



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6019 Name Samuel Brunson Corps Coft

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------|
| 1. What is your name? | 1. <u>Samuel Brunson</u> |
| 2. What is your full Address? | 2. <u>Williamsport</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Samuel Brunson 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.

Samuel Brunson SIGNATURE OF RECRUIT.

W. S. Bowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Brunson 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 17 day of August 1918

CPD. Dickson Signature of Attesting Officer

†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 Coft.

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

Date 19-8 1918 Place St. John's

J. H. ... 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

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

Name Samuel Brencen
 Apparent age 23 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Brencen
Williamsport St | Relationship Father
Barbs Dist 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____ "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6019 Name Samuel Brunson Corps Coys

Questions to be put to the Recruit before Enlistment

- | | |
|--|---|
| 1. What is your name? | 1. <u>Samuel Brunson</u> |
| 2. What is your full Address? | 2. <u>Williams Pt. St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> , Years |
| 5. What is your Trade or Calling? | 5. <u>Fisher man</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Samuel Brunson 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.

Samuel Brunson SIGNATURE OF RECRUIT.
W. S. Bowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Brunson 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 17 day of August 1918

Signature of Attesting Officer Ed. Dickson

† 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 19-8 1918 } Approving Officer.
 Place St. John's }
J. King

† 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

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

6019

Name Samuel Brencen
 Apparent age 23 years months. Height 6 feet 6 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Brencen
Williamsport, Pa | Relationship Father
Barbs Dist 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>17-8-18</u>									
Joined at <u>St. Ann's</u> on <u>August 17-1918</u>									
<u>Discharged by Order Jan 6/1919</u>									
<u>Admitted Barracks Hospital</u>					<u>22-10-18</u>				
<u>Discharged do do</u>					<u>29-10-18</u>				
<u>Remobilization by Order 6-1-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-1-1919</u> [date of discharge] <u>in</u> years <u>143</u> days									
" " Pensions " " " " " "									

C.R. 6019

Extract of Daily Orders Part II? Depot St. John's dated
Jan. 14th 1919.

DISCHARGE CONFIRMED ON DEMOBILIZATION

The discharge of the undernoted man on demobilization has been
confirmed by Officer i/c Records on noted date.

6019 Pte. Samuel Brencen

Discharged 6-1-19

C.R. 6019

EXTRACT FROM DAILY ORDERS PART 11, DEPOT
ST. JOHN'S DATED OCTOBER 24th., 1918.

#6019 Pte. S. Bunston.

ADMITTED TO BARRACKS HOSPITAL 22/10/18

BC.

C.R. 6019

Extract from Daily Orders, Part 11, UNIT: The Royal Wfld. Regt.,
dated Dec. 6th. 1918.

DEMOBILIZATION.

The underneted Discharged on DEMOBILIZATION has been approved by O.C.
Discharge Depot from Noted date. He is removed from Depot Strength
and transferred to Discharge Depot pending confirmation by Officer
i/o Records.

6019 Pte. S. Brencen

6/12/18.

C.R. 6019

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated October 31st. 1918.

Hospital.

6019 Pte. S. Brinseen.

Discharged from Barracks Hospital 29/10/18.

C.R. 6019

Extract from Daily Orders Part 11. Unit The Royal Nfld.
Regt. St. John's, dated August 19th, 1918.

6019 Pte. Sam. Brenceen.

Attested for general service with the Royal Nfld. Regt.

17-8-18-

Brecken, S

6019

Ray sept.

January 10th., 1919.

#6019 Pte. Samuel Brencen,

Williamsport.

St. Barbe Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 405."

Yours faithfully,

Captain,
Paymaster & C. i/c Records.

Enc'1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6019 Rank Pte Name Samuel Brecken
 Intended place of residence Williamsport
 2. Occupation Fisherman
 Classification of soldier C Medical Category A.II
 3. The above named man is discharged in consequence of Demobilization
 4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place DEC 3 1918 W. Bowley Capt
 Date DEC 3 1918 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 Johns S. Brecken ^{His Wit}
Dec 3 1918 W. Bowley Capt
 Signature of soldier 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 Johns Samuel Brecken
Dec 6 1918 W. Bowley Capt
 Signature of soldier Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17. 8. 18 No of days on Military
 Discharged from service 8. 12. 18 plus 28 days Service HO 143

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 R. H. Lait Capt
 Date DEC 6 1918 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St Johns, Nfld W. Bowley, Capt
 Date January 6 1919 Officer i/c Records
2079/408 The Royal Newfoundland Regiment

15
30
31
30
31
6
243

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6019 Rank Private Name Brennan - Samuel
 Date of Enlistment 17.8.18 Address Wallecampot District St. John's
 Occupation fisherman Classification for Discharge C Medical Category AII
 Recommendation S.M.B. Disability Rating

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.....	1 <u>Tom</u>
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	2
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 3.12.18

W. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph A. Snow

Date 3-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 801 to his home at Willemsport and Release Certificate No. 80 issued.

Date 3.12.18

C. P. Dick
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 3-1-19

Date 3.12.18

M. H. Bayly
Depot Paymaster.

Discharge approved for Dec 6 1918

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	1	Form B
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	1				

Date 3.12.18

C. P. Dick
Demobilization Officer.

APPROVED.

