



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5944 Name William Butcher Corps Cof E.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>William Butcher</u>          |
| 2. What is your full Address? .....  | 2. <u>Mussels Dr Arm. P B.</u>     |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>0</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>Yes 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 .....<br>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, William Butcher 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.

William Butcher SIGNATURE OF RECRUIT.  
W. H. Moulton Signature of Witness.

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

I, William Butcher 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. The said recruit has made and signed the declaration and taken the oath before me at St John's on this 24 day of August 1918

Signature of Attesting Officer C. B. Dick 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 1st Bn

If enlisted by special authority, such will be attached to the original attestation.

Date ..... 1918 }  
Place ..... } Approving Officer. W. H. Moulton

† 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) .....



C.R. 5944

Extract of Daily Orders by LT. COL. B.J. BARTON, D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,  
14/1/19.

The undermentioned is taken on the strength and posted to "C"  
Co'y Company as from 26/10/18.

#5944 Pte. W. Butcher.

C.R. 5944

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date 9-8-19.

5944, Pte. Wm. Butcher.

C.R. 5944

Extract from Medical Board held on MONDAY  
EVENING July 7th. 1919 the following were the findings.

5944 Pte. W, Boucher.

Recommended discharge from the army.

4765 C.R.

Extract from Daily Orders Part 11 Unit The Royal Rifles.  
Regt. St. John's, 15-7-19.

The Discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 26-7-19.

5944 Pte. W. Butcher.

C.R. 5944

Extract from Daily Orders Part II Unit The Royal Field. Regt.  
St. John's, July 3rd 1919.

5944 Pte. W. Butcher.

Reported at Headquarters 1-7-19 on "Cassanite" which sailed  
Glasgow 24th June, 1919.

C.R. 5944

Extract From Nominal Roll Entained At St. John's for Overseas  
Sept. 22, 1919. 'BB

5944 Boucher Wm.



C.R. 5944

Extract from Daily Orders Part 11 from Unit The Royal  
Hfld. Regt. St. John's, dated August 9, 1918.

#5944, Pte. Wm. Butcher.

Attested for General Service with The Royal Hfld. Regt.  
from 8/8/1918.



W Goutch

CR.

5944

U

PRD

**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..... *Kajal New...*
2. Regtl. No. *5944* 3. Rank..... *Pvt*
4. Name *Baiteher*..... *William*  
(Surname) (Christian Names)
5. Age last birthday..... *22*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Fisher*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *W*
12. Place of origin of disability. *W*
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. *W*

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? }

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*

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.

16. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.S. Procter*  
 Medical Officer in charge of case.

Station *Hazley Stn*

Date *10/4/19*

\* 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



No. 7915/1539

*C.P.D. 100010*  
*G.D.*  
N.F.P. / 70.

From: NEWFOUNDLAND

CONTINGENT

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

To: Officer Commanding,  
2nd Batt. Ryl. Mfld. Regiment  
Winchester.

26th May 1919

May 27<sup>th</sup> 1919.

5944 Pte. W. Boutcher

Receipt hereunder.  
*I paymaster to for.*  
LIEUT. COLONEL.  
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

With reference to the following telegram from the Minister of Militia / / 19 ( 199):

"Pay to 5944 W. Boutcher  
£5. 0. 0.

Received the sum of 5.0.0  
Five Pounds in respect of telegraphic remittance from the Minister of Militia.

Cheque £5. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon,

*A. A. Minnett May*

W Boutcher

Chief Paymaster & O. i/c Records.

No. 5944 Rank Pte

Witness: H White

Butcher, W

5944

Gay Sept.



August 14, 1919

#5944 Pte. Wm. Boucher,  
Mussel Harbor Arm., E.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3710.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5944 Rank Pvt Name Butcher W.  
 Intended place of residence Musnell St

2. Occupation Dishwasher  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 12 1919

L. Musnell  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 12 1919

William Butcher  
 Signature of soldier

J. A. Knowles  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUL 12 1919

William Butcher  
 Signature of soldier

W. J. Coaker  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 8.7.18 No. of days on Military  
 Discharged from service JUL 26 1919 Plus 14 days Service 398

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 28 1919

N. R. Cooper Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 9/1919

N. Howley Capt.  
 Officer i/c Records  
 The Royal Newfoundland Regiment

W. J. Coaker 2079/13710

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. *5944*...

