



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1282

Name in full Robert Butler Age 21

Address Bay Roberts

Married Single Height 5 ft 10 1/2 Weight 145

Color Fair Hair Light Brown Eyes Blue

Other distinguishing marks Scar on neck

Nearest relative Mother (Emily)

Address Bay Roberts

Dependents Mother (Partly)

Occupation Labourer Present Wage \$45.00 per month

Previous service

Decorations

General Remarks

Date of Enlistment March 15/15

I, Robert Butler well known 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.

Robert Butler

Declared before me this 20 day of March 1915

J. J. [Signature]
Lieut.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

1282

Name Robert Butler

Apparent age 21 years _____ months. Height 5 feet 10 1/2 inches.

Chest measurement (Girth when fully expanded _____ inches.
Range of expansion _____ inches.)

Distinctive marks Scar on neck

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Emily Butler Bay Roberts
Relationship Mother

Particulars as to Marriage.

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

(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	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. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>March 15/1915</u>									
Joined at <u>St. John's</u> on <u>March 15/1915.</u>									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____ "									

DESCRIPTIVE REPORT ON ENLISTMENT.

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

1282

Name Robert Butler
 Apparent age 31 years _____ months. Height 5 feet 10 1/2 inches.
 Chest measurement { Girth when fully expanded _____ inches.
 { Range of expansion _____ inches.
 Distinctive marks Scar on neck

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Emily Butler Bay Forests
 | Relationship Mother

Particulars as to Marriage.

(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 for fixing the rate of pension		Service in Re-wards G. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>March 15/1915</u>									
Joined at <u>St. John's</u> on <u>March 15/1915.</u>									
<i>Embarked St John's St. John's for U.K. 22/15</i>									<i>Embarked for U.K. 20/15</i> <i>Disembarked 27/5/16</i> <i>Arrived 27/5/16</i> <i>Proceeded to Sea 16/6/16</i> <i>Attacked and captured 18-6-16</i> <i>Went to Hospital 4-7-16</i> <i>Killed in Action 11-10-16</i>
<i>Reached for home 31-12-15</i> <i>Embarked for 24/1/15</i> <i>Disembarked 14/2/15</i> <i>Disembarked 27-5-16</i>									
Total Service forfeited as above									
Total Service towards Engagement to <u>2-10-16</u> (date of discharge) ^{DEATH} <u>1</u> years <u>221</u> days									
" " " Pension " (") " " "									

A. Butler.

C.R. 1282.

P.R.O.

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

MEDICAL HISTORY

Surname Butler OF Christian Name Robert

Table 1.—GENERAL TABLE.

Birthplace:—Parish Bay Roberts County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	13 day of <u>Mar</u> 1915	<u>St John's</u>	day of	191
Declared Age	21 years	days	years	days
Trade or Occupation	<u>Labourer</u>			
Height	5 feet	10½ inches	feet	inches
Weight		165 lbs.		lbs.
Chest Measurement	Girth when fully expanded	33 inches		inches
	Range of expansion	37 inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	<u>87</u>		
	Number			
When Vaccinated	1912			
Vision	R. E.—V=	<u>7</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>L. Peters on</u>			
(Rank)	<u>Capt.</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's</u>		at	
	on <u>15</u> day of <u>Mar</u> 1915		on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Wfld.</u>	<u>1282</u>		
Transferred to				
Became non-effective by				
	on	day of	191	on
(Signature)				
(Rank)				

319

PAY LIST. to 11th October 1916 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1789 Rank Private Name R Butler
 No. 1789 Rank Private Name R Butler
 Died (a) Intestate at France on the 11th of October 1916.
 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.

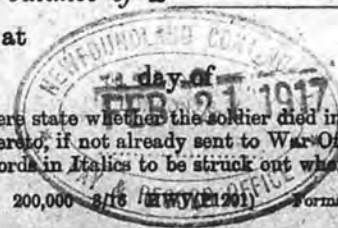
Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <u>11. 10. 16</u>	<u>16</u>	<u>16</u>	<u>1</u>
	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			
	"				Amount produced by the sale of Effects from Form 2			
	"				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage				Deferred Pay or Gratuity			
	Balance due by the Paymaster	<u>16</u>	<u>16</u>	<u>1</u>	Balance due to the Paymaster			
	£	<u>16</u>	<u>16</u>	<u>1</u>		<u>£</u>	<u>16</u>	<u>16</u>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 16 16 1 is correctly chargeable against the Public^(b).

