



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5811 Name John Butler Corps med

Questions to be put to the Recruit before Enlistment.

1. What is your name? John Butler
2. What is your full Address? Banline
3. Are you a British Subject? Yes
4. What is your age? 25 Years Months
5. What is your Trade or Calling? Fireman
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? 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, John 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.

John Butler SIGNATURE OF RECRUIT.

187-7-15 Corp Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John 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 on this 187 day of July 1915

Signature of Attesting Officer Asst. Lieut

†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 July 19 1915

Place St. John's } Approving Officer. W. H. P.

† 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:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Butler
 Apparent age 25 years months. Height 5 feet 1 1/2 inches
 Chest Measurement { Girth when fully expanded 40 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Matthew Butler
Butlers | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5811 Name John Butler Corps meth

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Butler
2. What is your full Address? 2. 13 Anline
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years Months
5. What is your Trade or Calling? 5. Postman
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, John 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.

John Butler SIGNATURE OF RECRUIT.
18-7-18 Corp John Butler
Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John 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 18 on this 18 day of July 1918
 Signature of Attesting Officer Asst. Lieut

†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 July 19 1918
 Place St. John's } Approving Officer. Asst. Lieut

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

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

5811

Name John Butler
 Apparent age 25 years months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 40 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mathew Butler
Bauline | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(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>18-7-18</u>									
Joined at <u>M. S. M.'s</u> on <u>July 18-1918</u>									<u>Sept. 29-9-18</u> <u>Reports to Rank 11-10-18</u>
<u>Embarked M. S. M.'s train to Halifax N.S. 22-9-18</u>									
<u>Admitted Military Hospital Devonport Tasmania 11-10-18</u>									
<u>Admitted to Military Hospital Devonport Tasmania 14-10-18</u>									
<u>Buried Efford Cemetery, Plymouth</u>									
<u>Grave No 451 Glen C. Street Road</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 14-10-1918 [date of discharge] years 89 days

" " Pensions " (" ") " " "

C.R. 5811

Extract from Casualties received from Pay and Record Office,
London dated Nov. 16th 1918.

The undermentioned was buried in Rifford Cemetery, Plymouth.

5811 Pte. J. Butler

Grave No. 4181, Class C. Gen. Ground.

Authority: 2

Name from C.O., Mil. Hosp. Devonport.

C.R. 5811
Register No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept of Militia.**

Line Number	Recd	By	Sent	by	Check

Dated **Matthew Butler, Bauline**
To **Oct. 16th, 1918**

Regret to inform you that Record Office, London,
officially reports **No. 5811, Private John Butler**
died at Military Hospital Devonport England on October 14th
of pneumonia

Upon receipt of further information I shall immediately wire you.

J.R. Bennett

Minister of Militia.

NOTE FOR OPERATOR :

This Message is not to be delivered until Receiving Office notifies that Message to **Methodist Minister**
or School Teacher Bauline has been received and acted upon

FOR TYPEWRITER

C.R. 5811
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender J.R. Bennett Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Oct 16th, 1918

Telephoned to R.A.D. Holmes Post Office

To Methodist Minister or School Teacher Bauline

Regret to inform you that Record Office, London reports to-day No. 5811, Private John Butler died at Military Hospital Devonport England of pneumonia on October 14th Please inform next of kin Matthew Butler

J.R. Bennett

Minister of Militia

C.R. 5811

Extract from Nominal Roll of Sick and Wounded admitted to
Military Hospital, Devonport, 11/10/18. (Re-inforcements
from Newfoundland.) Dated October 16th. 1918.

5811 Pte. J. Butler

R. Nfld. Regt....Pneumonia severe..(Died 14/10/18.)

C.R. ~~5811~~
5811

✓ Draft entrained for Overseas at St. John's, Sept. 22, 1918.
Extract from telegram from Officer Commanding Draft, Port-
au-Desque, dated Sept. 24/9/18.

Addition to draft...

Ld. 5811 Pte. J. Butler.