Name *Boutcher* *Wm* .....

Address *M.ussell* *N<sup>o</sup>* *9-13* .....

Present Medical Category *E* .....

Recommended for:— { (a) ~~Immediate discharge~~ .....

(b) Standing Medical Board .....

Members of Board {

*Ret Lt Col Major*  
O.C. Discharge Depot.

*W. P. ...*  
Senior Medical Officer

*W. B. ...*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 944 Rank Plat Name Butcher W  
 Date of Enlistment 8-7-18 Address Mussell St District St. John's  
 Occupation Fisherman Classification for Discharge B Medical Category F1  
 Recommendation S.M.B. physically unfit Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

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	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 11-7-19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation:

William Butcher

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 12-7-19

O i/c. Re-clothing.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 237610 to his home at At Johns and Release Certificate No. 3541 issued.

Date 12-7-19

*J. A. Snowcroft*  
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 9-8-19

Date 12-7-19

*J. A. Snowcroft*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-7-19

*J. A. Snowcroft*  
Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 28 1919

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

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*William Butcher*

Signature of Man.

*J. A. Snowcraft*

Signature of the Vocational Officer or his Representative.

Reg. No. 5944

Place ST. JOHN'S.

Date 12-7-19 191

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

# MEDICAL HISTORY

OF

Surname Boutcher

Christian Name William

Table I.—GENERAL TABLE

Birthplace:—Parish Musel, St. John County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined .....	8	Aug		1918
	at	St. John's.	at	
Declared Age .....	21	years		days
Trade or Occupation .....	Fisher.			
Height .....	5	feet	6 1/2	inches
Weight .....		117		lbs.
Chest Measurement	Girth when fully expanded .....	33		inches
	Range of Expansion .....	3		inches
Physical Development .....				
Vaccination Marks	Arm .....	Right	Left	
	Number .....	—		
When Vaccinated .....				
Vision .....	R.E.—V=	6/12	R.E.—V=	
	L.E.—V=	6/60	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. Amis Paton</u>			
(Rank)	Medical Officer		Medical Officer	
Enlisted .....	at	St. John's.	at	
	on	8	day of	Aug
				1918
Joined on Enlistment .....	Corps		Corps	
	Regtl. No.	5944	Regtl. No.	
Transferred to .....	Royal Nfld. Regiment.			
Became non-effective by .....	on	day of	on	day of
(Signature)		191		191
(Rank)				





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,**.....
2. Regtl. No..... **5744** 3. Rank... **Pte.**.....
4. Name ..... **Boucher William.**.....  
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade }  
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

N I L .

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

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

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*  
**Corneal opacity in R. Eyel. (?) Cataract. which he says has existed since he was 6 Years old. Complains of Defective vision.**  
**(SGD) J. ST. P. KNIGHT.**

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

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

**(SGD) W. E. PROCUNIER.**

Medical Officer in charge of case.

Station .....

Date .....

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

**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. **Defective vision. (Corneal Opacity)**  
 (b) The present condition thereof.

**Condition existed before enlistment.**

22. State whether the disabilities are:—
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war .. .. .                              | .....               | .....             |
| (ii.) Previous active service .. .. .                                    | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                                | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .                   | .....               | .....             |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . | .....               | .....             |
- Give details:

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

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

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

Nil.

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

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

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

Yes.

Opinion of Military Member in case of disagreement

OR

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

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

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

No.

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

29. Does the soldier require:—

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

Signatures:—

(SGD) N. S. FRASER..... } President or Chairman.

Station ... ST. JOHN'S, ..... " J. S. TAIT..... } Members.

Date ... JULY 7/19, ..... " L. PATERSON, MAJOR..... }

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

Station ..... (SGD) CLUNY MACPHERSON, MAJOR. } Only applicable in cases of Patients in Hospitals.

Date ... JUL 10 1919 ..... Officer in charge, Central Hospital.