Dated at this 11 day of October 1916 Paymaster.

(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.



FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.



REGIMENT } **1st Bn. "1st Newfoundland Regt."** Squadron,
CORPS } **1st Newfoundland Regt.** Troop, Battery
or Company

Regtl. No. 1282 Rank Private.

Name Butler, R.

Died { Date 11/10/18.
Place France.
Cause of Death* Killed in Action.

Nature and Date of Report B 213, 14/10/18.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Not received.
Date ditto.
By whom reported _____

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not received.
(b) in Small Book (if at Base) ditto.
(c) as a separate document _____

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } [Signature] **LIEUT. COLONEL**
Officer i/c Regular Infantry Section No. 1
General Headquarters, 3rd Echelon.

Station and Date 31/10/18.

Butler, R

1282

Ray Sept

er
or

PAY LIST. to 11th October 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland
 No. 1288 Rank Private Name R. Butler
 Died (a) Intestate at France on the 11th of October 1916.
 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	16	16	1
	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			
	"							
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	16	16	1	Balance due to the Paymaster			
		£ 16	16	1		£ 16	16	1

This account is in accordance with information received at the Pay & Record Office to FEB/24 1917 and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the is correctly chargeable against the Public.



191 Paymaster

(a) Declare whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be enclosed herewith, if not already sent to War Office with Army Form O. 1215 or Army Form O. 1216.
 (b) Words in Italic to be struck out when there is no soldier named.

PAY LIST. to 11th October 1916. **Voucher No.**

NON-EFFECTIVE ACCOUNT.

Regiment or corps . 1st Newfoundland

No. 1282 Rank Private Name R. Butler

Died (a) Intestate at France on the 11th of October 1916.

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 .. 11/10/16	16	16	1
	<i>Cash issues</i> (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			
	"							
	"							
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	16	16	1	Balance due to the Paymaster			
		£	16	16		£	16	16
				1				1

This account is in accordance with information received at the Pay & Record Office to 11/10/16 and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the balance of *£16 16 1* is correctly chargeable against the Public (b).

58, VICTORIA ST.,
LONDON, S.W.
Dated at this **FEB 22 1917** day of

191 .

Paymaster.

(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.

DUPLICATE FIELD SERVICE.



REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT } **1st Newfoundland Regt."** Squadron, Troop, Battery or Company } C. Co.

1st Bn. }
CORPS }

Regtl. No. 1282 Rank Private.

Name Butler, R.

Died { Date 11/10/16.

Place France.

Cause of Death* Killed in Action.

Nature and Date of Report B 213, 14/10/16.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Not received.

Date ditto.

By whom reported _____

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not received.
(b) in Small Book (if at Base) ditto.
(c) as a separate document _____

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } May [Signature] LIEUT. COLONEL
Officer i/c Regular Infantry Section No. 1
General Headquarters, 3rd. Echelon.

Station and Date 31/10/16.

*Robert Butler
is deceased.
Killed in action
Oct. 11, 1916.*

ROYAL NEWFOUNDLAND REGIMENT

(Separation Allowance Branch)

NOTICE:

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

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

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

1. Name in full of Soldier. Rank. Reg't. or Unit. Regt. No.
Robert Butler Pte. Nfld. Regt. 1282.

2. Age of Soldier. Married or single.
21 years. single

3. Name in full of mother. Age. Occupation. Permanent Address.
Emily Mosdell, 56 years. House-keeper. Bay Roberts

4. Give name of your husband. Age. Occupation. Where employed.
Dead - - - - -

5. If your husband is not supporting you state reason. _____

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady (A Medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.) _____

7. If you are a widow, state date and place of death of your husband. *February 21st, 1917, Bay Roberts*

8. Have you married again since death of above mentioned husband. *No.*

9. Names of your other children. Address in full. Age. Occupation. Married or single.
Mary Butler Bay Roberts 17 1/2 years. At home. single
Emily Butler " 19 years " "

