



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5283 Name Eleanor Button Corps Maddhat

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? <u>Eleanor Button Eleanor Button</u>   | 2. <u>Old Paradise St.</u>         |
| 2. What is your full Address? .....  | 3. <u>Yes</u>                      |
| 3. Are you a British Subject? .....  | 4. <u>20</u> Years <u>0</u> Months |
| 4. What is your age? .....   | 5. <u>Fisherman</u>                |
| 5. What is your Trade or Calling? .....  | 6. <u>no</u>                       |
| 6. Are you Married? .....  | 7. <u>Yes No</u>                   |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 8. <u>Yes</u>                      |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 9. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 10. Name .....                     |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 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, Eleanor Button 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.

Eleanor Button SIGNATURE OF RECRUIT.

W. R. Power Signature of Witness.

22/5/18

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Eleanor Button do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 22 day of May 1918.

Signature of Attesting Officer W. R. Power

### †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 May 22nd 1918 .....

Place St. John's .....

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

5283

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

Name Elegor Button  
 Apparent age 28 years 0 months Height 5 feet 1 1/4 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Father Wm James Button  
Old Pelican P.R. Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	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>22-5-18</u>									
Joined at <u>M.A.S.</u> on <u>22-11-18</u>									
<u>Discharged July 1, 1919</u>									
<u>Embarked M.A.S. S.S. Costa Bella to Halifax N.S. 22-7-18.</u>									
<u>Embarked for B.C.S. 23-11-18</u>									
<u>Transferred from Rm 22<sup>nd</sup> Coy. Arrived Vancouver 23<sup>rd</sup> 7<sup>th</sup></u>									
<u>1. Appl for demobilization 22<sup>nd</sup> 7<sup>th</sup> Arrived U.K. 1-6-1919</u>									
<u>Demobilization M.A.S. 8-7-1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 8-7-1919 [date of discharge] 1 years 48 days  
 Pensions ( " " ) ( " " )

C.R. 5283

Extract from Daily Orders Part 11 Unit The Royal Nf Id.

Regt. St. John's, ~~and~~ 11-7-19.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 8-7-19.

5283 Pte. Eleazer Button.

C.R.

5283

Extract from Daily Orders Part II Unit The Royal 22<sup>nd</sup>.  
Regt. St. John's, June 25th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 21-6-19.

5283 Pte. E.Button.

C.R. 5283

Extract from Daily Orders Part 11 Depot. St. John's,

Date June 18th 1919.

5283, Pte. W. Button.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

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

#5283 Pte. Elasear Button.

Attested for General Service with the Royal Nfld. Regt.  
from 22.5.18

C.R. 5283

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.

# 5283 Pte. E. Burton.

E. Sutton.

C.R. 5283.

P. 10



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. *Regt. of the Buffs* 7. Former Trade or Occupation } *Fisherman.*
2. Regtl. No. *5285* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Button* (Surname) *E.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *22*
6. Posted for duty on *22-5-18* 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? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

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

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

*He complains of no 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  
 signed W. E. ...  
 M. ...*

Station *Stazaly Down*

Date *29/1/19*

*Capt R. O. 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



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eliezer Button, Regl. No. 5283

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 <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. :

Allotment begins July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4836	Batter	William J Button	Old Pelican DB	60
Total Allotment, \$				<u>60</u>

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.) [Signature]  
 Officer Commanding  
 Company  
St Johns  
June 17/18 191

(S) Eliezer Button  
 (Rank) Pte

FORM K

No 4158A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eleazer Button, Regl. No. 5283

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 July 1/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4836	Batter	William Button	Old Perlican 5 B	60
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.) [Signature]  
Officer Commanding  
Company

St Johns  
June 18/18  
191

(Sig.) Eleazer Button  
(Rank) Pte

No: 4947/221

From: NEWFOUNDLAND CONTINGENT

N.F.P./80.

