



# FIRST NEWFOUNDLAND REGIMENT

VICTORIA BY LONDON, S.W.  
13 AUG 1917

No. 2759

ATTESTATION OF  
Name Leonard Patrick Burke Corps

Questions to be put to the Recruit before Enlistment

1. What is your name? ..... 1. Leonard Patrick Burke
2. What is your full Address? ..... 2. 126 Military Road, St. Johns.
3. Are you a British Subject? ..... 3. Yes.
4. What is your age? ..... 4. 21 Years 4 Months
5. What is your Trade or Calling? ..... 5. No
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
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. Yes.

THIS QUESTION OF THE WIFE

I, Leonard Patrick Burke 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.

8. May 16th/16. Leonard Patrick Burke SIGNATURE OF RECRUIT.  
Charles Aype Signature of Witness.

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

I, Leonard Patrick Burke 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. Johns on this 17th day of May 1916

Signature of Attesting Officer Charles Aype

**†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 ..... 1916  
Place ..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Ronald Patrick Burke  
 Apparent age 22 years 4 months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded 35 1/4 inches  
 Range of expansion 3/4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick J Burke, 126 Military Rd., St. Johns | 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 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									
" " " Pension " _____ [ " " ] _____ " _____ "									

2759



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2759

Name Leonard Patrick Burke Corps

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

1. What is your name? ..... 1. Leonard Patrick Burke
2. What is your full Address? ..... 2. 126 Military Road  
St. Johns
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years 4 Months
5. What is your Trade or Calling? ..... 5. Housepainter
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
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. Yes

I, Leonard Patrick Burke 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.

8. May 16th / 16. Leonard Patrick Burke SIGNATURE OF RECRUIT.  
Chas. A. Ayle Signature of Witness.

Leonard Patrick Burke I, 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. Johns on this 17th day of May 1916

Signature of Attesting Officer Chas. A. Ayle

### †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.....191..... } Approving Officer.  
Place..... }

† 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 *Lionard Patrick Burke*

Apparent age *22* years *4* months. Height *5* feet *9* inches

Chest Measurement { Girth when fully expanded *35 1/4* inches  
 Range of expansion *3 1/4* inches

Distinctive marks.....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Patrick J Burke, 125 Military Rd. St. John's* | 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 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 <i>16-5-16</i>					<i>Lane Hopt 1-11-17</i>				
Joined at <i>St John's</i> on <i>May 16<sup>th</sup> 16</i>									
<i>Richard St. John's. Mar 5<sup>th</sup> 1918</i>									
<i>Embarked St John's S.S. Sicilian for Lt 19<sup>th</sup> Co</i>									<i>Embarked for B.C.A. 11<sup>th</sup> 19</i>
<i>Joined unit 22-10-16 Admitted 38 Col. Cape Horn 25-2-17</i>									<i>Transferred to Captains 23<sup>rd</sup> 17</i>
<i>Admitted 3<sup>rd</sup> L.I. 40 and with 24<sup>th</sup> Surtout then attached Home Depot 18-5-17</i>									<i>Embarked for B.C.S. 8<sup>th</sup> 17</i>
<i>Joined 15th Hussars 28<sup>th</sup> Wounded 31-11-17 Admitted 55 Col. 10<sup>th</sup> Bn 31-11-17</i>									<i>Transferred to Captains 24-11-17</i>
<i>Admitted 3<sup>rd</sup> L.I. 40 and with 26<sup>th</sup> Surtout to 19-12-17</i>									<i>To H.Q. for discharges 19<sup>th</sup> 18</i>
<i>Arrived Newfoundland 10-2-18</i>									
<i>Discharged Medically Unfit 5-3-18</i>									

Total Service forfeited as above.....

Total Service towards Engagement to *5-3-18* (date of discharge) *1* years *294* days

" " " Pension " [ " " ] " " "



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Leonard Ruske*  
aged *22* conducted at *L. B.*

Date: *Apr 22/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *nd*
- 2 *nd*
- 3 *nd*
- 4 *nd*
- 5 *nd*
- 6 *nd*
- 7 *yes*
- 8 *yes*
- 9 *nd*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *6/16 Both*
- 19 *n*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

*275A*

*[Large handwritten scribble or signature]*

*5-9*  
*125*  
*32 354*

*parents of Lt. J. Ruske 126 Military Rd*

*now*  
Signature of Medical Examiner: *William Adams*

C.R.