10. State amount earned on (a) Yourself. *None*
(b) ~~Your husband.~~
-
11. State amount and source of any other income. *What I get out of my grounds*
-
12. State value of real property belonging to you and ~~your husband.~~ *\$250.⁰⁰*
-
13. State value of personal property belonging to you and ~~your husband.~~ *\$100.⁰⁰*
-
14. If husband is dead state value of real and personal property left by him. *Estate not settled yet.*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *Uncertain*
-
16. Was this amount contributed weekly or monthly. *_____*
-
17. Did this amount include payment of son's board, etc. *_____*
-
18. State your son's trade or occupation prior to enlistment. *Working in steel, yards at Sydney.*
-
19. State amount of his wages per week. *Don't know*
-
20. State name and address of his last employer. *Dominion of Nova Scotia Co.*
-
21. State amount of monthly support from son since enlistment. *About \$21.⁰⁰ per month*
-
22. State amount of allotment received by you from son monthly. *About \$21.⁰⁰ per month*
-
23. State from what date did you receive allotment. *From June, 1915.*
-
24. Actual amount contributed by *_____* weekly. *_____* monthly. other children.
-
25. Are any of these children in the employ of you or husband. *No.*

26. If not receiving support from other children, state cause. Explain fully. *One child delicate. Other helps mother.*
-
27. With whom are you residing at present. *my two children.*
-
28. Have you made a previous claim for Separation Allowance? If not, Why? Give Particulars. *No. did not understand about it*
-
29. Are you already in receipt of Separation Allowance from any source? If so, how much. *just my son's.*
-
30. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *No.*
-
31. Was the soldier at the time of his enlistment an employee of the Nfld. Govt. *No.*
-
32. In what capacity and in what place? *No*
-
33. Is he in receipt of a salary as such while serving in the Royal Nfld. Regt. If so, how much. *No*

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

Signature of Applicant..... *Gerrish McNeill*

Place of residence..... *Bay Roberts*

Declared and subscribed before me at... *Bay Roberts*

this... *2nd* day of... *Aug.* 1918.

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

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

Signature of Clergyman.....

Signature of Member of Patriotic Fund Committee.

Casualty Form - Active Service.



Certified True Copy

Regiment or Corps Newfoundland
 Regimental No. 1282 Rank Pte Name Buller
 Enlisted (a) 15.3.15 Terms of Service (a) One year Service reckons from (a) _____
 Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged 15.8.15 Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
		Embarked <u>Southern</u>		<u>30.4.15</u>	
		Disembarked <u>Alexandria</u>		<u>1.9.15</u>	
<u>25.10.15</u>	<u>29th B.D.</u>	Embarked <u>Gallipoli</u>		<u>25.10.15</u>	<u>Auth D. 1142</u>
		Embarked <u>Port Suez</u>		<u>14.3.16</u>	
		Disembarked <u>Marseille</u>		<u>22.3.16</u>	
	<u>Unit</u>	<u>Att. Div Reserve Co</u>		<u>18.6.16</u>	<u>B 213. 24.6.16</u>
		<u>With Battalion</u>	<u>France</u>	<u>4.7.16</u>	<u>B 213</u>
<u>14.10.16</u>	<u>P.C. Unit</u>	<u>Killed in Action</u>	<u>France</u>	<u>11.10.16</u>	<u>B 213</u>

W. Buller
 Officer, Regular Infantry Section
 3rd Battalion

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

IX-

April 27, 1920

From: Paymaster & O i/c Records

To : Board of Pension Commissioners for NFAA.

Re No. 1283, R. Butler

**The amount paid in continuance of the above
man's allotment is \$673.40**

**Major
Paymaster.**

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

The Paymaster & Officer i/c Records,
St. John's Nfld.

11-6-19.

DEAD AND MISSING MEN

No. 1283
Rank. Lt.
Name. Robert Butler
Unit. _____

Sir:-

I have the honour, by direction,
to advise you that a pension has been awarded
to the Mother of the marginal-
ly noted, as follows:

Name. Emily Mosdell
Address Bay Roberts
Pension \$24.00
Pension commences 12-10-16

Kindly govern yourself accordingly,
and advise me what deductions will have to be made.

I have the honour to be,
Sir,
Your obedient servant,

[Signature]
Secy. Secretary.

Board of Pension Commissioners
for Nfld.

Form B.P.C./1

65 Paid from Debt 1916
9 May 1919.
✓ \$681.40
681.70

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$89.⁷⁸/₁₀₀

Mar 2nd 1918

Received from the First Newfoundland Regiment
the sum of Eighty nine ⁷⁸/₁₀₀ Dollars.
on account of Pay Estate.
balance

Ch. No.	1899	Initials	rw.
Pay Ledger	1899	Initials	leleil
Gen. Ledger	1899	Initials	

Regtl. No. Rank

1899

No. 1282

Rank Pte.