C.R. 5811

Extract From Nominal Roll Entained At. St. John's for Overseas
Sept. 22, 1918. "B2

5811 Butler John.

C.R. 5811

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's dated August 19th.1918.

5811 Pte. J. Butler.

Granted leave from 17/8/18 to 21/8/18.

C.R. 5811

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 17th, 1918.

5811 Pte. J. Butler.

Granted leave from 16-8-18 to 20-8-18.

C.R. 5811

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

5811 Pte, J. Butler.

Returned from leave and reported to Headquarters for duty
20-8-18.

C.R. 5811

July 31, 1918.

A.B. Morine Esq. K.C.,
City.

Sir:-

#5811 John Butler.

I have the honour to acknowledge receipt of your communication of 20th instant. I referred the matter to the Officer Commanding Depot for report, who advises me that the man was examined by two doctors, when he stated that he had not been able to use his leg for over a year.

The medical examiners could not find anything wrong on examination. They state that his leg seems to be developed in every respect, and does not indicate disuse. He was taken on for a try-out at the barracks, and should it develop that he is not fit to carry on with the training, his case will receive every consideration.

I have the honour to be,

Sir,

Your obedient servant,

Major
District Officer Commanding,
Newfoundland.



C.R. 5811

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

July 29, 1918. 191

From Act. M.O.
Depot.
To O.C.
Depot.

5811 Butler. The marginally noted man was examined by Dr. Arch Tait and myself, he complained of some trouble with leg stating that he ~~could~~ had not been able to use it for ever a year, we could not find anything wrong on examination. His leg is well developed in every respect and does not indicate disease. He was taken on to try out at the barracks.

W. Borden

D.O.B.

For your information, please.

W. Borden
Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

ANSWERED

ALFRED B. MORINE, K.C.

Barrister, Solicitor, and
Notary Public.

BOARD OF TRADE BUILDING,
Water Street, St. John's, Newfoundland.

July 20th, 1918

Major Montgomerie,
Militia Dept.,
City.

Dear Sir:-

The father of John Butler, of Bauline, who is now in barracks here, informs me that the said John has suffered for a long time from a weakness or trouble with one of his legs, from the effects of which he has not been able to do any heavy work during the whole summer. The father says that the leg ^{is not} swollen, but becomes weak when son attempts to bend it, for the purpose of lifting loads, and the father is satisfied that the son cannot stand the course of training.

I should be very much obliged if you will have this matter brought to the special attention of your medical men, in order to ascertain whether the said John Butler is in fact fit for training as a soldier.

Asking the favour of an answer after examination has been made.

Yours truly,

Alfred B. Morine

of Dept.

To report and return

Monty



ANSWERED

Extract from Daily Orders part 11, from Unit The Royal
Nfld Regt. St. John's, dated July 19, 1918.

#5811 Pte. John Butler.

Attested for General Service with the Royal Nfld. Regt.
July 18, 1918.

2000-6-18
 Royal Army Form 2000-6-18

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

MEDICAL HISTORY

OF

Surname

Butler

Christian Name

John

Table I.—GENERAL TABLE

Birthplace:—Parish

Banline

County

Derfordland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>18</i> day of <i>July</i> 191	on	day of	191
	at <i>St John's</i>	at		
Declared Age	<i>26</i> years		years	days
Trade or Occupation	<i>Fisher man</i>			
Height	<i>5</i> feet <i>7 1/2</i> inches		feet	inches
Weight	<i>152</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>40 1/2</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches
Physical Development				
Vaccination Marks	Arm	Right	Left	
	Number			
When Vaccinated				
Vision	R. E.—V= <i>4/6</i>		R. E.—V=	
	L. E.—V= <i>6/6</i>		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lammell Robinson</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>St John's</i>	at		
	on <i>18</i> day of <i>July</i> 191	on	day of	191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>Regal 1777A 58-11</i>			
Transferred to	<i>Regiment</i>			
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of
				191

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 Newfed*..... 7. Former Trade or Occupation } *Ironman*
2. Regtl. No. *5811* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Butter*..... (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) *256* (Christian Names)
5. Age last birthday.....
6. Posted for duty on *July 18/18* at *H. 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? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

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

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

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

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 invanded at Foreign Stations.