2759

Extract from Nominal Roll of Mfld. Regt. Draft No. 28~~th~~  
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Folkestone,  
5-8-17.

2759

~~2800~~ Pte. L.P. Burke.

C.R. 2759

Extract from Nominal Roll of Nfld. Regt. Draft No.12.  
From 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton.  
11-10-16.

2759 Pte. L. Burke.

ER 2759

PERSONAL EFFECTS

Received from Militia Department

One Kit Bag effects of the late

Signed

2759 Leonard P. Burke

Date May 21st, 1918.



C.R. 2759

Extract of Daily Orders part 11, from Unit Royal Nfld.  
Regiment, St. John's, dated March 7th, 1918.

#2759 L/Cpl. L.P. Burke.

Having been found Medically Unfit is struck off the  
strength with effect from 5/3/18.

C.R. 2759

Extract from list of men of the Royal Newfoundland Regiment  
discharged on various dates.

2759 L/C L.P. Burke,

Discharged 5 - 5 - 18, Medically unfit

C.R. 2759

Extract of Daily Orders part 11 from Unit the Royal  
Newfoundland Regiment, Headquarters dated Feb 15/16.

The following man returned from overseas and is  
attached to Headquarters with effect from February  
13th, 1916.

2759, L/Cpl. L. Burke

C.R. 2759

Extract of Casualties received from Pay & Record Office,  
London, dated January 14, 1918.

FOR DISCHARGE.

#2759 L/Cpl. L.P. Burke. ✓

ex 3rd London General Hospital, 14/1/18 is granted  
furlough to 10 a.m., 16/1/18, pending repatriation.

Auth\*- Auth for discharge A.F.B. 179/

C.R. 2759

Extract from Daily Orders, Part 11, UNIT: The Royal Wild.  
Regt., dated 29th. Dec. 1917.

STRENGTH.

2759 Pte. L.P. Burke.

Invalided to U.K. 24/11/17. WOUNDED.

28th November, 1917.

Dear

Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 2759, Lance Corporal Leonard P. Burke, has been admitted to Wandsworth Hospital, suffering from Gunshot Wound in the Left Eye.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Patrick J. Burke,  
126 Military Road.

Colonial Secretary.

No. 2759 B.Corp. Leonard P. Burke.

Extract of casualty list received from the Pay Office, London.  
dated November 28th, 1917.

"At Wandsworth, Gunshot wound left eye."

C.R. 2759

PROMOTION.

Daily Orderspart 11. 3rd Echelon. 17/11/17.

2759. Pte L. Burke.

Promoted L/Cpl. 1/11/17



C.R. 2759

Extract of Daily Orders Part 11, by Lieut.Col. A.L.  
Hadow, C.M.G., Commanding Newfoundland Regiment,  
9/11/17.

#2759 Pte. L. Burke, D.Co.,  
to be Lance Corporal.

The above promotion to date from Nov 1st, 1917.

March 27, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 2759, Private Leonard P. Burke, has been admitted to Wandsworth suffering from debility after diphtheria.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mr. Patrick J. Burke,  
126 Military Rd.

C.R. 2759

Copy of Cablegram to Governor St. John's Newfoundland 26/3/17

2759 Pte Burke.

Debility Post Diptheria.

C.R. 2759

Extract of Casualty List received from P. & R.O. March 26th 1917

2759 Pte L.P. Burke.

At 3rd London General Hospital Wandsworth 24/3/17 Debility post Diphtheria.

C.R. 2759

Extract from Personal File of Edward G. John's War Record.  
for U.S. SERVICE, July 10, 1918.

2759 Pte. Burke L.

C.R. 2759

Leonard Pat. Burke was attested for General service  
with the NEWFOUNDLAND REGIMENT on ~~...~~ **May 16th. 1916.**  
Regimental No **2759** was allotted to Pte. **L.P. Burke.**

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

C. Burke

2759

P. + B. 0

This space to be left blank  
for the Chelsea Number.

Originals

Army Form B. 268.



## Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>2759</u>	Army Rank <u>Lance Corporal.</u>	
Name <u>Burke, Leonard Patrick</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>1st Newfoundland Regiment</u>		
Battalion, Battery, Company, Depôt, &c. _____ <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge _____		
Place of discharge _____		
<b>1. Description at the time of discharge.</b>		
Age <u>23</u> years _____ months Height <u>5</u> feet <u>10</u> inches Chest measurement { girth when fully expanded <u>35 1/4</u> ins. { range of expansion <u>3 1/4</u> ins. Complexion <u>Fresh</u> Eyes <u>Grey</u> Hair <u>Dark</u> Trade <u>Druggist</u>	Descriptive marks. <u>Scar left eye</u> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           COPY SENT TO            O.C. H.Q.            ST. JOHNS. N.F.L.D.            N.F.P.38. No. <u>9587</u>            DATED <u>18 JAN 1918</u> </div>	
Intended place of residence <u>125 Military Ad St John's Newfoundland</u> <small>(To be given as fully as practicable)</small>		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>		
<b>2. The above-named man is discharged in consequence of</b> <u>Wounds received in action</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>		
To be filled in on the soldier quitting the Colours.	<b>3. Military character:—</b> _____	
	<b>4. Character awarded in accordance with King's Regulations:—</b> _____ _____ _____ _____ _____ _____	
	Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
	Initials of Commanding Officer. _____	

Army Form B. 2088 has been issued to\*

\* Strike out if not applicable.



No. ....

Regtl. No. 2759

Rank L/Corporal

Name Burt & L

Regiment Newfoundland

Date from 14. 1. 1918

1918

to 10 AM 16. 1

1918

To proceed to

Worcester

I/c

Hospital

Station Luton

Date 14. 1. 18

Address whilst on furlough to which a  
orders will be sent.

14. 1. 18

PAID & RECORD OFFICE

**NO EXTENSION OF THIS FURLOUGH IS PERMITTED**

N.B.—This Form is to be used for N.C.O.'s and men granted furlough from Hospitals during the period of the War.

No. 3<sup>rd</sup> London General Hospital at London

**FURLOUGH.**

No. 2759 (Rank) L/Corporal (Name) Burt L.  
 Unit Newfoundland

has been granted a furlough from 14. 1. 18.

to ~~leave on~~ O.A.M. 16. 1. 18. and leave to proceed to

Worcester to report at 58 Victoria London

No advance is to be made to him on any account without previous reference to the Paymaster at London

(Station) London

(Date) 14. 1. 18

NEWFOUNDLAND CONTINGENT  
 J. Anderson Hospital.  
 J. 712. CHIEF PAYMASTER & OFFICER I/O RECORD

FOR USE IN THE CASE OF ALL SOLDIERS SENT TO THEIR HOMES UNDER  
A.C.I. 1011 OF 1916, PARA. 2(ix.)

No. 2759. , Rank 1st Lt. Infld. (Regiment).  
is discharged from\* 3rd LONDON GENERAL HOSPITAL Name Burke. S. P.  
WANDSWORTH.

with orders to proceed to his home.

(Address) 58. Victoria St.  
S. W.



and there to await further instructions as to his discharge from the Service.

Officer Commanding.

Place Wandsworth. H. Jagan  
Date: 14/1/18. Capt. R.A.N. (T.D.) }

\*Here enter name of Hospital or Unit from which the Soldier is discharged.

15 JAN 1918

Army Form W. 3202.  
(In books of 100.)

**Notification that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.**

Admitted 27.11.17.

Soldier's Regtl. No. 2759 Rank Sgt. Name Burke L.P.  
(Surname first)

Corps or Regiment (also Unit if known) 1st Newfoundland

To OFFICER in charge of RECORDS 58, Victoria Street S.W.

REGIMENTAL PAYMASTER 58, Victoria Street S.W.

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service," was approved by the President of the Board on the 11.1.18, has been sent to <sup>the address below.</sup> ~~his home~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded on (date) January 14<sup>th</sup> 1918.

to (full address) 58, Victoria Street S.W.

Place 3rd LONDON GENERAL Officer Comm.

Date 14.1.18 g c Hall Hospital.  
Capt 9th

Three copies to be made; one copy sent to each Officer mentioned above, and one copy filed in the Office of Registrar, R.A.M.C.T.