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

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regiment,  
B.E.F.

28th March 1919

11-4-1919

5283 Pte. Button E.

5283 Pte Button E

With reference to the following telegram from the Minister of Militia, / / ( 102 )

This man wishes this amount retained to credit of his account please.

"Pay to- 5283 Button

£5. 0. 0.

Deposited  
28/3/19 J.B.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*A.D. Minshall Maj.*  
Chief Paymaster & O. i/c Records.

065069  
KB

No. 18107/1974

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

7th October 1918

Subject: 5285, Pte. E. Button D

With reference to the following telegram (9591) from the Hon. Minister of Militia, received

Pay to 5283 Button £6:3:0

Draft £6:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon

*A. L. Munnell Maj.*  
Chief Paymaster & O. 1/c Records.

Nov. 9th 1918

Receipt hereunder.

*J. J. Barker* LIEUT. COLONEL.  
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Six pounds three shillings on account of cable remittance from Newfoundland.

E. Button  
No. 5283 Rank Private

Witness A. L. Carter, Pte.

No. 5283 Name *Butter E.*

*Butter E.*

Sqn., Batty.,  
or Company

*D.B.* Corps *R. Newfoundland*

Date of enlistment

*22/5/18*

G.C. Badges

Service or Proficiency Pay

Date of last entry in  
Company Conduct Sheet

No. and date  
of last drunk

Period not reckoning towards  
freedom from extra fine

Sheet No.

Signature O.C.  
Company, etc.

*M. Woodman*

Character

*Good*

Army Form B. 122.

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
<i>Field.</i>	<i>5/1/19</i>	<i>Pte</i>		<i>Deficient of 2 pr coles.</i>	<i>Sgt Woodman</i>	<i>Advised.</i>	<i>6/1/19</i>	<i>Sgt Woodman</i>	<i>Pay bar deficiency.</i>
<i>Reserve</i>	<i>2/1/19</i>			<i>spoon</i>	<i>Sgt Burnett</i>	<i>do</i>	<i>29/3/19</i>	<i>Sgt Burnett</i>	<i>Pay bar deficiency.</i>

Button, E

5283

Hay Dept.



July 10, 1919

#5283 pts. Eleazor Batten,  
Old Perlican.

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

Captain  
Paymaster & U. S. Records

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. 1918.

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 *of Eleazer Button* 2. Surname *Button*

3. Rank *Private* 4. Regtl. No. *5283*

5. Address in full to which future payments of gratuity are to be forwarded. *Old Perlican, S. D.*

6. Date of enlistment in the Regiment. *May 28/18*

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 Nfld, if so, give dates and particulars of such service. *Overseas.*

12. Give total length of time which you served on active service whether in Nfld. or Overseas. *From May 28/18 to June 23/19*

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

*No*

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

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?

19. Are you now serving in the Res? *No* If not give:- (a) date of discharge *June 20/19* (b) Reason for discharge *Demobilization*

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.

*France, Belgium + Germany - From Nov. 1918 - To Apr. 1919*

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.

*Eleazer Button*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

day of

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

POST DISCHARGE PAY.

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

.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster

POST DISCHARGE PAY.

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

.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster

July 8, 1919

#5283 Pte. Eleazor Button

Old Parlican

Dear Sir:-

Please find enclosed Discharge Certificate

#2798

Yours truly

Captain

Paymaster & O.i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5284 Rank Pte Name Button E  
 Intended place of residence old Perlican  
 2. Occupation Fisherman  
 Classification of soldier E 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 23 1919 Miss A. 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 and date ST. JOHN'S  
JUN 23 1919  
E. E. Button Signature of soldier  
J. A. Newell 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  
E. E. Button Signature of soldier  
W. J. Babineaux Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 22-5-18 No of days on Military  
 Discharged from service 24-6-19 Plus 14 days Service 413

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
R. H. Lat Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date JUN 24 1919

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld.  
July 8 1919  
M. Bowley Officer in Charge  
 The Royal Newfoundland Regiment

2798/2798

# The Royal Newfoundland Regiment

Class for Demobilization:—

*6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *23.6.19* .....