Station F. D. Camp
 Date

Repatriation

Capt. Rank
 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—
 (a) Any disability claimed or discovered.
 (b) The present condition thereof.

22. 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 part of the soldier .. .. . | ..... | ..... |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not
 (a) How long is the present degree of disability likely to last?
 (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 90, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station Haywards Camp } President or Chairman.
 Date 11/6/19 } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospitals.
 Date Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date O.C. Discharge Centre.

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 Newscorps*
2. Regtl. No. *58th* 3. Rank
4. Name *Bilton J* (Surname) (Christian Names)
5. Age last birthday *26*
6. Posted for duty on *July 15/18* at *St Johns* in category (or grade)
7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
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) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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

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

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.*

Repatriation

Capt. Paine

Medical Officer in charge of case.

Station *F.O. Camp.*

Date

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered.
 - (b) The present condition thereof.

22. 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 part of the soldier | | |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it ?

23. Is the disability in a final stationary condition ? If not
- (a) How long is the present degree of disability likely to last ?
 - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all ? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hazeley Camp* { President or Chairman.
Date *11/6/17* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospitals.
Date Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
Date O.C. Discharge Centre.

FORM K

No. 6726



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Butler, Regl. No. 5811
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz :

Allotment begins September 1st 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6726	Father	Matthew Butler	Bauline C. B.	60
Total Allotment, \$				

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

(Sig.) H G James v/cent
 Officer Commanding

(Sig.) John Butler
 (Rank) PTE

7. Company

St Johns
August 15 1915

J. Butler

C.R. 5811

~~1110~~

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

MEDICAL HISTORY

Surname Butler OF Christian Name J

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.			REGULAR ARMY.		
	on	day of	191	on	day of	191
Examined	at			at		
Declared age	years		days	years		days
Trade or occupation						
Height	feet		inches	feet		inches
Weight			lbs.			lbs.
Chest Measure. { Girth when fully expanded ..			inches			inches
	Range of expansion ..		inches			inches
Physical development						
Vaccination marks { Arm	Right		Left	Right		Left
	Number					
When vaccinated						
Vision	R.E.—V.=			R.E.—V.=		
	L.E.—V.=			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)						
(Rank)						
			Medical Officer.			Medical Officer.
Enlisted	at			at		
	on	day of	191	on	day of	191
Joined on enlistment	Corps		Regtl. No.	Corps		Regtl. No.
	Royal.		5811			
Transferred to.. .. .	Infld.					
	Rgt.					
Became non-effective by						
	on	day of	191	on	day of	191
(Signature)						
(Rank)						

COPIES SENT

To	No.	DATE
M. OF M.	1674/21	Recd. 29/1/19
O.C. 1st. BN.		
" 2ND BN.		

ATB

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters.

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Military Hospital Devonport	11	10	18	14	10	18	i Influenza ii Pneumonia	4	Admitted cyanosed and almost moribund: chest full of secretion but patient unable to expectorate. Cardiac condition grave and did not react to nasal stimulants. Patient Died	Sgd. J. MacSillivray Capt. Rambe.

FORM K

N^o 6726

THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Butler, Regl. No. 5811, hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins September 1st, 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6726	Father	Matthew Butler	Bauline C. B.	- 60
			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.

(Sig.) H G James /Lieut

Officer Commanding

7. Company

St John's

August 15 1915

(Sig.) John Butler

(Rank) Pte

MORNING STATE OF SICK.

