



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 1434

Name in full John Joseph Butler Age 24

Address Portugal fine Road

Married  Single  Height 5ft 5in Weight 140

Color fair Hair dark brown Eyes grey

Other distinguishing marks scar on left eye

Nearest relative Stephane Tom Hall

Address Portugal fine Road

Dependents none

Occupation farmer Present Wage 13/6 m

Previous service \_\_\_\_\_

Decorations \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Enlistment April 17/15

I, John Joseph 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.

Witness John Joseph Butler John Joseph Butler  
John Joseph Butler John Joseph Butler

Declared before me this 17 day of April 1915.

Montgomery

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1434

Name John Joseph Butler

Apparent age 24 years        months. Height 5 feet 8 1/2 inches.

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

Distinctive marks Color: Fair, Hair: Dark brown, Eyes: Grey.

Other distinguishing marks: Scar over left eye.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin William Hall, Portugal Cove Road, St. John's

| Relationship Stepbrother.

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 allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>Ap. 17/15</u>									
Joined at <u>St. John's</u> on <u>Ap. 17/15</u>									
<i>Enlisted in 1st Bn. M. G. Battalion for 4th 20/15</i>					<i>Enlisted 13.6.15</i>	<i>13.7.15</i>	<i>Wounded 1-7-16</i>		
<i>Admitted 87th Coy. S.W. Coy. 21.7.15</i>					<i>Admitted 6.7.16</i>	<i>Admitted 13.7.16</i>	<i>Admitted 13.7.16</i>		
<i>Admitted 11th Coy. S.W. Coy. 15.8.15</i>					<i>Admitted 8.6.18</i>	<i>Admitted 8.6.18</i>	<i>Admitted 8.6.18</i>		
<i>Admitted 24.6.19</i>					<i>Admitted 24.6.19</i>	<i>Admitted 24.6.19</i>	<i>Admitted 24.6.19</i>		
<i>Admitted 29.7.1919</i>					<i>Admitted 29.7.1919</i>	<i>Admitted 29.7.1919</i>	<i>Admitted 29.7.1919</i>		
Total Service forfeited as above .. .. .									
Total Service towards Engagement to <u>29-7-1919</u> (date of discharge)					<u>4</u> years	<u>10</u> days			
" " " Pension " " " " " " " "									

**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Rep. No. 1474

Name John Joseph Butler

Apparent age 24 years \_\_\_\_\_ months. Height 5 feet 6 1/2 inches.

Chest measurement (Girth when fully expanded \_\_\_\_\_ inches.  
Range of expansion \_\_\_\_\_ inches.

Distinctive marks Colors Fair, Hairs Dark brown, Eyes Grey.

Other distinguishing marks: Scar over left eye.

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin William Hall, Portugal Cove Road, St. John's

Relationship Stepbrother.

**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 allowed to reckon for fixing the rate of pension		Service in Re-servenot allowed to reckon towards G. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>Ap. 17/15</u>									<p>Discharged July 29/1919</p>
Joined at <u>St. John's</u> on <u>Ap. 17/15</u>									
Total Service forfeited as above .. .. .									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ ( " ) _____ " _____									

## Medical Report on an Invalid.

Station Hazelton Camp  
Date 5-12-18

1. Unit Royal Newfoundland
2. Regimental No. ~~1434~~ 1434
3. Rank Plt
4. Name BUTLER
5. Age last birthday
6. Enlisted { on April 1915  
at St John's Nfld.
7. Former Trade }  
or Occupation }
- 7A. II with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G. S. W. Foot.Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

July 12 1916

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Received July 12/16 Bullet wound fracturing first metatarsal from which he is now recovered.  
Boarded June 1918 marked 9.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*Repatrated*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*J. B. Quinn*  
*mo*

ROYAL NEWFOUNDLAND REG.

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

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.

† Delete this word if no exceptions are to be made.

used only for Special Reserve Recruits, and for Special Reserve Army.

# MEDICAL HISTORY

OF

Surname Burley

Christian Name John Joseph

Table 1.—GENERAL TABLE.