No. 2759 Name *Burke L.* Sqn., Batty., or Company } *B.* Corps *heroford and land.* Date of enlistment } *May 16/16* G.C. Badges } Service or Proficiency Pay }  
 Date of last entry in Company Conduct Sheet } *none* No. and date of last drunk } *none* Period not reckoning towards freedom from extra fine } Sheet No. *1* Signature O.C. } *A. J. C. [unclear]* Character } *Excellent.*

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>21/1/17</i>	<i>Pvt</i>		<i>Failure to comply with an order</i>	<i>2/40 Stacy</i>	<i>Administered</i>	<i>25/1/17</i>	<i>[Signature]</i>	<i>[initials]</i>

*Special [unclear]*  
*[Signature]*  
*21/1/17*

Army Form B. 122

From, O. C.,  
3rd. London General Hospital.



To, The O. C.,  
Records, 1581, Victoria St

In accordance with instructions contained in A.C.I. No. 2069 of 1916, I beg to report that:-

No. 2759 L/4/L. P. Burke — 12/1/18

will shortly be brought before a Medical Board and will probably be discharged from the Army or re-classified.

Duplicate documents will not be required, please.

Registrar, R.A.M.O.I.,  
3rd London General Hospital,  
WANDSWORTH, S.W.

*H. Jagan*  
Capt. R.A.M.C. (T)

**Notification that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.** *admitted 27.11.17*

Soldier's  
Regtl. No. 2759 Rank P/B Name Burke L.P.  
(Surname first)

Corps or Regiment (also Unit if known) 1<sup>st</sup> Newfoundland

To OFFICER in charge of RECORDS 58, Victoria Street S.W.

REGIMENTAL PAYMASTER 58, Victoria Street S.W.

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service," was approved by the President of the Board on the 11.1.18, has been sent to <sup>*the address below*</sup> ~~his home~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and ~~a suit of plain clothes.~~

He proceeded on (date) January 14<sup>th</sup> 1918

to (full address) 58, Victoria Street S.W.

Place LONDON GENERAL Officer Comm.

Date 14.1.18 g c Hall Hospital.  
*Capt Nut*

Three copies to be made; one copy sent to each Officer mentioned above, and one copy filed in the Office.

Temporary.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname

Burke

Christian Name

L B

TABLE I.—General Table.

Birthplace { Parish County

Examined { on day of 191 at

Declared Age years days

Trade or Occupation

Height feet inches

Weight lbs

Chest Measurement { Girth when fully Expanded Range of Expansion inches inches

Physical Development

Vaccination Marks { Arm RIGHT LEFT Number

When Vaccinated

Vision { R.E.—V— L.E.—V—

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by

Rank

Medical Officer.

Enlisted { at on day of 191

Joined on enlistment Corps Regtl. No. 1 Nfld Regt 2759

Transferred to

Became non-effective by

on day of 191

(Signature)

(Rank)

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Table with columns: Date, Brief details, and Signature. Includes a circular stamp from the Medical and Dental Department and a rectangular stamp: COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. REF 2799 No. 2942/13 22 FEB 1918.

TABLE IV.—Service Table.

Table with columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation.





Nº 2604



3 1ST. NEWFOUNDLAND REGIMENT 9

ALLOTMENTS

I, Leonard Patrick Burke, Regl. No. 2759 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<sup>st</sup> 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2590	Mother	Mrs Patrick (Alice) Burke	126 Military Rd	60
			Total Allotment, \$	

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.) Chas H. Aye Capt.  
 Officer Commanding  
 Company  
St John Mld.  
July 6<sup>th</sup> 1916

(Sig.) Leonard P. Burke  
 (Rank) Private

## Statement of Accounts

OF

No. 2759 Rank L/Opl Name L. P. Burke  
 Company, etc. Repatriated, 19/1<sup>1</sup>/<sub>18</sub> S. S. Classification A.  
 From 22/12/17 to 19/1/18 (dates).

DEBITS				CREDITS			
Date				Date			
Period.				21/12/17 Balance		9	9 2
22/12/17 to 19/1/18				Period.			
Allotment				22/12/17 to 19/1/18			
29 days @ 60¢				Pay.			
17.40	3	11	6	29 days @ \$1.05,			
P.&.R.O. Payments	11	0	0	30.45			
Hosp. Advances	1	7	0	Field Allow.			
				29 days @ 10¢	2-90		
				<u>33.55</u>		6	17 1
				Ration Allow.			
				6 days @ 2/-			12 0
Creditor Balance		19	9	Debtor Balance			
Total £	16	18	3	Total £	16	18	3

CHECKED.