Date October 14th 1918

Hospital at

MILITARY

DEVONPORT

Corps	Remained	Since admitted	Discharged	Died	Remaining	SICK OFFICERS								
						Rank, Name and Corps	Admitted	Discharged	Remarks					
United Kingdom Troops.						See Roll Attached								
3rd Depot, R.G.A. ...						Expeditionary Forces in Hospital (W.O's, N.C.O's and Men).								
36 Coy., " ...						British	Australians	N. Zealanders	Canadians	Others	TOTAL			
38 " " ...						FRANCE Sick ...								
41 " " ...						Wounded								
45 " " ...						Sick ...								
Signal School R.G.A.						SALONICA Sick ...								
Devon R.G.A.						Wounded								
Cornwall "						Sick ...								
Artillery attached						E. AFRICA Sick ...								
30th Coy., R.E.						Wounded								
Devon F. R.E.						Sick ...								
R.E. Special Bge.						M.E.SOPOTAMIA Sick ...								
R.E. I.W. Transport						Wounded								
R.E. attached						Sick ...								
3rd K.O. (R.L.)						EGYPT Sick ...								
3rd Devons						Wounded								
2nd H.S. Devons						Sick ...								
5th Worcesters						Wounded								
6th "						Sick ...								
3rd Somerset L.I.						EGYPT Sick ...								
4th East Surreys						Wounded								
Royal Defence Corps						M.E.F. Sick ...								
Infantry attached						GALLIPOLI Sick ...								
A.S.C.						Wounded								
R.A.M.C.														
A.O.C.														
Cadets														
3rd Labour Corps														
S.C. Labour Centre														
Military Foot Police														
Invalids from abroad														
Civilians														
Free Patients														
Australians														
New Zealanders														
Canadians.														
South Africans														
Civil Isolation Hospitals														
Mt. Gold														
Swilley														
TOTAL ...						Total								

COPIES SENT		
To	No.	DATE
M. or M.	17/22	23 OCT 1918
O.C. 1st Lt.	1/3	
2nd Lt.		

REMARKS

Vacant Beds.

United Kingdom Troops } British and Dominion
 Expeditionary Forces ... }

REPORT OF DEATH { All deaths are at once to be specially reported to the Officer Commanding the Corps, and to the Officer Commanding the Station on this portion of the Form, which is also to be used for all communications regarding a death or burial.

Regtl. No.	Rank	Name and Corps	Age	Religion	Disease	Time and Place of Death	Period after which Interment may take place
5811	Pte.	Butler John. Royal Newfoundland Regt.	25	Meth.	a. Influenza b. Pneumonia	2. p. m. 14-10-18 at Mil. Hq. Devonport.	Any time after 48 hours

To M/C Newfoundland Records
58 Victoria Street
London S.W.1

A. C. May
 Medical Officer in Charge.

COL., R.A.M.O.
 IN CHARGE MILITARY HOSPITAL

5811 Butlers

Peggett.

~~If effects not yet
received application
name of steamer
from Receiver
that application may
be made by
Capt Marshall~~

These effects have been received
at this office 21/10/18
J.P.

16889/1/P&A

Officer Commanding,
Military Hospital,
Davenport.

21st October 8

5811, Pte. J. Butler (Deceased)
Royal Newfoundland Regiment.

Receipt is acknowledged of your memorandum 16/10/18 (8956): enclosing receipt from Ship's Adjutant for certain effects of the above deceased Soldier.

Chief Paymaster & O. i/o ^{Major,} Rcds.

FM/S

To/

Officer in Charge Records.
Newfoundland Regt.
58 Victoria Street. London.S.W.

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

Mr. E. LOS IN *V/S 956*

Rec'd 18 OCT 1918

ACK'D

ANSW

Mr. E. LOS OUT

The attached receipt transmitted to you
please. 5811 Pte Butler.J.died at this Hospital on 14/10/18.
The Transport having left Plymouth the property cannot
be recovered by me. Kindly acknowledge receipt.

[Handwritten Signature]
Devonport.
16/10/18.

[Handwritten Signature]

Colonel.RAMC.
O.C.Military Hospital.

FOR GOD FOR KING
AND FOR COUNTRY



WITH THE CANADIAN
EXPEDITIONARY FORCE

ON ACTIVE SERVICE

Received from Sergt. Shepherd \$16⁵⁰, 1 Ring, 1 Purse
property of Pte Butler J. # 5811.

Wm. C. Ross Capt
per Ship's Adjutant.