Birthplace:—Parish Newfoundland County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>16</u> day of <u>April</u> 191 <u>5</u>	on	day of	191
	at <u>St. Johns</u>	at		
Declared Age	<u>24</u> years	days	years	days
Trade or Occupation	<u>Farmer</u>			
Height	<u>5</u> feet	<u>5½</u> inches	feet	inches
Weight		<u>140</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>38</u> inches		inches
	Range of expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated	<u>Never</u>			
Vision	R. E.—V=	<u>4/6</u>	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)	<u>Geo W. Burley</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns</u>	at		
	on <u>16</u> day of <u>April</u> 191 <u>5</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Newfed Regt</u>	<u>1434</u>		
Transferred to				
Became non-effective by				
	on	day of,	191	on
				day of
(Signature)				191
(Rank)				

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 <sup>th</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	6	7	16	5	8	16	<i>S. I. M. L. Spott.</i> <i>Tr. U. P. m. l. usual.</i>	31	<i>no trace S. I. M. left front fracture</i> <i>1<sup>st</sup> metatarsal bone left foot,</i>	<i>H. R. D. &amp; Keen</i> <i>Capl. R. A. M. D.</i>

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
May 25 June 7 - 26/1915	First Inoculation 500 million Second " 1000 " Vaccinated at sea Jf A3
8/1/19	Recommended Re-pelvication J. M. O. ROYAL NEWFOUNDLAND REG.
	<p>It is hereby certified, that this soldier has been before a Travelling Medical Board, and has been considered as fit for discharge on repatriation. Medical category</p> <p>July 11/19</p> <p><i>[Signature]</i></p>

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. Johns Rifle Co					





## 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 *Butter, John Joseph*

Regiment from which discharged **Royal Newfoundland**

Regimental number *1434*

Intended address *Portugal Cove Road*

Height on discharge *5 Feet 5 1/2*

Color of hair on discharge *Black*

Complexion *Warts*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father \_\_\_\_\_

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *St Johns 26-5-1889*

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)

*John X Butter* (Rank) *St*

Station **ST. JOHN'S.**

Date *14-7-89*  
*William J. Edwards*

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 of Hospital, Unit, or Command Depot.

Station

Date

## Medical Report on an Invalid.

Station

Hazley Down Camp,

Date

3-12-18.

1. Unit Royal Newfoundland. 7. Former Trade }  
or Occupation }
2. Regimental No. 14 Btl
3. Rank Pte.
4. Name BUTLER.
5. Age last birthday
6. Enlisted { on  
st
- 7a. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

*(Other disabilities should be reported upon in answer to question No. 19).*G. S. W. Foot.Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Received July 1<sup>st</sup> 1918.  
bullet wounded ~~at~~ fracturing  
first metatarsal bone. from  
which he has now recovered  
Boarded. Hazley Down June 1918.  
marked A. Category

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*Feet inclined to be flat  
no Disability from  
wounds.*

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation*

*J. B. Baker M.D.*

ROYAL ARMY MEDICAL REG.

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

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.

† Delete this word if no exceptions are to be made.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 1434 Rank Pvt. Name Butler  
 Intended place of residence Portugal Cove Road

2. Occupation Farmer  
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of

### DEMOBILIZATION

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 15 1919

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 15 1919

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUL 15 1919

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 16-4-18 No. of days on Military  
 Discharged from service JUL 15 1919 Plus 14 days Service 1560

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 15 1919

*[Signature]*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date July 29/1919

*[Signature]*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

2079/3261

14  
 31  
 30  
 29  
 10/11

Dear Sir.

Oblidge me by sending to

BRANCH
Oct 15/17
ACTED UPON
BY: <i>HJG</i>
DATE: <i>15/17</i>

Mrs William Hall Northcut Cove  
Road for the sum off 25\$ for

Note of Butler 11434  
F. boy. 1 N. F. L. D. Regt  
Newton Park School  
N. Y.

Calale  
986 sent

RECORDED OFFICE
<i>5729</i>
16 OCT 1917
<i>do</i>

*HJG*

3268/99

August 10th

P. O. 99, L. Don,  
Police Court,  
Tower Bridge.

Reference to telephone communication from Teddington Road Police Station this evening duplicate pass is enclosed herewith for No. 1434, Pte. J. Butler, which shows that he is not an absentee.

Capt.

Paymaster & p i/c Records.

F.H/W.F.

Reg. No. *1434* Rank *Pfc* Name *Buller J.*  
Attested ..... Address *Postquam Lane No.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *JUL 1 1919*  
Returned on S.S. *Cassandra* Cause *Discharge*

*1434 19*  
*15 7 19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**

CR 1434

Extract of Communication received from O.C. 3rd Lon. Gen. Hospital, To O. i/c Records, "Nfls. Contingent, 58 Victoria Street, S.W. dated July 31, 1916.