Regimental No. .... *5284* .....

Name ..... *Burton* ..... *Eleanor* ..... *Pt* .....

Address ..... *Old Peruvian* .....

Present Medical Category ..... *Ai* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board {

*R. J. Lat* Major  
O.C. Discharge Depot.

*Paterson*  
Senior Medical Officer

*Dee Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

 Reg. No. 5284 Rank PLT Name Buttner E

 Date of Enlistment 22.5.18 Address 100 Piquet District Imperial

 Occupation Fisherman Classification for Discharge X Medical Category I

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
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 23.6.19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

E. Leazer Buttner

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 \_\_\_\_\_

 Date 23-6-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 71896, to his home at Old Periclean and Release Certificate No. 2956 issued.

Date 23-6-19

*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 8-7-19

Date 23-6-19

*H. H. W. H.*  
Depot Paymaster.

Discharged approved for 24-6-19

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 23-6-19

*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 24 1919

*R.H. Sait 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.

*E. Leeger Button*

Signature of Man.

*J. A. Snowball*

Reg. No. 3284

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

23-6-19

191

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

# MEDICAL HISTORY

OF

Surname

*Button*

Christian Name

*Leagar*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Old Parish St.*

County

*Nfld*

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>22</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	at <i>S. Johns</i>	at		
Declared Age	<i>30</i> years — days		years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>14</i> inches		feet	inches
Weight	<i>127</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>35 1/2</i> inches		inches
	Range of Expansion	<i>4 1/2</i> inches		inches

Vaccination Marks	Right	Left	Right	Left

When Vaccinated				
Vision	R.E.—V= <i>6/6</i>		R.E.—V=	
	L.E.—V= <i>6/6</i>		L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)		
(b) Slight defects but not sufficient to cause rejection	(b)	(b)		

Approved by (Signature) *James Paterson* Medical Officer. (Rank)

Enlisted	at <i>S. Johns</i>	at		
	on <i>22</i> day of <i>May</i> 191 <i>8</i>	on	day of	191

Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>The Royal</i>	<i>5283</i>		
Transferred to	<i>Nfld Regt</i>			

Became non-effective by	on	day of	191	on	day of	191
(Signature)						
(Rank)						





## 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 *Button Elegg*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *5283*  
 Intended address *Old Perlican*  
 Height on discharge *5* Feet *2*.  
 Color of hair on discharge *Dark Brown*  
 Complexion *Fair*  
 Color of eyes *Brown*  
 Descriptive Marks  
 Figure on discharge *Short*  
 Christian name of Father *William James*  
 Christian name of Mother *Eizabeth*  
 Wife's maiden name in full  
 Date and place of marriage  
 Christian names of children  
 Place and date of soldier's birth *Old Perlican 11-2-1896*  
 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)

*Eleggds Button*

*Ho*  
(Rank)

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.

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

Station

Date

**Casualty Form - Active Service.**

Regiment or Corps C. Newfoundland  
 Rank Pte Surname J. Sutton Christian Name C  
 Religion C of E Age on Enlistment 25 years 0 months  
 Enlisted (a) 22/5/18 Terms of Service (a) Duration Service reckons from (a) 22/5/18  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended ( ) Re-engaged ( ) Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 Occupation Fisherman Signature of Officer M. H. ...

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 ...			
		Disembarked...		28 NOV 18	
		Joined Batt.		5 JAN 19	
		Arrived in UK		13/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered (b) Signaller, Shoeing-Smith, Ac (17591.) Wt. W 1887 - P 1124. 1,000,000, 6/18. D & S. Form B103. (B. 1256.)

