



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5008 Name Peter Butler R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Peter Butler</u> |
| 2. What is your full Address? | 2. <u>Bristol Hope Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 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. <u>yes</u> |

I, Peter 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.

Peter Butler SIGNATURE OF RECRUIT.
Jas W Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Peter 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 on this 12 day of May 1918
Signature of Attesting Officer C. B. Dicks 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 1918
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5008

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

Name Peter Butler
 Apparent age 19 years 10 months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Butler
Postal Hope C.B. | 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.	
(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>13-5-18</u>									
Joined at <u>St. Marks</u> on <u>May 13-1918</u>									
<u>Discharged July 9, 1919</u>									
<u>Embarked St. Marks train to Halifax N.S. 11-6-1918.</u>									
<u>Embarked for St. John's 26-10-18</u>									
<u>Joined 1st Battalion in the field 3-11-1918</u>									
<u>Admitted to 8th Coy. Royal Newfoundland I.C.F. Coy. 28-11-18</u>									
<u>Admitted to 27th St. John's Coy. 21-1-19</u>									
<u>Required unit 5-1-19</u>									
<u>Transferred from 22nd Coy. Airborne Battalion 23-4-19.</u>									
<u>To be discharged and sent for demobilization 22-5-19.</u>									
<u>Arrived home Newfoundland 1-6-1919</u>									
Total Service forfeited as above: <u>Demobilization St. Marks 9-7-1919</u>									

Total Service towards Engagement to 9-7-1919 (date of discharge) 1 years 58 days
 " " Pensions " " " " " " " "

C.R. 5008

Extract from Daily Orders Part II Royal Newfoundland
Regiment, Depot St. John's, dated 12-7-19.

The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records from
noted date 12-7-19.

5008, Pte. P. Butler.

C.R.

5008

Extract from Daily Orders Part II Unit The Royal
Wfld. Regt. St. John's, June 27th, 1919.

The Discharge of the undernoted on demobilization has been
APPROVED by G.O. Discharge Depot with effect from 25-6-19

5008 Pte. Peter Butler.

C.R. 5008

Extract from Daily Orders Part A1 Depot, Sg. Johns,

Date June 18th 1919.

5008, Pte. P. Butler.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 5008

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5008 Pte. Butler, Patrick

C.R. 5008

Extract from Daily Orders Part II Unit The Royal "514.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Battn. 3-11-18.

The following joined the Battn. 3-11-18.

5008 Pte. P. Butler.

A Coy.

C.R. 5008

Extract from Casualties.....List No.H.A. 32333.

5008 Pte. P. Butler.

Adm. 8 Sty. H. Wimereux 2 5th Nov.18. LCT Foot mild.

C.R. 5008

Extract from ~~Butler~~ Telegram from Syn. to Mil. dated Jan. 23/1919.

Following for Thos. Butler Hr. Grace begins In answer your
telegram January 22nd., 5008 Butler serving with 1st.,
Battalion well according to last report.

C.R. 5008

Extract from General Order of Reinforcement Draft No. 55 dated 26/10/18, from 2nd Batta, Royal New South Wales Regiment, Hasleby Down Camp, Winchester, to 1st Batta, Royal New South Wales Regiment, B.L.F.

5008 Pte. Butler, P.

MR.

C.R. 5008

Extract from Daily Orders Part 11. from Unit The Royal Nfld.
Regiment, St. John's, dated June 14th 1918.

5008 Pte P. Butler.

Embarked for Overseas with draft 11-6-18.

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Extract from Daily Orders part 11 from Unit The Royal Bfld.
Regt. St. John's, dated May 14, 1918.

#5008 Pte. P. Butler.

Attested for General Service with the Royal Bfld. Regt.
from 15.5.18

C.R. 5008

January 24th 1919.

Thos. Butler, Esq.,
Harbour Grace.

Dear Sir:

The following is a copy of message received
from the Pay and Record Office, London, which they have
to forward you:

"In answer to your telegram of
"January 22nd 5008 Butler serving
"with 1st Battalion well accord-
"ing to last report."