In accordance with your Memo of 30th June, I Beg to inform you that the undermentioned man was transferred to the Convalescent Home Lammus Aux. Hospital, Esher. 27/7/16

#1434 Pte. J.J. Butler. ✓



C.R. 1434

Extract from List of Men transferred to Convalescent Home dated July 31st 1916, from Officer Commanding 3rd London General Hospital to Officer i/c Records, Newfoundland Contingent, 58 Victoria St., S.W.

In accordance with your Memo of 30th June, I beg to inform you that the undermentioned man was transferred to the Convalescent Home named on the date specified:

1434 Pte. J.J. Butler

1 Newfoundland. TO ESHER 27/7/16.

C.F. 1434

Extract of Casualties received from Pay & Record Office,  
London, dated July 31, 1916.

(Extract from Army Form B 218, from O.C. 1st. Hfld. Regt.  
dated 11/7/16.)

#1434 L/Cpl. J. Butler.

Wounded in Action 7/1/16.

C.R. 1434

Extract from Casualties

List No. H.A. 680.

1434 Ptw. J. J. Butler.

1st/MLD. R. Adm. 22 Gen. H. Staples 4th July.16.

GSW. L. Foot,

C.R. 1434

Extract from Hospital Roll Embarked St. John's for Overseas, per  
S.S. "Calgarian" June. 19. 1915.

1434 Pte. Butler J.J.

C.R. 1434

John J. Butler was attested for General Service  
with the NEWFOUNDLAND REGIMENT on April 17th 1915.  
Regimental No 1434 was allotted to Pte. J.J. Butler

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

C.R. 1434

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Dated Aug. 1st 1919. Depot St. John's.

The discharge of the undernoted on demobilisation has been  
CONTINUED by Officer i/c Records from noted date.  
29-7-19.

1434, Pte. J. Butler.

C.R. 1434

Extract from Daily Orders Part II Depot St. John's  
dated July 19th 1919, The Royal Newfoundland Regiment.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from follow-  
ing date

15-7-19.

1434, rte. J. Butler.

C.R. 1434

Extract from Daily Orders Regt. Unit The Royal Field,  
Regt. St. John's, July 5th, 1919.

1434 Pte. J. Butler.

Reported at Headquarters 187-19 of "Cassandra" which  
sailed Glasgow June 24th, 1919.



C.R.

1434

Extract from Nominal Roll of Nfld. Regt. embarked Devonport  
13-3-16 for Egypt, transferred to B.E.F. & Disembarked Mar-  
seilles 3-4-16.

1434 Pte. J.J. Butler.

No.

986

# ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES  
CABLEGRAM

SENT

FOR STAMPS

Prefix    Code   At   To    By   

VIA ANGLO.

THIS FORM WILL BE ACCEPTED AT ALL  
POST OFFICE TELEGRAPH STATIONS.

16/10/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS WILLIAM HALL  
PORTUGAL COVE ROAD  
STJOHNS (Newfoundland)

PLEASE CABLE TWENTYFIVE DOLLARS THROUGH MINISTER OF MILITIA

*AWP*

1454 PTE J BUTLER

NOTIFIED PER N.F.P. 54	
1st Cl.	NO
2nd Cl.	256
By	EFM Ckd.

20  
3 1/2  
-----  
40  
10  
-----  
50  
4 1/2

Charge to  
1434 the J. Butler

(Authorised)

NOT TO BE  
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature \_\_\_\_\_

Address \_\_\_\_\_

58 Victoria St. S.W. I.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Admitted 6 716

Army Form W. 3016.

No. \_\_\_\_\_

Date Aug 5<sup>th</sup> 1916

(1) To the Officer i/c Records,

58 Victoria St.  
S W (Station.)

(2) The Officer Commanding,

Newfoundland Contingent  
Ops. (Station).

(3) The Paymaster,

58 Victoria St.  
W (Station).

Regimental No. 1434

Rank and Name Pte. Butler J.

Regiment or Corps 1<sup>st</sup> Newfoundland Contingent

has been granted a furlough from Aug 5<sup>th</sup> to Aug 14<sup>th</sup>

His address while on leave will be:—

58 Victoria St. S.W.

This man has been furnished with a Warrant to Victoria and given an advance of £1 (one pound)

I consider he is fit for  Duty and  Light duty and likely to be fit for service overseas within 3 months

Horace Fagan Capt R.A.M.C.(F)

Officer in charge \_\_\_\_\_ Hospital,  
\_\_\_\_\_ (Station).

\* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John J. Butler, Regl. No. 1434  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
60 Dollars and 60 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
9	Step	M <sup>r</sup> William	Portugal	60
5	Brother	Hall	Corr Road	
9		Cancelled		
		30/11/17		
		Commemorated		
		June 12		
Total Allotment, \$				60

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.)  
 Officer Commanding  
 Company  
St John's  
June 9<sup>th</sup> 1915

(Sig.) John J. X Butler  
 (Rank) Pte.  
*Regt. Banker*  
*made in 1929*

ORIGINAL.

N.F.P./10.

NEWFOUNDLAND CONTINGENT



CANCELLATION of ALLOTMENT.

I, I, (No) 1434 (Rank) Pte (Name) Butterfield

hereby apply for cancellation of Allotment made by me on N.F.P/11

No. 1377 dated 12/6/17 in favour of

William Hall

for \$ - cts 6 per diem.

Such cancellation to take effect on the 30 day of

November 1917.

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

Dated at

Newfoundland

1st 1917

J. Butterfield  
Allotter.

Approved and Witnessed:

G. Shivers

O.C. "S" Company.

Noted  
A. K. O. K.  
1/1/17  
S. L. O. J.

To be made out in TRIPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P. & R.O. C.L./10, 9/12/16.

NOTED  
W. M. Martin  
Date 1/1/17 P. M. O. J.

July 29th 1919.

~~#1434~~  
#1434, Pte. J. Butler,  
Portugal Cove Road.

Dear Sir:

Enclosed please find Discharge Certificate # 3261.

Yours truly,

Capt. & Paymaster.

RS/.

DUPLICATE.  
ORIGINAL.

N.F.P./19.

NEWFOUNDLAND CONTINGENT



CANCELLATION of ALLOTMENT.

1. I, (No) 1434 (Rank) Rte (Name) Butter, J.

hereby apply for cancellation of Allotment made by me on N.F.P/11

No. 1377 dated 12/6/17 in favour of

William Hall

for \$ 60 cts per diem.

Such cancellation to take effect on the 30<sup>th</sup> day of

November 1917.

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

Dated at

Newfoundland School,

*[Handwritten signature]*

Aug  
Nov 1<sup>st</sup> 1917.

J. Butter  
Allotter.

Approved and Witnessed:

W. H. [unclear]  
Witness

C. [unclear]

O.C. "J" Company.

Noted.  
8/2/18  
1/11/18  
2.2.18  
1/11/18  
2.2.18

To be made out in TRIPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P. & R.O. C.L./10, 9/12/16.

NOTED  
[Signature]  
Date 12/17/17 P&R Co'y

# The Royal Newfoundland Regiment

Class for Demobilization: —

*Ge.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 11/19*

Regimental No. *1434*

Name

*Butler John*

Address

*Portugal Cove Rd.*

Present Medical Category

*A-1*

Recommended for: — (a) Immediate discharge

(b) ~~Standing Medical Board~~

*D.R. Cooper Capt.*  
O.C. Discharge Depot.

Members of Board

*J. Robinson*  
Senior Medical Officer

*D.W. Burden*  
M.O. Depot



# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 1113 Rank Plt Name Buster J  
 Date of Enlistment 16-11-15 Address Portugalloy District St John's  
 Occupation Farmed Classification for Discharge E7 Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 1-2-19 O. C. Discharge Depot St John's

## PARTICULARS FOR DEMOLIBIZATION

### 1. Civil Re-Establishment.

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

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 None

Date 15-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 8914 to his home at Ponyal Bover Rd and Release Certificate No. 3621 issued.

Date 15-7-19 AMC Croston  
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 29-7-19

Date 15-7-19 f. H. Mous H.  
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	/	N.F. Med. 1	D.F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	/
B 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 15-7-19 AMC Croston  
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 15 1919 D.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.

*Butler J.*

Signature of Man.

*M. J. McLaughlin*

Signature of the Vocational Officer or his Representative.

Reg. No. 1434

Place

ST. JOHN'S.

Date

13-7-17

191

Regimental Number 1434

Company 7

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

<sup>his</sup>  
*John J. X. Butler*  
<sub>mark</sub>

Witness

*Kevin Keegan*  
AKL

Dated at



191

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name *John* ..... 2. Surname *Bulls* .....  
3. Rank *Che* ..... 4. Regtl. No. *1st 34* .....  
5. Address in full to which future payments of gratuity are to be forwarded *Portugal Cove Rd. St. Johns East* .....  
6. Date of enlistment in the Regiment *Apr 17/15* .....  
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 .....  
9. Address in full of such dependents .....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .....  
11. Were you on active service only in Mfld. If so, give dates and particulars of such service *Overseas* .....  
12. Give total length of time which you served on active service, whether in Mfld. or overseas *From Apr 17/15 to July 15/19* ..... 13

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

*No.*

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

*No.*

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

*No.*

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

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 R.C.A.F.? If not give - (a) date of discharge

(b) Reason for discharge

*No.*  
*July 15/19*  
*Edinburgh*

*No.*  
*Dear Belization*

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.