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

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

Station ..... O.C. Discharge Centre.

Date .....



# 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 *Boulcher, William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5944.*

Intended address *Mussell H. P.O.*

Height on discharge *5* Feet *6.*

Color of hair on discharge *Dark.*

Complexion *Fair.*

Color of eyes *Blue.*

Descriptive Marks *Scar on Lt side of cheek.*

Figure on discharge *Med.*

Christian name of Father *Karlson.*

Christian name of Mother *Emmale.*

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

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

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

Place and date of soldier's birth *Mussell H. 27 Dec. 1897.*

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) *Boulcher William*

(Rank) *Pl.*

Station **ST. JOHN'S.**

Date *7.7.19.*

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

August 15, 1919

Mr. William Butcher,  
Mussel Hr., P.B.

Dear Sir :-

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

Yours truly,

Captain & Paymaster.

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... *W. E. Ham* ..... 2. Surname... *Butcher* .....
3. Rank... *Pvt* ..... 4. Regt. No. ... *5944* .....
5. Address in full to which future payments of gratuity are to be forwarded... *Mussey St. P. B.* .....
- .....
6. Date of enlistment in the Regiment... *Aug 8/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*No* .....
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?.....  
*No* .....
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... *Eleven months* .....
- ..... 1.3 .....

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?.....

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

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

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

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

19. Are you now serving in the R.A.F.?..... no ..... If not give:- (a) Date of discharge. July 26/19 (b) Reason for discharge. Demob

.....

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. England

.....

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.....

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: *William Butcher*  
 Place of Residence: *Mussee Harbor. P.B.*  
 Declared before me at: *St. John's.*  
 This *17* day of *July* 19*19*....

Signature of Barrister of the *John M. <sup>Jr.</sup>Carthy*  
 Supreme Court, Stipendiary Magistrate, 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.				Examiner



*In hand  
21. 12. 18  
Camp 8*

MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
746	5944	PLG.	Bouchar.	W.
Year	Unit.	Age.	Service.	
1918	Royal Newfoundland Regt.	21	3/12	
Station and Date.	Disease			
21. 10. 18	Keratitis R eye	admitted to this Hospital 21. 10. 18		
No 9 Gen Hosp K... MILITARY HOSPITAL HUNTER HALL, CAN.		with phlyctenulae Keratitis - recent acute attack in top of old condition. Has opacity of cornea.		
17 Dec 18.		Left eye slight blepharitis. Condition much improved.		
25 Dec 18		Blepharitis cured.		
7 Jan 1919		Keratitis of eye now cured		
		Set to return		
		Right eye left		

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd. Forms/L. 1237/13 (R2349) [P.T.O.]



1951

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

1261 0 2 130

1921.

The accompanying ~~Victoria Medal~~ British War Medal

is/are forwarded herewith to

William Boutcher

in respect of his service as No. 5944 Rank Pte.

Name W. Boutcher

Royal Nfld. Regt.  
Inf. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

October 26 1921

Signature

W. Boutcher

Date

November 4

Address

Murrell St Arm

[P.T.O.]

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5914 Rank Plt Name Butcher W.  
 Date of Enlistment 8-7-18 Address Mussell St District St. John's  
 Occupation Tuberman Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. physically unfit Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

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	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 11-7-19O. C. Discharge Depot W. Butcher

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

William Butcher

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. Butcher

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 237612 to his home at St. Johns and Release Certificate No. 3541 issued.

Date 12-7-19

*J. F. Lawrence*  
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 9-5-19

Date 12-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
F 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 12-7-19

*J. F. Lawrence*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 23 1919

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

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

Date Aug 7, 19

Reg. No. 5944 Rank Pfc Name Bontats, W.M.

Attested ..... Address. Munsel St. Ave.

Allotment..... Allottee .....

Date of Allotment..... Returned from Overseas JUL 1 1919

Returned on S S. Cassandra Cause Discharge

8.7.19

Res. Discharge from the Army

127 19

**PASSED TO DEMOBILIZATION OFFICER**

267 19

**ISSUANCE APPROVED OF DEMOBILIZATION.**