October 10/18.

Butler, J

5811

Hay & Sept.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 5811

Rank Pte

Name Butler A.

Died (a) Intestate

at Plymouth

on the 14th of October

191 8

Deserted at

on the of

191 .

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form I.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 14/10/18	4	17	8
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"							
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	4	17	8	Balance due to the Paymaster			
		£ 4	17	8		£ 4	17	8

This account is in accordance with advices received at the Pay & Record Office to / / and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED P.S.L. 5 JUN 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 4 17 8 is correctly chargeable against the Public Account of the NEWFOUNDLAND CONTINGENT, Dated at this day of 5 JUN 1919 191 . CHIEF PAYMASTER & OFFICER Paymaster's

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL

Army Form O. 1021

PAY LIST

131 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **5611** Rank **Pte** Name **Butler A.**
 Died (Intestate) at **Plymouth** on the **14th** of **October** 191**8**
 Deserted at _____ on the _____ of _____ 191 **.**

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 14/10/18	4	17	8
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____			
	"				from _____ to _____			
	"				Kit allowance			
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	4	17	8	Balance due to the Paymaster			
		£	4	17		£	4	17
				8				8

This account is in accordance with advices received at the Pay & Record Office to **5 JUN 1919** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED
 P.S.X.
 5 JUN 1919

I hereby Certify that the above account is correct in every particular, and that the balance of _____ is **NEWFOUNDLAND CONTINGENT** **ROYAL NEWFOUNDLAND REGIMENT**

Dated at _____ this _____ day of _____ 191**9**



[Signature]
 CHIEF PAYMASTER & OFFICER

(a) Here state whether the soldier died testate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2076 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no balance.

No. 4030

August 27 1918

M. The Royal Newfoundland Regiment

D^r to S. Butler

Aug. 16
.. 22

Passage from St Johns to Banline
.. .. Banline to St Johns

4 00
4 00 8 00

No 5811 Private J. Butler

Amount for \$8.00

ACCOUNT	Trans.
CH NO	693
INITIALS	EW
LED LEDGER	INITIALS
PAY LEDGER	INITIALS
GRN LEDGER	INITIALS

ROYAL NEWFOUNDLAND REGIMENT,
St. John's, Nfld.

Assistant Director of Recruiting
Aug. 27/18

S. Butler

No. **R** 7030

TRAVELLING WARRANT

Date : 16th

The Royal Newfoundland Regiment

Seaman

Please issue 1st Class Passage and Meals for

No. 511

Rank *P*

Name *Bultha*

To - **ST. JOHN'S** - From

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. K. ...
SIGNATURE OF ISSUING OFFICER.

No. 4030

TRAVELLING WARRANT

Date 16th / 11

The Royal Newfoundland Regiment

No sailman

Please issue 1st Class Passage and Meals for

No. 5811

Rank Pt

Name J. Butler

From - ST. JOHN'S - To Banline

**The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.**

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. R. ...
SIGNATURE OF ISSUING OFFICER.

Temporary

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Butler

Christian Name g

TABLE I.—General Table.

Birthplace { Parish
County

Examined { on day of 191..
at

Declared Age years days.

Trade or Occupation

Height feet inches

Weight lbs.

Chest Measurement { Girth when fully Expanded inches
Range of Expansion inches

Physical Development

Vaccination Marks { Arm..... RIGHT | LEFT
Number

When Vaccinated

Vision { R.E.—V =
L.E.—V =

(a) Marks indicating congenital peculiarities or previous disease—
.....
.....

(b) Slight defects but not sufficient to cause rejection—
.....
.....

Approved by

Rank

Medical Officer.

Enlisted { at
on day of 191..

Joined on enlistment	Corps	Regtl. No.
	<u>Ry Newfoundland Reg.</u>	<u>5811</u>
Transferred to		

Became non effective by

on day of 191..

(Signature)

(Rank)

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

July 28, 1919

Matthew Butler,
Bauline,
St. John's East.

J. C. R.

Dear Sir:

I am enclosing herewith cheque
for \$32.25, balance of estate of late Pte. J. Butler
due you as Administrator of his estate.

