace and return to this Office.

Yours truly,

Capt.

For Paymaster

LM/Enc.

ROYAL RECORDS

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster
Separation Allowance Branch
St. John's, Nfld.

- (1) Name in full of soldier Charles Butler Rank Sergeant - Royal Nfld Regt - Reg't or Unit 905 Reg't No.
- (2) Age of soldier 45 Married or single Single
- (3) Name in full of mother Charity Butler Age. 68 - Occupation Nil Permanent Address Water St. St. John's
- (4) Give name of your husband John Butler Age. 62 at death - Occupation - Where employed -
- (5) If your husband is not supporting you give the reason. Dead March 16th 1907
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). [Signature]
- (7) If you are a widow, state date and place of death of your husband March 16th 1907, at Waterhouse
- (8) Have you married again since death of above mentioned husband? No
- (9) Names of your other children. Address in full No child Age. Occupation, Married or single
- (10) State amount earned by (a) Yourself Nil - am Redricken the
(b) Your husband last 6 years
- (11) State amount and source of any other income Have a tenant in house with me - \$20 per month - Rent for gas - \$10 per year - I pay for my own share of the amount for utilities on me as I am a single man - \$17 per month

12. State value of real property belonging to you and your husband
The homestead value I live in market value about 400 \$
13. State value of personal property belonging to you and your husband.
Only the above
14. If husband is dead state value of real and personal property left by him.
No for Isaac Rose
15. Actual amount contributed by soldier during the year prior to enlistment
About 100 \$
16. Was this amount contributed weekly or monthly
Not regularly, but - at various times during year
17. Did this amount include payment of son's board, etc.
No.
18. State your son's trade or occupation prior to enlistment
My son is Seaman
19. State amount of his wages per week
20. State name and address of his last employer
James Baird Ltd,
21. State amount of monthly support from son since enlistment
About 15.00 per month that 25.00 to 30.00
22. State amount of allotment received by you from son since enlistment
None
23. State from what date did you receive allotment?
24. Actual amount contributed by other children Weekly Monthly
25. Are any of these children in the employ of you or your husband?
26. If not receiving support from other children, state cause. Explain fully
27. With whom are you residing at present?
In my own home, with Albert, who is a member of my household family -

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars?

No - didn't know about it

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

No

(30) Are you already in receipt of Separation Allowance from any source? If so, how much?

No.

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government?

No.

(32) In what capacity and in what place?

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant

for Charles Butler

Place of Residence

Water Street - Harbour Grace

Declared and subscribed before me at

Harbour Grace

--- this ~~both~~

day of

May

1920

(after being read over and explained to the said Charles Butler)

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

John Casey, J.P.

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee

Rev. Wm R. J. Higgitt

Anne Higgitt

10151

Tremont Hotel
City
Mch 18th 1920

Jay Meade
Capt. Militia
City

Dear Sir

I understand that payment
of separation allowance should be
made from time of first payment
to date of discharge?

Will you please inform me if
this is so and also how it will be
paid

Yours very truly
Chas. Butler #905²

Send form
~~to~~ Meade Repl.

10393

"Inmont" Hotel
City

22-2-1920

Lt. Col. W. G. Russell D.R.S.

Dear Sir

I understand from the
Nepal papers and also from one
chapn who received their discharge
in Great Britain that one
separation allowance extended
back from date of first pay-
ment to time of enlistment.

Will you please let me
know if this is correct and if
so when and how it was to
be paid

Yours very truly

Chas Buttie

P.m.

was d.a. paid on his
account, please

7

Send new form

[Signature]

April 12, 1920

Mr. Chas. Butler,
"Tremont" Hotel,
City

Dear Sir:

With reference to your
letter of recent date, I enclose form which kindly have
your mother complete in the presence of a Magistrate or
a Justice of the Peace and return to this Office.

Yours truly,

For Paymaster Capt.

LM/Enc.

Address

905

Mar 30 4th
34

Mrs J. P. Lunitin
Harbor Grace

Harbor Grace

April 20th 1915

Dear Mr. Russell,

40

Will you kindly inform me from Mrs John Butler, step-mother of Mr. Chas Butler (who is one of those who have enlisted) how to do to receive her allotment money. Before Charles left, he asked me to sign the allotment papers which Mrs Butler would receive, and now a month has passed since he left, and she has had nothing. I am lending her a little to go on with, but will soon have to stop. She cannot work, as she is an invalid and ^{myself} ~~myself~~ ^{of} bed once, since Easter. What is to be done? Mr. R Ward says if ^{you need this} statement comprised apply to him. I do not care to write this but somebody must do it. I have found to my cost, since I have lived here a while, how much can be treated. I know we get a hard time, when we have to look for our rights, & if I can help any other, I feel bound to do it. Trusting you will reply at your earliest convenience.

I am yours truly
Elizabeth Lunitin

ST. JOHN'S, JUL 19 1919

Royal Newfoundland Regiment.

Billeting Account,

To *Sgt. C. Butler*

Billeting Soldiers as undermentioned

from *July 1st /19* to *July 21st /19*

A. C. S.

905 - Sgt. C. Butler 21 60

REGIMENT *B V M*
SERIAL NO. *3378* INITIALS *AW*

PAY LEDGER INITIALS

GRN LEDGER INITIALS

Certified correct for \$

21 60

R-J

M. Blouin

Billeting Officer.

Chas. Ruelles

C.R. 905

Oct. 15th, 1921

Mr. Charles Butler,
c/o James Baird, Ltd.