*Int*

Next of Kin: Father: Sutton, James: Old Parliam: Trinity Bay: N. S. D

**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* 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *52283* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Buller* *C.* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *22*...
6. Posted for duty on *20. 5. 18* at... *S. John* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service (b) Date of Discharge;
- (c) on duty (d) off duty? (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

### Statement of Case.

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

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

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part.

.....  
 .....  
 .....  
 .....  
 .....

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

na.

15. What is his present condition?

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

no complaints of no disability

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

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.

Repetition

W. E. Proeminer. Capt RMC

Station: Hampden Barracks Camp.

Medical Officer in charge of case.

Date: 29. 11. 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



No 4158



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, Eleazer Button , Regl. No. 5283

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty 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. :

Allotment begins July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4836</u>	<u>Bather</u>	<u>William J Button</u>	<u>Old Pelican D/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, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]  
 Officer Commanding  
D Company  
St John's  
June 18/18 1911

(Sig.) Eleazer Button  
 (Rank) Pte

Old Perlican  
Trinity Bay

6320

Sept 10<sup>th</sup> 17

M. A. C. Hickman

Minister of Militia

Dear Sir

I am Writing  
to know the reason  
I did Not receive  
My last Pay  
The rest of the  
Boys of the Draft  
that I was With

Received their third  
Pay on 6<sup>th</sup> of September  
and I only received  
~~two~~ please let  
me know

I remain  
Yours Truly

Eleanor Button

5283.

Ch mailed to New Orleans

12/9/19

ST. JOHN'S, JUN 23 1919

# Royal Newfoundland Regiment.

Billeting Account,

To *W. E. Button*

Billeting Soldiers as undermentioned

from *June 1<sup>st</sup> /19* to *June 21<sup>st</sup> /19*

*5283 W. E. Button 21 60*

AC. LINE	<i>Btm</i>
CH. NO.	<i>24777</i>
IND. LEDGE	
PAY LEDGE	<i>60</i>
GEN. LEDGE	

Certified correct for \$ *21 60*

*J. J. [Signature]*  
Billeting Officer.

*W. E. Button*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one

Regiment of Royal New Zealand Lancers Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5283 Battery Elephas</u>	Age on	<u>20</u> years	<u>Justice</u>	
			months	<u>Justice</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>22.5.18</u>		<u>Meth</u>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		<u>14<sup>6</sup>/<sub>365</sub></u> years.	<u>Olderheide T.S.</u>	
		with Reserve	<u>365</u> years.		

Place	Date of Offence	Rank	Cause of Offence	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 8-7-19.</u>					

To be carried over.

Army Form B. 121.

152834

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5284 Rank AF4 Name Button E  
 Date of Enlistment 22.5.13 Address Old Bedford District District Trinity  
 Occupation Fisherman Classification for Discharge X Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	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 400H	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 23.6.19 for Miss H.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Edward Button*

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 £ 100.00

Date 23-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *81896* to his home at *old point* and Release Certificate No. *2956* issued.

Date *23-3-19* *J.A. Newbatt*  
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 *23-1-19* *J.A. Newbatt*  
Depot Paymaster.

Discharge approved for *24-6-19*  
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*  
*M. J. ES*

Date *23-6-19* *J.A. Newbatt*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to—

Office Records.  
Board of Pension Commissioners.

with following additional documents.

*JUL 24 1919*

Eligible for War Service Gratuity

Date *R.H. [Signature]*  
O. C. Discharge Depot.

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

Date *July 4/19* *[Signature]*

Reg. No. *1284.* Rank *1st* Name *Butson E.*  
At sted ..... Address *Old Orleans*  
' otment..... Allottee .....  
I te of Allo'tment..... Returned from Overseas *29.1.19.*  
Return ed on *10.1.19.* Cause *Discharge*

*23.6.19* PASSED TO DEMOBILIZATION OFFICER

*24.6.19* DISCHARGE APPROVED ON DEMOBILISATION