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

Date DEC 6 1918

R. H. Lant
O. C. Discharge Depot.

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

Date December 6/1918

M. H. Bayly
Capt.


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

MEDICAL HISTORY

Surname Breunen

Christian Name Samuel

Table I. GENERAL TABLE

Birthplace:—Parish	<u>Williams Fort</u>		County	<u>Newfoundland</u>	
	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>		
Examined	on	<u>17</u> day of <u>Aug</u>	191 <u>8</u>	on	day of 191
	at	<u>St John's</u>		at	
Declared Age		<u>23</u> years	days	years	days
Trade or Occupation	<u>Yeaterman</u>				
Height		<u>5</u> feet	<u>6</u> inches	feet	inches
Weight			<u>149</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded		<u>35</u> inches		inches
	Range of Expansion		<u>3</u> inches		inches
Physical Development					
Vaccination Marks {	Arm	Right	Left	Right	Left
	Number				
When Vaccinated					
Vision	R.E.—V=	<u>6/6</u>		R.E.—V=	
	L.E.—V=	<u>1/6/6</u>		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>Samuel Paterson</u>				
(Rank)	<u>Major</u>		Medical Officer	Medical Officer	
Enlisted	at	<u>St John's</u>		at	
	on	<u>17</u> day of <u>Aug</u>	191 <u>8</u>	on	day of 191
Joined on Enlistment	Corps	<u>Regal Nfld Regt</u>		Corps	
	Regtl. No.	<u>5019</u>		Regtl. No.	
Transferred to	<u>Regiment</u>				
Became non-effective by	on	day of	191	on	day of 191
(Signature)					
(Rank)					

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 work at previous
Occupation Fisherman

Samuel Branceen +

Witness
Hubert E. Sinclair
Signature of Man
Mark

C. S. Dicks
Signature of the Vocational Officer or his Representative.

Reg. No. _____

Place St Johns N.Y.C.D.

Date Dec 3rd 1918.



8

S. Barbe

The Royal Newfoundland Regiment

Class for Demobilization:—
c

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 29 1918

Date

Regimental No. *6019*

Name *Brennan Samuel Pte.*

Address *French Shore*

White Bay

Present Medical Category *A II*

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

Members of Board { *R.H. Lat Capt.*
O.C. Discharge Depot.

H. Atkinson
Senior Medical Officer

J.W. Burden
M. O. Depot

No. 6957



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Brecken, Regl. No. 6019, hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and Fifty 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 Sept 1. 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
617	Mother	(Susy) Mrs William Brecken	Williamsfork	— 50
Total Allotment, \$				— 50

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

(Sig.) [Signature]
 Officer Commanding
Johns field 9.
 Company
 26/8/ 1918

(Sig.) his
Samuel J Brecken
 (Rank) Private
marks
[Signature]



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Brencen, Regl. No. 6019
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 — Dollars and Fifty 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.: Sept. 1. 1918
 Allotment begins _____

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6117	Mother	(Susy) Mrs William Brencen	Williamstown	— 50
			Total Allotment, \$	— 50

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.) L. J. Peake
 Officer Commanding
 Company

his
 (Sig.) Samuel Brencen

(Rank) Private mark
 Sgt. Dunbar

Pl John's Rd.
 26/8/ 1918

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at 104 St Johns on Aug 17 1918

1. Name Samuel Breen Age (a) Declared 23
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none 6019

Comp Brown
eyes dark
marks seen on left thigh

3. Height 5-6" Weight 149

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~

Measurement (a) Expiration 35 (b) Inspiration 38

7. Examination of Heart ~

8. Examination of Urine ~

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears (Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Father William Williamsport
St Johns 141

REMARKS—

A II

W. B. Breen
Archibald
Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet one
Signature of O. C. Company A. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>6019 Samuel Branson</u>	Age on	<u>23</u> years <u></u> months	<u>Fisherman</u>	
Joined _____	Date _____	Place and Date of Enlistment	<u>St John's</u>	Religion	
Joined _____	Date _____			<u>C of E</u>	
Joined _____	Date _____	Period of	<u>14³/₃₆₅</u> years.	Place of Birth	
Joined _____	Date _____				with Reserve <u>36⁵/₃₆₅</u> years.

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 6 '19</u>					

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6019 Rank Plt Name Brennan - Samuel
 Date of Enlistment 17.8.18 Address Willcampot District St Barbe
 Occupation fisherman Classification for Discharge C Medical Category ATI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1	
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	1	Sam 8
B 178a.....	1. D 400A.....	B 1915.....	2	do 2nd.....	" 3.....	2	
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....		✓
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....		
B 179b.....	B 103.....	ME 2.....			" 6.....		
B 179c.....	B 120.....	M 93.....	1				

Date 3.12.18

W. H. T. Capt
 C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

his
Samuel Brennan
+ Mary Peters
& witnesses

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$100.00

(b) ~~Clothing~~ Supplied Joseph A Snow

Date 3-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 801 to his home at Willemsport and Release Certificate No. 80 issued.

Date 3. 12. 18. C. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-1-19

Date 3-12-18 W. Bowley Capt.
Depot Paymaster.

Discharge approved for Dec 6 1918

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

Date 3. 12. 18. C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

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

with following additional documents.

Date DEC 6 1918 R. H. Sant Carr
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date Dec 6/1918 W. Bowley, Capt.
O.C.D.

Reg. No. 6019 Rank Pte Name Burdeen Samuel
 Attested 17-8-18 Address Wellansport 4
 Allotment 50 Allottee Mrs Wm Burdeen (mother)
 Date of Allotment 1-9-18 Returned from Overseas.....
 Embarked for Overseas Cause.....

Vacc 22-8-18 1st leave 26-8-18 2nd 3-9-18.
4. leave 4-9-18 to 18-9-18 Retd 29-9-18.
22-10-18 adm. to barracks Hosp.
29-10-18 dis- from "

PASSED TO DEMOBILIZATION OFFICER

2-12-18
6-12-18 DISCHARGE APPROVED ON DEMOBILISATION.