Yours faithfully,

C.C.B.

Captain,
Military Secretary.

C.R. 5008

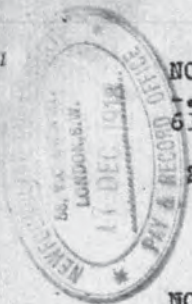
NEW FOUND SICK P.C.O.s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

NO. 1 RECORD OFFICE - S H R E W S B U R Y.

LIST NO. H.A. 32928.

616014 Pte. Keen L.F. 7/KSBI Att. 181
29237 Pte. Hughes J.C. 2/SWB.

Influenza Mild.....Adm. 5 Sty.H. Dieppe 8 Dec. 18.
GSW. Hand L. SIW. Sev. Dis. to Terlinthun Camp Details Boulogne
ex 8 Sty.H. 9 Dec. 18.



NO. TWO RECORD OFFICE - S H R E W S B U R Y.

LIST NO. H.A. 32928.

6007 Pte. Jones R. 26/R.W.Fus.
87830 Pte. Pemberton G. 26/ do.
58175 Pte. Edwards A. 1/6 Cheshires.
63433 Pte. Elcombe H.W. 25/R.W.Fus.
53960 Pte. Holland C. 1/6 Cheshires.
77287 Pte. Pitt J.H. 4/R.W.Fus.

NYD. Mild.....Adm. 39 Sty.H. in the Field 4 Dec. 18.
Influenza Mild....Adm. 39 Sty.H. in the Field 5 Dec. 18.
Old GSW. Legs.....Dis. to Duty ex 39 Sty.H. in the Field 4 Dec. 18.
Conjunctivitis....Adm. 39 Sty.H. in the Field 5 Dec. 18.
Mild.
ICT. Heel R.....Dis. to Duty ex 39 Sty.H. in the Field 5 Dec. 18.
Cont. Finger R. Acc. Dis. to Terlinthun Details Camp Boulogne
ex 8 Sty.H. 9 Dec. 18.

2656

QUEEN MARYS ARMY AUXILIARY CORPS.

LIST NO. H.A. 32928.

1555 Wkr. Hulbert P. QMAAG. RE. Sigs.
16637 Wkr. Robertson R. do. 4 BSD.
17249 Wkr. Millard C.A. do. 4 BSD.

Debility Mild....Adm. 5 Sty.H. Dieppe 8 Dec 18.
Reuma. Mild.....Adm. 5 Sty.H. Dieppe 8 Dec. 18.
Bronchial Catarrh Adm. 5 Sty.H. Dieppe 8 Dec. 18.
Mild.

NEW FOUNDLAND - EXPEDITIONARY FORCE.

LIST NO. H.A. 32928.

5008 Pte Butler P. 1/Newfoundland.

ICT. Foot R.....Dis. to Terlinthun Details Camp Boulogne
ex 8 Sty.H. 9 Dec. 18.

X

P. Butler

C.R.

5008

~~P. Butler~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5008* 3. Rank... *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Butler* *Peter* (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on *May 5, 1918* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

He complains of no disabilities

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

Repatriation

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. E. Lawrence
Capl Rame
 Medical Officer in charge of case.

Station *Hazelton*

Date *29/4/19*

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

FORM K

N^o 4412



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS
Peter Butler

I, Peter Butler, Regl. No. 5008

hereby agree, until further notification by me, and in similar official form to make an Allotment of Twenty Dollars and 00 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 : 1-6-18

Allotment begins 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
<u>4178</u>	<u>Butler</u>	<u>Mr Thomas Butler</u>	<u>Paristols Hope, B. I.</u>	<u>60</u>	
			Total Allotment, \$	<u>60</u>	

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

Sig.) Ab. Summers Lt
Officer Commanding
"B" Company
St. Johns
8-6-1918

(S) Peter Butler
(Rank) Private

FORM K



Nº 4412



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS
Peter Butler

I, , Regl. No. 5008

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. : 1-6-18

Allotment begins

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4178	Father	Mr Thomas Butler	Bristol's Hope, B. B.	60
			Total Allotment, \$	60

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.) Ab Summers Lt.