*Egypt & France - from Feb 1916*  
*No July 1/16*

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.

his

John X Butler

Signature of Applicant:

Place of Residence:

Portugal Cove St. John's Parish.

Declared before me at:

St. John's, P.E.I.

This

15<sup>th</sup> day of

July, 1919.

John M. Corbett

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

POST DISCHARGE PAY.

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

.....

.....

.....

Certified correct.

Paymaster





MEMO. FROM REGISTRAR  
Newfoundland  
Military Service Act, 1918.

ST. JOHN'S, NEWFOUNDLAND.

July 16<sup>th</sup> 1919.

The Department of Militia

The sum of Five dollars \$5.00 is due Mrs M. Sweetapple  
to transportation of Pte J. Butler to his home .

Voucher attached

*Certified correct  
for \$ 5. <sup>00</sup>/<sub>100</sub>  
Master Sweetapple*

<i>Frank Lee</i>	
3125	INITIALS
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS



No. *914*

TRAVELLING WARRANT

Date *15-7-15* The Royal Newfoundland Regiment

*\$5*

*General*

Please issue 1st Class Passage and Meals for

No. *1434*

Rank

*T.C.*

Name

*Butter J*

From -

ST. JOHN'S

To

*Portugal Cove Road*

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*A. McDonald*

SIGNATURE OF ISSUING OFFICER.

Discharge Depot-Newfoundland

ST. JOHN'S, JUL 15 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Mr Jm Hall  
Maple Path.

Billeting Soldiers as undermentioned

from July 1/19 to July 15/19

143H P1. J. Butler 15.50  
Btm

ACCT NO	
GR NO	<u>3026</u>
IND LEDGER	<u>2</u>
PLY LEDGER	
GEN. LEDGER	

Certified correct for \$ 15.50

J. X. Butler

Billeting Officer.

J. X. Butler  
Maple Path

601.

Regiment or Corps 2/1 Newfoundland Regt.  
 Rank ptl Surname Butler Christian Name Bernard 2222  
 Religion Roman Catholic Age on Enlistment 27 years 13 months.  
 Enlisted (a) 20 July 16 Terms of Service (a) duration Service reckons from (a) 13-7-16  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	Southampton	12-12-16	
		Disembarked ...	France	13-12-16	
	29 I.B.D. Unit	Deposited 1 Day's Bag (Of of kit) Joined Battalion	France	13/12/16	6870 50 B
			France	25/12/16	B 212
	29 I.B.C.C.	Admitted Influenza	France	25/12/17	LD 889
	10 S. Hoop	Ad. P.O.	Rouen	27-2-17	H.A. 7213
30.3.17	29 I.B.D.	joined Base Depot	do	29.3.17	Non Roll.
9.6.17	O.C. Unit	Re-joined Battalion	In the Field	JUN 1917	B 212
29.7.17	45 I.B.A.	Ad. Willow Loc R. 26	trans. 3 I.B.D.	27.7.17	S.D. 8292
4.8.17	Unit	Admitted Hospital		26.7.17	B 213
10.8.17	10 S. Hoop	Ad. Willow Loc R. 26	trans. 3 I.B.D.	28.7.17	H.A. 12365

(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 callistment will be entered.

(b) Signaller, Shooting Smith, &amp;c.

*2956 Private Butler, Bernard*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form R. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form R. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>18.8.17</i>	<i>29 J. B. D.</i>	<i>Joined Base Depot</i>	<i>Rouen</i>	<i>17.8.17</i>	<i>Non-Roll</i>
<i>15.9.17</i>	<i>do</i>	<i>Awarded 7 days FP 1</i>	<i>do</i>	<i>3.9.17</i>	<i>0181942c</i>
<i>15.9.17</i>	<i>OC. Unit</i>	<i>Joined Battalion</i>		<i>9 SEP 1917</i>	<i>B 213</i>
<i>15 OCT 1917</i>	<i>of Unit</i>	<i>Wounded in Action</i>		<i>9 OCT 1917</i>	<i>B 213</i>
	<i>87 A</i>	<i>As G. Swley</i>	<i>Trans</i>	<i>10/17</i>	<i>802086</i>
	<i>55 Gen Ap</i>	<i>As G. Swley</i>	<i>Boulogne</i>	<i>12/17</i>	<i>HA 5105</i>
	<i>Sp Andrew</i>	<i>Transferred to England</i>		<i>16/17</i>	<i>W 3083</i>
			<i>i. Hearst</i>		
					<i>2 sets for [unclear]</i>

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Colish & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 (Reg. W. 1255/1904 400m 2/12-1 25 60)

Forms  
B. 121.  
22.