*[Signature]*

18/1/18

Certified correct, NEWFOUNDLAND CONTINGENT

Station

Date

Paymaster  
CHIEF PAYMASTER & OFFICER IN CHARGE

9759 Rank L/C Name Burke, L

Pay	F.A.	Wkg	Total
105	10		115
Less: Allotment			60
Net Rate			55

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d						
						From	To											
Balance		9	4	5	Balance		6	7				1	8	5	✓			
Acquittance Rolls		1	10	0	Pay @ Net Rate	7	7	3	17	11	7	50	58	50	12	0	5	✓
Hospital Advances					<del>Allowance</del>	1	17	14	18	75	55	41	25	8	9	6	✓	
A.S. 34					10 15.2													
P. & R.O. Payments					Ration Allow.													
Cheque 7399	14/18	11	9	0	14/11 - 10/11													
					3 @ 2/10													

*V.K.*  
*W.A.*

60  
*12/17*

No. 2759 Rank L/C Name Burke, L

Pay	F.A.	Wkg	Total
105	10		115
Less: Allotment			60
Net Rate			55

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d						
						From	To											
Balance		9	4	5	Balance		6	7				8	5	✓				
Acquittance Rolls		1	10	6	Pay @ Net Rate	7	7	3	10	11	7	50	58	50	12	0	5	✓
Hospital Advances					<del>Allowed</del>	1	11	14	18	75	55	41	25	8	9	6	✓	
A.B. 34					10 15.2													
P. & R.O. Payments					Ratio Allow.													
<u>Cheque 4399</u>	<u>14 1/8</u>	11	9	0	14/10 - 10/10													
					3 @ 2/10													

*JK*  
*WPA*

60  
*122*

30/89

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No. 2759 Rank Pte

Name Burke, L.

Pay	F. Allow	Working	Total
100	10		110
Less Allotment			60
Net Rate			50

Date	DEBITS	£ s d			CREDITS	£ s d		
		£	s	d		£	s	d
1917	Balance	1	1		Balance	1	1	6 12
	<u>P.H. ADVANCES:</u>				<u>Pay @ Net Rate:</u>			
	A.B. 64				23/12/16 to 7/5/17 = 136 days			
	Acquittance Rolls	4	6	0	@ 50 = \$ 6800			13 19 5
	Hospital Advances	1	14	6	7/5/17 to 16/5/17 = 10 days			
	<u>STOPPAGES:</u>				@ 40 = \$			1 0 0
	hospital dys =				1/1 to 1/1 = days			
	forfeited pay dys =				@ = \$			21 8 7
	Miscellaneous							
	Cables	6	0	6				
	<u>P.&amp;R.O. PAYMENTS:</u>							
	Sundry Bills							
	Cash							
		15	0	0				

7/5/17 15 0 0

J. H. ...

Medical Report on an Invalid.

Station 3rd London General Hospital,  
WANDSWORTH, S.W.  
 Date 10/1/18

1. Unit 1st Newfoundland  
 2. Regimental No. 2759  
 3. Rank Lt Col  
 4. Name Burke L.P.  
 5. Age last birthday 23  
 6. Enlisted <sup>OR</sup> 15th May 1916  
           <sub>at</sub> St John's

7. Former Trade or Occupation } Druggist (Chemist)  
 7A. If with previous service in Army, state—  
 (a) Former Unit ;  
 (b) Regimental No. ;  
 (c) Date of Discharge ;  
 (d) Cause of Discharge.



8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G.S.W. causing severe confusion of left eye, resulting in almost complete blindness of it.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 20th Nov. 1917  
 10. Place of origin of disability. Near Cambrai, France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. He was in an attack on the German position when struck by a bullet just below the left eye. The bullet penetrated to his mouth, & he spat it out a moment afterwards. After being admitted to the 85th P.C.S. he was transferred to the 3rd General Hospital, & thence here.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Active Service & G.S.W.

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 ST. JOHNS, N.F.L.D.  
 N.F.P.38, No. 2587  
 DATED 18 JAN 1918

The Right Eye shows  $\frac{6}{6}$  Vision. Fundus normal.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

The Right Eye - Defective movement upwards. Vision = perception of moving shadows. Irido-dialysis & marked obscuring of fundus oculi by vitreous opacities. There is loss of sensation over left side of nose & lips & W.P.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

Yes.  
Yes  
Yes  
✓

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

No

16. Was an operation performed? If so, what?

No

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

No

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

✓

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

✓

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

Reclassification.