Officer Commanding
"B" Company

St. Johns

8-6-1918

(Sig.) Peter Butler

(Rank) Private

No. 16003/1705.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd. Bn. Royal Newfoundland Rgt,
Winchester.

October 3rd, 1918

9 OCT 1918

191

Subject: 5008, Pte. P. Butler,

With reference to the follow-
ing telegram (8526) from the Hon.
Minister of Militia, received

"pay to 5008, Pte.P. Butler, £2.0.0.

Draft £2.0.0. is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Receipt hereunder.

Chambers

LIEUT. COLONEL

COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £2.0.0

Two pounds on account of
cable remittance from Newfoundland.

Peter Butler

No. 5008 Rank Pte

J.H. Marsden
Chief Paymaster & O. i/c Records.

Witness

R. Wainwright

Charged

A 7 P 54
No 340

TO, - The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
5008	Pte.	P. Butler	\$250	Peter Butler

I have the honour to be, Sir,
~~for the Committee~~
Your obedient servant.

Peter Butler

Date

July 1/18

Extract of Telegram No. 39, of 23/1/19 to Military.

"Following for-Thomas-Butler-Harbour-Grace-begins-reference
your telegram 22nd January-5008-Butler-serving-with-BEF-well-
according to-last report-ends-~~fullstop~~"


7

No. 16

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES

CABLEGRAM

No. C 234/22	Service Instructions. <h3 style="text-align: center;">Via Direct.</h3>	Time Received. 10 19PM BY.	Receiving Office. <small>See back of Form for Telephone Number.</small>
Handed in at HARBORGRACENF 16		No. of Words.	

No inquiry respecting this Message can be attended to without the production of this paper

To

NFLD PAY AND RECORD OFFICE LONDON

WIRE IMMEDIATELY WHERE ABOUTS 5008 PRIVATE PETER BUTLER

THOMAS BUTLER

doing duty in France.
Details Terlincthun Camp
Boulogne 9/12/18
3216

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

INT. NOS. 15

rec'd **23 JAN 1919**

ck'd Ans'd

Ext. Nos. 001

BY

[Signature]

7 See tel. to HQ per
23/1/19.

Please hand your Reply direct to this Office.

Butler, H

5008

Sept. 1891.

July 11, 1919

#5008 Pte. Peter Butler,

Bristol Hope,

Conception Bay.

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

Yours truly.

Paymaster & O.i/c Records

Captain

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..... *Peter* 2. Surname..... *Butler*
3. Rank..... *Private* 4. Regt. No..... *5008*
5. Address in full to which future payments of gratuity are to be forwarded..... *Bristol Hope Conception Bay*
6. Date of enlistment in the Regiment..... *12 May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *none*
8. Relationship of such dependents..... *none*
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?..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service.....
..... *France*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *13 months*
- 1. $\frac{1}{2}$

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.

8.83-69

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

no

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

no

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

no

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

no

(b) If so, was such reversion in consequence of misconduct or inefficiency?

no

19. Are you now serving in the Regt.?

no

If not give:- (a) Date of discharge

May 24 (b) Reason for discharge

War Ended

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

no

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

no

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Peter Butler*
 Place of Residence: *Bristol hope*
 Declared before me at: *St Johns*
 This *25th* day of *June* 19*19*...

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

Wm James G.O.

POST DISCHARGE PAY:				Not amount due
Date paid	Paid Soldier.	Paid Dependents	War Service Gratuity.	
.....
.....
.....
Certified correct.				Paymaster

July 9, 1919

#5008 Pte. Peter Butler,

Bristol Hope,

Carbone ar.