Dear Sir:-

Reference your letter of 3rd October regarding your service medals, which you state have not yet been received by you, I might inform you that these Medals are not being issued alphabetically, they are taken a case at a time; these cases contain about 900 medals each which are not in any specific order. However, your medal will be mailed tomorrow, and you should receive it on Saturday or Monday.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

#905

C.R. 905

St. John

3-10-21

M. Col. W. G. Russell

Depa Militia

Dear Sir

I haven't received my
war medals to date. As I
understand they are being distributed
alphabetically and as I know
that the "H's" have received theirs
I think mine must have been
overlooked sometime?

Will you please look this
matter up

Yours truly
Chas. Butler

address

of James Randall

CR 905

August 21st 1919.

Sergt. Chas. Butler,
79 Pennywell Road.

Dear Sergeant:

I am sorry to have allowed your letter of July 18th to remain so long unanswered.

I have been enquiring as to the possibility of employing you on one of the Military staffs and regret that no vacancy has appeared since your letter, on the contrary owing to the demobilisation of practically all our troops, our staffs are being depleted and shortly the Depot itself will be closed.

I can quite appreciate your objections in having to return to a more confined situation but it is a problem that everybody is up against nowadays. Perhaps if you would apply to Capt. B. Butler of the Civil Re-Establishment Committee he would be able to secure a position that would not mean so much confinement and would be more to your liking.

Yours truly,

Lieut. Col.

CHIEF STAFF OFFICER

C.R. 905

Extract from daily orders part II Coy-1 Newfoundland Regt.
Depot St. John's dated Aug. 18th 1919.

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

905, Sgt. C. Butler.

Aug. 6th, 1919

From Adjutant,
Discharge Depot

To Capt. H. M. Maddick,
Militia Department

905 Sgt. C. Butler

Reference your notification of Aug. 2nd regarding the cancelling of the allotment of the above H.C.O. from July 1st, he was demobilized on July 17th and as we were not notified that his allotment had been cancelled, it was charged against him in the regular way.

LRC/C



DEPARTMENT OF MILITIA

ST. JOHNS, NEWFOUNDLAND

August 2nd 1919.

Officer Commanding,
Depot.

Re NO.905, SGT. CHAS. BUTLER.

The above noted man has made application to have his allotment of fifty cents (50¢) per day payable to Mrs. John Butler cancelled from, and including July 1st 1919. *This has been carried out* for your information please.

Yours truly,

Capt. &

Pro. Paymaster.

RS/.

*This man was demobilized July 17/1919.
Was not notified by Reg Office that this man's allotment was cancelled.
Allotment of 50¢ charged against him. JH.*

Extract from Daily Orders Part 11 Royal Newfoundland Regiment
Depot St. John's Dated July 22nd 1919.

The Discharge of the undernoted of Demobilisation has been
Approved by O.C. Discharge Depot with effect from following
date. 21-7-1919.

905 SERGT. C.BUTLER.

Private

C.R. 905

St. Johns
July 15th 1814

M^r. Col. W. B. Russell

O. C. Staff

Headquarters

St. Johns

Sir

I am writing to ask you if you could find me a 100 on the Staff at any sale for the present. After four years of army life a good deal of which was spent out of doors, you can understand that I would go back to the confinement of a store with reluctance.

I stuck the 100 to the end and am of opinion I stayed too long for reasons which you no doubt know. However it is, I suppose the "gostine of 1000" and I am not sorry for remaining.

I trust the above shall have your favourable consideration

I am

Yours respectfully

Chas. Butler

Scout

C.R. 905

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

905 Sgt. C. Butler.

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

C.R. 905'

Extract from Militia Orders No.46, By A.E. Hickman
Minister of Militia. June 16th, 1919.

His Majesty the KING has been graciously pleased to approve
of the award of the Meritorious Service Medal to the under-
mentioned Warrant Officers, Non-Commissioned Officers and Men
in recognition of valuable services rendered in connection with
the War:-

905 Sergt. Chas. Butler.

C.R. 905

Extract from ⁴olegra, received from Spectical, London,
June 2nd, 1919.

Following will appear in the London Gazette of June 2nd.

Sgt. 905 Butler.

Meritorious Service Medal.

C.R. 905

Extract of Militia Orders No. 56, by the Hon. A.E. Hickman,
Minister of Militia.

His Majesty the King has been graciously pleased
to approve of the award of the Meritorious Service Medal
to the undermentioned:

905 Sergt. Chas. Butler

C.R. 905

Extract from Daily Orders part II, Depot Winchester
dated (?) by Lieut. Col. B.J. Barton, D.S.O Officer
Commanding Bde., Battalion of the Royal Newfoundland
Regiment, dated FEB 12 1910

The u/a extracting Serjt. to be Serjts. substantive

#905 A/Sgt. C. Butler.

C.R. 905

Extract from Nominal Roll of Draft embarked for
Overseas per S.S. Stephen March 20th 1916.

NO. 6 Platoon.

905 Pte. C. Butler.

C.R.

905'

Charles Butler was attested for General service
with the NEWFOUNDLAND REGIMENT on ..Jan. 4th. 1915..
Regimental No 905 was allotted to Pte. Charles Butler.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 905 Rank Serjt Name Buller C
 Date of Enlistment 11.12.14 Address H. Grace District H. Grace
 Occupation Printer Classification for Discharge 16 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1914	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	<u>2505</u>	

Date July 18/19 O. C. Discharge Depot H. Mens. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Chris Buller

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied _____

Amelambur

Date 19-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 29450 to his home at *H. G. ...* and Release Certificate No. 3724 issued.

Date 19-7-19 *Ambleton*
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 1-8-19

Date 14-7-19 *Ambleton*
Depot Paymaster

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1.
E 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	3505	" 6.
B 179c	B 120	M 93		

Date 19-7-19 *Ambleton*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 21 1919

Date *L. R. COOPER, CAPT.*
O. C. Discharge Depot.

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

Date *Aug 11 1919* *Ambleton*