Regiment of 1st Newfoundland

Number of Sheets

Signature of O. C. Company

*J. Stuck*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.		Age on			
1434	Butler John Joseph	25	years 2 months	Farmer's	
Joined	14 Oct Date 13-7-16	Place and Date of Enlistment	15-8-16	Religion Roman Catholic	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours	10 <sup>1</sup> / <sub>2</sub> years.	Antigonish Nova. N.S.	
Joined	Date	with Reserve	4 3/8 years.		

Place	Date of Offence	Rank	Case of Disobedience	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Antigonish N.S.	Jan 28 1916	Pte		Drunk on Parade	Sgt. Newell	18 Hrs. Detention		Capt. Ledingham	Ser
Gailes	Feb 19			Absent from batton until 10 p.m. Feb 20	Cpl Flynn		20/2/16	Capt. Orlingham	forfeit 2 days pay
Roadcourse	14-9	Pte		absent from 6:30 a.m. parade	Sgt. Seymour	3 days C. B.	14-9	Capt. Rowell	C.B.
Antigonish	20/1/16	Pte		Following out Rank, without permission (2) absent from tattoo	Capt. Bannerter	2 days C. B.	20/1/16	J. Stuck	forfeit 2 days pay
Antigonish	23/1/16	"		absent from tattoo until 9 a.m. 23-10-16	Cpl. Bannerter	2 days C. B.		Capt. Rowell	J.B.
Antigonish	17/2/16	"		Drunk on the Old Bay	Sgt. Welsh Pl. Fowler	Admonished		C. Col. Whitehead	J.A.S.
Antigonish	13 1/2/17	"		Refusing to obey an order	Cpl. Macdonald " Spence	14 days Detention	13 1/2/17	C. Col. Whitehead	remanded for 2 1/2 hrs. on the 13. 17 afternoon with 1/2 C.O.
				To be carried over					WT
				Demobilized	St John's	29 1/19			

Army Form B. 121.

Apr	2.6.17.	No.	3	Drunk in High Street about 8-10 pm. <small>Brought forward</small>	Joe =	7 days CB Fined 2/6.	5/6-12	Dr. G. Wintain.	J.T. U
Constance	27.7.17.	"	4	Drunk in town about 7.15 pm	7 days CB St. Monica No. Crane	7 days CB. Fined 10/-	29.7.17	Major Ludell	J.T

D 1434

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1434 Rank Plts Name Butler J  
 Date of Enlistment 16-11-15 Address St. John's, Nfld. District Home E  
 Occupation Farmer Classification for Discharge T1 Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:-

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 11-2-19 O. C. Discharge Depot St. John's

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*His Mark*  
*Butler*  
*wife*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:-

- (a) Allowance payable \$60.00
- (b) Clothing Supplied \_\_\_\_\_

Date 15-7-19 O i/c. Re-clothing. \_\_\_\_\_



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 8914 to his home at Portugal Cove Rd and Release Certificate No. 3621 issued.

Date 15-7-19 AMC  
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 29-7-19

Date 15-7-19 AMC  
Depot Paymaster.

Discharge approved for 15-7-19  
Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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		" 6
B 179c	B 120	M 93		

Date 15-7-19 AMC  
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 10 1919 D.P. Coote Capt  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date July 28/19

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

DATE 3 Aout 73

NAME BUTLER John J. Service No. 1434 WW1 REGT CPC No. 261184  
NOM ..... Matricule No ..... CCP No .....

WVA No. 209493  
AAC No .....

Information Received from: S.P.M.E. "NF" Dist.  
Information reçue de: .....

Date of Death 18 Mai 73  
Date du Décès .....

Place St-John N.F.  
Endroit .....

Distribution: WSR-DASG ✓  
VI - ASS  
DO - BD  
HO - BC

Pour le chef,  
  
for Chief, Central Registry Division.  
Dépôt central des dossiers.