Dear sir:-

Please find enclosed Discharge Certificate

No. 2863

Yours truly

Paymaster & U. i/ c records
Captain

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5008 Rank Pte. Name Butler Peter
 Intended place of residence Bristol Hope, Carbonear
2. Occupation Fisherman
 Classification of soldier F Medical Category AI
3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place ST. JOHN'S
 Date JUN 24 1919 Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 24 1919

Peter Butler
 Signature of soldier
Chas. W. Charney
 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 and date ST. JOHN'S
JUN 24 1919

Peter Butler
 Signature of soldier
Chas. W. Charney
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 13-5-18 No of days on Military
 Discharged from service 25-6-19 PLUS 14 DAYS Service 423

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 25 1919

Rt. Lieut. Major
 Officer in Charge of Records
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld.
 Date July 7 1919

M. Howley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

A 2079/2863

COPY

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-6-19

Regimental No 5008

Name Butler, Peter

Rank Pte

Address Bristols Hope

Present Medical Category Ai

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

R. H. Sait Capt.

O.C. Discharge Depot.

(sgnd) L. Paterson

Members of Board

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 423 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To *Pension's Board.*

Please receive documents as indicated below

No.	RANK AND NAME	N.F.P. 386	Non-effective account.	Medical history sheet.	Mfld. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards				Attestation paper	Identity certificate	Allotment papers	Headquarters Travelling Board	Proceedings on discharge			
				B. 178	B. 178a	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 120	B. 121	B. 122	1st Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	A.F.W. 3463	D.F. 2	D.F. 1	
<i>1006.</i>	<i>Sgt. Butler. P.</i>																								<i>!</i>

Received above noted documents, }
 Dated _____ 19 _____

Signature of Officer forwarding documents: _____
 Date *21.7.* 19*19*

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

24. 6. 19

Regimental No

5008

Name

Butler, Peter

Rank

Plt

Address

Bristols Hope

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. J. Lant Major
O.C. Discharge Depot.

H. Atkinson
Senior Medical Officer

D. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2008 Rank Plt Name Peter Butler
 Date of Enlistment 13-5-18 Address Burdolphe District Carboneau
 Occupation Intercom Classification for Discharge F1 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 24-6-19 for O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60
- (b) Clothing Supplied [Signature]

Date 24-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R.1930} 9796 to his home at Bristol Hope and Release Certificate No. 2980 issued.

Date 24-6-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

Date 24-6-19

9-7-19
J.A. Snowball
Depot Paymaster.

Discharged approved for 25-6-19
Forwarded with following documents to O.C. Discharge Depot.

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

2 Form B

Date 24-6-19

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

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 25 1919

R.H. Jait MAJOR
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation,

Peter Butler

Signature of Man.

Reg. No. 3008

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date 24-6-19- 191

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

MEDICAL HISTORY

OF

Surname Butler

Christian Name Peter

Table I.—GENERAL TABLE.

Birthplace:—Parish Bristol Hope County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	13	May	1918	191
Declared Age	at	19 years 10 days	at	191
Trade or Occupation	Fisher			
Height	5 feet	5 inches	feet	inches
Weight		137 lbs.		lbs
Chest Measurement	Girth when fully expanded			inches
	Range of Expansion		37 inches	inches
Physical Development	Right	Left	Right	Left
	Vaccination Marks		Vaccination Marks	
When Vaccinated	Arm	Number	Arm	Number
	6/6		6/6	
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Samuel Peters			
(Rank)	Major			
Bulleted	at	13	day of	1918
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	The Royal 1008		Nfld Regt	
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(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 case of syphilis, admissions and re-admissions to hospitals 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				
Hazely Down	16	7	18	29	7	18	Mumps	13	Discharged to duty.	<i>W. S. Arvia</i> CAPT. R.A.M.C.

THIS TICKET TO BE SHOWN AT THE GANGWAY AND RETAINED BY THE SOLDIER

The Royal Newfoundland Regiment

DISEMBARKATION TICKET

Group No. 2
No. 5008 Rank Pty Name Butler Peter
Address Bristol's Hope

PASS. You are granted permission to be absent from Depot
until JUN 23 1919 on which date you will report
for demobilization, (see over)

EMPIRE BARRACKS
ST. JOHN'S, N.F.