W. R. Hallock  
Capt. R.A.M.C.  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,  
<sup>except †</sup>  
3rd London General Hospital,  
Station WANDSWORTH, S.W.

A. E. Donceel  
Officer in charge of Hospital M.S.  
Comdg. 3rd. London Gen. Hospital.

Date 11/1/18

\*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.

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or
- (v.) Whether it is constitutional or hereditary.

Yes.  
No  
No

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

E.S.W.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

Yes

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

70

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) ~~Change to England?~~

Yes. Return to New Zealand.

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium ;
- (b) Hospital ;
- (c) Convalescent home ;
- (d) Asylum ; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

outpatient

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

No

30. Does the man require the constant attendance of another person?

No

Signatures:—

Station 3rd London General Hospital, WANDSWORTH, S.W.

Date Jan. 11. 1918

*[Handwritten Signature]*  
President  
*[Handwritten Signature]*  
Members.

Approved 3rd London General Hospital,

Station WANDSWORTH, S.W.

Date Jan 11 1918

*[Handwritten Signature]*  
Administrative Medical Officer.

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

# MEDICAL HISTORY

Surname Burke OF Christian Name Edward

Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 22 day of April 1916 at St Johns N.F.		on _____ day of _____ 1917 at _____	
Declared Age	22 years 4 months 4 days		_____ years _____ months _____ days	
Trade or Occupation	Dressmaker		_____	
Height	5 feet 9 inches	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches
Weight	125 lbs.	_____ lbs.	_____ lbs.	_____ lbs.
Chest Measurement	Girth when fully expanded... 35 1/4 inches		_____ inches	
	Range of expansion... 3 1/4 inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Arm	_____
	Number	_____	Number	_____
When Vaccinated	_____		_____	
Vision	R.E.—V=	L.E.—V=	R.E.—V=	L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
	(b) _____		(b) _____	
Approved by (Signature)	<u>Lamont Peterson</u>		_____	
(Rank)	Major Medical Officer.		_____ Medical Officer.	
Enlisted	at St Johns on 22 day of April 1916		at _____ on _____ day of _____ 1917	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1st Newfoundland	2459	_____	_____
Transferred to	1st Newfoundland		_____	
Became non-effective by	NEWFOUNDLAND		_____	
(Signature)	_____		_____	
(Rank)	_____		_____	



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N.F.P.30, No. 9587  
DATED 18 JAN 1918



Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special-syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>RD</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	24	3	17	7	5	17	<del>Diphtheria</del> 5CH 44. Diphtheria		Reported sick in France in mid Feb 1917 Frequent Headache. Debility Furlough	G. C. Hall Capt Rmd
3 <sup>RD</sup> London General Hospital WANDSWORTH, S.W.	26	11	17				SSW causing severe contraction of L eye, almost complete blindness of it		Board held - see overleaf Disability - SSW causing severe contraction of l eye almost complete blindness of it. Res 6/6 Loss of sensation over left side of nose & lip Cause - S.S.W on Active Service Capacity - for carrying a livelihood assessed at 70%	G. C. Hall Capt Rmd 3 <sup>RD</sup> London General Hospital WANDSWORTH, S.W.



Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)



To the Officer i/c Records 58 Victoria St Sw.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification, see A.C.I. 4023 of 1916.)

Soldier's surname Burke, Christian names Patrick.  
(in full)

Regt. No. and Rank 2759. 4/4th Regt. or Corps 1st nfd.  
(If T.F. this should be stated.)

His address on discharge will be 125 Military R<sup>d</sup>.  
St. Johns. nfd.

This information is for the Central Army Pension Issue Office only. The Soldier states that\* \_\_\_\_\_ allowance is being issued in respect of him.  
\* Insert "separation," "dependants," "family," or "no," as the case may be. The space *must not* be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 3rd London General Hospital, WANDSWORTH.  
Date 11/1/1918

John Popton Capt RMC  
President of Board  
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.  
Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 2759

Rank L/Cpl

Name (surname first) Burke, Leonard P.

Regiment 1<sup>st</sup> Newfoundland



1. State what special qualifications you have for employment in civil life.

*Seven years experience of the  
Drug trade.*

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ST. JOHNS, N.F.L.D.  
N.F.P.38. No. 958/2  
DATED 18 JAN 1918

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*M. Thomas T. Kavanagh  
150 Water Street East  
St John's Newfoundland  
Employed as Drug Clerk  
for seven (7) years*

3. What is the nature and locality of the employment you desire.

*Druggist St John's N.F.L.D.*

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

*No*

Date 2/1/18

Signature L.P. Burke

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's Board.