I am also enclosing herewith
Letters of Administration.

Yours truly,

Capt.
Paymaster.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 32 ²⁵/₁₀₀

July 11 19 19

Received from the First Newfoundland Regiment

the sum of Thirty two ²⁵/₁₀₀ Dollars.

~~Amount~~
balance of Pay. Estate

Ch. No. 3617	Initials. E. J.
Pay Ledger 197	Initials. E. J.
Gen. Ledger.....	Initials.....

Regtl. No. 7. C. J.

No. 5871 Rank Pt

Name J. P. [unclear]

C.R. 5811

Oct. 17th, 1918

Mr. Matthew Butler,
Bauline

Dear Mr. Butler:

I regret to inform you that a report has been received from the Record Office London, to the effect that your son, No. 5811, Private John Butler died at Military Hospital Devonport, England on October 14th of pneumonia.

Upon receipt of further information concerning him, the same will at once be communicated to you.

Yours faithfully,

Minister of Militia

C.R. 5811

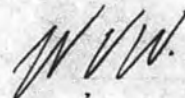
Dec. 5th 18

Dear Mr. Butler:

We have just received notice, by mail, from the Pay and Record Office, London, that your son the Late #5811 Pte. J. Butler, was buried in Efford Cemetery, Plymouth, England, his grave number is 4181.

Assuring you of my deepest sympathy in your bereavement.

Yours sincerely,



Lieut.

Mr. Matthew Butler,

Bauline.

VW/MP.

C.R. 5811

Mar. 14th 19

Matthew Butler Esq.,

Bauline.

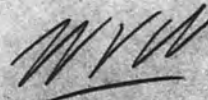
Dear Sir:

I am directed by the Minister of Militia to acknowledge receipt of your letter of March 13th regarding the personal effects of your son No. 5611 Pte. John Butler who died at the Military Hospital Bevenport England on October 14th 1918, and in reply I beg to state that we have not received any more effects other than the package that you have already received, and if at any time in the future any more of his personal effects come to hand they will be immediately forwarded on to you.

I note what you say regarding any monies due you, and beg to inform you that I have passed your letter to the Paymaster in this Department, who will no doubt look up his account and give you all particulars concerning same.

Trusting that the above information will prove satisfactory to you.

Yours faithfully,



Lieut.

Casualty Officer.

WVW/MP.

No. 533

A REGISTERED POSTAL PACKET

Received from

R1580

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

Office }
Stamp }



Addressed

Matthew Butler Esq
Bauline

Received a Registered Postal Packet addressed as above... }

C.R. 5811

Feb. 15th

19

Matthew Butler Esq.,
Bauline.

Dear Mr. Butler:

It is my regrettable duty to have to forward to you one envelope containing effects which belonged to your late son No. 5911 Pte. John Butler, of the Royal Newfoundland Regiment.

Herewith enclosed you will find receipt, kindly sign same and return at your earliest convenience.

Assuring you of my deepest sympathy in your bereavement and in the added sorrow that the receipt of these effects must entail.

Yours sincerely,




Lieut.
Casualty Officer.

No. of Paper 1399

PERSONAL EFFECTS.

Name Butter J. C.R. 5811

Rank Private Regiment ROYAL NEWFOUNDLAND REGIMENT

Article	Where stored	Notified by
<p>1 envelope containing:- 1 Ring; 1 Purse;</p>		<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Shipped to Newfoundland.</p>
	<p>Final disposal</p>	

Remarks:— Died of Pneumonia 14/10/18
Next of Kin: Father: Matthew Butler
Bantine.

Baulline March
23rd

1920
Lieut - Col Rendell

C.R. 5811
Dear Sir

I received the
Memorial Scroll and also
the message of His Majesty
the King.

I am grateful for the
Sympathy shown to me
by the Military Authorities
since the death of my dear
son.

Please convey my ~~great~~
gratitude to ~~his~~ His
Majesty The King.
Yours Truly

Mr Matthew Butler