R. H. Sait
COMMANDING DISCHARGE DEPOT

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5008* 3. Rank..... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Butler* *Petes* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *20*
6. Posted for duty on *May 5/18* at *St. Johns*
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

He complains of Disability.

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

20. Do you recommend—

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

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

Repatriation

Station *Bazely D. Camp*

Date *29/4/19*

W. Procunier Capt. R.A.M.C.
 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



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Bubler, J.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1008.*

Intended address *Bros Lals Hq. Hpt.*

Height on discharge *5* Feet *6"*

Color of hair on discharge *Dark Brown.*

Complexion *Tan.*

Color of eyes *Blue.*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Thomas.*

Christian name of Mother *Auntie*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *H. Grace. 28. Aug. 1898.*

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)

J. Bubler

(Rank)

Sgt.

Station

Date

23. 6. 19.

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

Peter Butler

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date

Casualty Form - Active Service.

Regiment or Corps 271st ROYAL NEWFOUNDLAND REGT.

Rank Plt Surname Butler Christian Name Peter

Religion A. C. Age on Enlistment 19 years 10 months

Enlisted (a) 1.3/18 Terms of Service (a) DURATION Service reckons from (a) 1.3/18

Date of promotion to present rank Date of appointment to lance rank

Extended S Re-engaged [Signature] Qualification (b) [Signature]
of Corps Trade and rate

Occupation Fisherman [Signature] Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...	26 OCT 1918	
			Disembarked ...	3 NOV 1918	
			Joined Battalies		
	3 Bns CCS	Ad Depthe Foot Co TA27	Wimereu	24/11/18	809638
	8 Bns NB		Boulogne	25/11/18	8032333
	Belintheun Detach	Arrived	Rouen	9/12/18	W 3034
	"D" POW	- - -	Rouen	12/1/19	...
		Joined Batt.		5 JAN 1919	
		Arrived in UK		23/4/19	

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

(b) Signaller, Shoeing Smith, &c.

Next of Kin
Father Thomas Butler, Bristol Hope, C.P., Newfoundland

No. 5008 Name

Butler, H.

Sqn., Batty.,
or Company

H

Corps

ROYAL NEWFOUNDLAND REG

Date of
enlistment

15/5/18

G.S.
BadgesService or
Proficiency PayDate of last entry in
Company Conduct SheetNo. and date
of last drunkPeriod not reckoning towards
freedom from extra fine

Sheet No.

One

Signature O.C.
Company, etc.

J. W. Cannon

Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Fresh	7/1/19	Pte		Def of Corp Keefe Roger from Butler H/3	Sgt Carter	Adm Pay for same	10/1/19	Regus Award	

Army Form B. 122

[P.T.O.]

FORM K

N^o 4412



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Peter Butler, Regl. No. 5008

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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4178</u>	<u>Father</u>	<u>Mr. Thomas Butler</u>	<u>Pinetals Hope G.B.</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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

Sig.) A. Summers Lt.

Officer Commanding
 "B" Company

A. Johns

8-6-1918

Sig.) Peter Butler

(Rank) Private

The Department of Militia.

\$ 3⁰⁰

ACCOUNT	<i>Trang</i>	
CH. NO.	<i>8058</i>	INITIALS <i>Pfe.</i>
IND. LEDGER	---	INITIALS
PAY LEDGER	---	INITIALS
GEN. LEDGER	---	INITIALS

The sum of *Three* Dollars *is due*
 Mr *Thos Butler, Bristol Hope* for driving
 Reg No. *5008* Rank *Pte.* Name *Butler P.*
 from *H. Grace* to *Bristol Hope*

Account for \$ 3.00/100

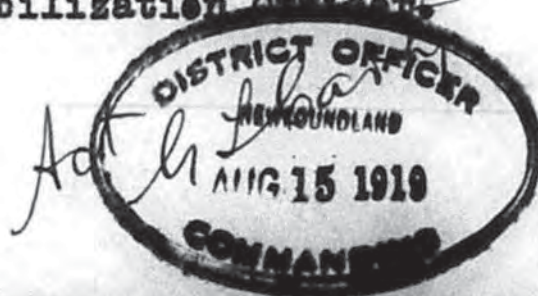
Voucher Attached.