Name R. Butler

Emily Woodell

Bay Roberts

C.B.

March 12th. 1916.

Mrs Emily Mosdell.

Bay Roberts, C.B.

Dear Madam,-

I enclose herewith cheque for \$89.78,
being the balance of the estate of the late Pte.
R. Butler, payable to you as Administratrix. I
also enclose Letters of Administration.

Yours faithfully,

Capt. & Paymaster &
Officer i/c Records.

Enclosures 2.

JH.

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

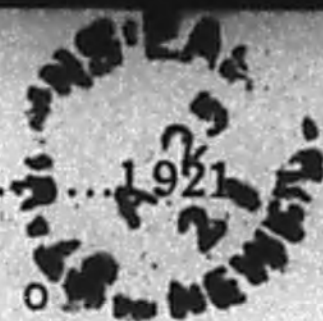
Dept. of Militia,

ST. JOHN'S. Nfld.



NO STAMP REQUIRED

Dept. of Militia,
St. John's.



I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. 1287 Rank Plt
Name Robert Butler
Royal Newfoundland Regt.

Mrs Emily Mosdell (Sgd.)
Mother Relationship:
Address Bay Roberts C.B.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here



SEP 16 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Mrs. Emily Butler (Mother)

in respect of his service as No. 1282 Rank Pte.

Name Robert Butler

Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Victory Medal

Signature Mrs Emily Butler

Date Septh 23. 1921

Address Bay Roberts Conception Bay.

[P.T.O.]

RECEIPT.

C.R. 1282

FOR ISSUE OF RIBAND OF VICTORY MEDAL/1914-1919.

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

81

NO. 1282... NAME Thomas Ford

DATE. 24/2/20.

PLACE Jacksons arm W.B.

RECEIPT.

C.R. 1282

Emily Butler^{er} hereby certify that I have received the 1914-1915

STAR.

No 1282 Name Robert Butler

Witness John Mercer

Date 19/19 Dec 6

Place Bay Roberts

M P

C.R. 1282

Extract of Casualty List received from P.&.R.O.
October 27th 1916.

The following Casualty in the 1/1 Newfoundland Regiment
with the British Expeditionary Force is reported under
various date.

1282, Pte R. Butler. ✓

KILLED

Extract of Casualty List received from P.&.R O.
October 27th 1916.

1282, Pte R. Butler.

Killed in Action on 11.10.16. r/b O.U. Bn. 14.10.16.

Extract from Nominal Roll Co. 1st. Bn. Nfld. Regt.
Embarked, at Devenport for Active Service 20-8-15

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,
Cairo, same date. Embarked ~~for~~ Alexandria for Gallipoli
13-9-15.

C.R. 1282

1282 Pte. R. Butler

C.R. 1282

Extract from Nominal Roll Draft "E" Company Embarked
S.S. Stephano April 22/15.

1282 Pte. Butler Robert,

C.R. 1282

Robt. Butler was attested for General service
with the NEWFOUNDLAND REGIMENT on **March 25th 1915**
Regimental No **1282** was allotted to Pte. **R. Butler**

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

Casualty Form—Active Service.

Regiment or Corps Newfoundland

Regimental No. C.R. 1782 Rank Pte Name P. Butler

Enlisted (a) 15/3/15 Terms of Service (a) our year Service reckons from (a) _____

Date of promotion to present rank _____ Date of appointment to lance rank _____ Numerical position on roll of N.C.O.s. _____

Extended _____ Re-engaged 15/8/15 Qualification (b) _____



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, Nfld.		20/4/15.	
		Disembarked Alexandria		1/9/15.	
25/10/15.	29th. Div. Base Depot.	Embarked for Gallipoli		25/10/15.	Auth. D-1146.
		Embk'd Port Suez		14/3/16.	
		Disembk'd MARSEILLES		22/3/16.	
		Unit Attached Div. Reserve Co.		18.6.16	B 213, 74. 616.
		" With Battalion	France	4.7.16	B 213.
14 OCT 1916	Pl. Unit	Killed in Action	France	11 OCT 1916	B 213

Int

[Signature]
LIEUT. COLONEL.
Officer i/c Regular Infantry Section No. 1
General Headquarters, 3rd. Echelon.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