[Signature]

Captain,

Demobilization Officer

11-8-19



Bristol Hope
July 16th 1914

Dear Sir. I write to Capt
J. H. Snow. about three
weeks ago and also a
travelling warrant which
he gave me to take from
Harbor Grace to Bristol
Hope I gave the warrant
to the man that drove me
and he sent it to ^{Capt} J. H.
Snow to get paid and he
never heard anything about
it since. So as you set
me ~~not~~ discharged and
pay. I thought I would
ask you to look it up
and send it to the man
that drove me if you

2

Please. I would be very
thankful to you I guess
that Capt J H Snow. is
discharged now. so I would
be very thankful to you
if you would see about
it and send the man his
money. which is three
dollars. ~~that~~ and oblige

Yours truly

5008. Pte Peter Butler.

Bristol's Hope

the mans address is

Mr Thomas Butler

Bristol's Hope

Clear Harbor Grace

W J D

No. 9 796

TRAVELLING WARRANT

Dated 14-6-19 The Royal Newfoundland Regiment 3.0.0

General

Please issue 1st Class Passage and Meals for

No. 5008 Rank T E Name Butler P.

From ST. JOHN'S - To Bristol Hc

Hc Grace

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

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. H. Lawrence

SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer
Discharge Depot-Newfoundland

Bristol Hope
June 26th / 18

This is my address
Sir

Thomas Butler.

Bristol Hope.
near Mr. Grace.

H. F. L. D.

ST. JOHN'S, JUN 24 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pt. P Butler

Billeting Soldiers as undermentioned

from June 1/19 to June 20/19

<u>5000 Pt. P Butler</u>	<u>25.00</u>
--------------------------	--------------

ACCOUNT	<u>Bim</u>
CH. NO	<u>24856</u>
IND LEDGER	
PAY LEDGER	
GEN LEDGER	

Certified correct for \$ 25.00

Amblouster

Billeting Officer.

Peter Butler

Letts.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet one

Signature of O. C. Company C. B. Dicker

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5008</u>	Age on	19 years 10 months	Fisherman	
Butler Peter		Place and Date of Enlistment	<u>St John's</u> <u>13.5.18</u>	Religion <u>R.C.</u>	
Joined	Date	Period of } with Colours <u>58</u> years. with Reserve <u>36</u> years.	Place of Birth <u>Bristol Hope</u>		
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>9</u>	<u>7</u>		

To be carried over

Army Form B. 121.

Reg. No. *5004.* Rank. *1st Lt* Name *Baker, J.*

Attested Address. *Brooklands Ave.*

Allotment Allottee

Date of Allotment Returned from Overseas. *29.1.19.*

Returned on S.S. *Rossian* Cause *Discharge.*

24.6.19

PASSED TO DEMOBILIZATION OFFICER

25.6.19

DISCHARGE APPROVED ON DEMOBILISATION.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2008 Rank Pr. Name Butler Peter
 Date of Enlistment 13-5-18 Address Bushyhope District Carboneau
 Occupation Fisherman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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	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 24-6-19

[Signature]
 J.O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Peter Butler

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing Supplied~~ *W. M. Le Toussaint*

Date 24-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R 1430} 9 796 to his home at Barrington, Rhode Island and Release Certificate No. 259805 issued at Barrington

Date 24-6-19 *J.A. Brown Capt*
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

Date 14-1-19 *J.A. Brown Capt*
Depot Paymaster.

Discharge approved for 25-6-19
Forwarded with following documents to O.C. Discharge Depot.

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

2 Form B

Date 24-6-19 *J.A. Brown Capt*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 25 1919

Date 24-6-19 *R.H. [Signature]*
O. C. Discharge Depot.

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

Date July 8/19 *[Signature]*