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 Commissioners of Chelsea Hospital.  
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital Chelsea, London, S.W.1.

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

**A** Name in full Burke Leonard Patrick  
Regiment from which discharged 1<sup>st</sup> Newfoundland  
Regimental Number 2759  
Where born (Parish, Town and County), and when St. John's Fortune Bay, Nfld  
Intended address 125 Military Rd. St. John's  
Height on discharge 5 Feet 10 Inches  
Colour of Hair on discharge Dark Colour of Eyes Grey  
Descriptive marks Scar eye. Complexion Fair.  
Figure on discharge medium.  
Christian name of Father Patrick.  
Christian name of Mother Alice.  
Wife's Maiden name in full \_\_\_\_\_  
Date and Place of Marriage \_\_\_\_\_  
Christian names of Children \_\_\_\_\_  
Nature and locality of civil employment desired Druggist (Chemist)



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) Leonard P. Burke

Station Wandsworth. (Rank) \_\_\_\_\_ Date 15/1/1918

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.

W.R. Holman Medical Officer i/c  
Capt. R.A.M.C.F. Hospital.  
Date 14/1/18

Station Wandsworth Date \_\_\_\_\_

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	
				Years	Days
Disallowed ...					
Service towards Pension ...					
Date inclusive to which pay has been issued					
Sums due on account of public debts ...					

India  
S. Africa  
N.F.P.38. No. 2537  
DATED 18 JAN 1918

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ST. JOHNS, N.F.L.D.

Rank on Discharge \_\_\_\_\_  
Character (as on Certificate of discharge) \_\_\_\_\_  
Where born, and on what date \_\_\_\_\_  
Date and Place of first Enlistment \_\_\_\_\_  
Trade on Enlistment \_\_\_\_\_  
Cause of Discharge \_\_\_\_\_  
Number of G.C. Badges \_\_\_\_\_ Medals \_\_\_\_\_  
Wounds, and Actions in which received \_\_\_\_\_

Other distinguishing marks \_\_\_\_\_

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge \_\_\_\_\_  
Date \_\_\_\_\_ Records \_\_\_\_\_

Bunker S. P.

2759

Pay Dept



Statement of Accounts

7788 Dept 1/241 100 Lt. F. Burke  
Company, etc Repatriated, 17/1/18 S. D. Classification  
From 22/12/17 to 12/1/18 (dates)

DEBIT	CREDIT
Period. 22/12/17 to 12/1/18 Allowment 22 days @ 80/- 17.40 P.A.E.C. Payments   11   0   0 Hosp. Advances      1   7   0	21/12/17 Balance Period. 22/12/17 to 12/1/18 Pay. 22 days @ \$1.05,   50.45 Field Allow. 22 days @ 10/-   2-22 53.55   \$ 17   1 Ration Allow. 8 days @ 2/-      12   0
Creditor Balance                      19   0	Debtor Balance
Total £   16   16   3	Total £   16   16   3

This account is <sup>checked</sup> in accordance with information received at the Pay & Record Office to 18/1/18 and is therefore subject to amendment if, and as may be found necessary.



Certified by NEWFOUNDLAND CONTINGENT  
 [Handwritten Signature]  
 CAPTAIN

### Statement of Accounts

OF

No. 2759 Rank L/Opl Name L. P. Burke

Company, etc. Repatriated, 19/1/18 S. S. Classification A.

From 22/12/17 to 19/1/18 (dates).

DEBITS				CREDITS			
Date				Date			
Period.				21/12/17	Balance	9	9 2
22/12/17 to 19/1/18				Period.			
Allotment				22/12/17 to 19/1/18			
29 days @ 60¢				Pay.			
17.40	3	11	6	29 days @ \$1.05,			
P.&R.O. Payments	11	0	0	30.45			
Hosp. Advances	1	7	0	Field Allow.			
				29 days @ 10¢	2-90		
				33.35	6	17	1
				Ration Allow.			
				8 days @ 2/-		12	0
Creditor Balance		19	9	Debtor Balance			
Total £	16	18	3	Total £	16	18	3

This account is <sup>checked</sup> in accordance with information received at the Pay & Record Office to 18/1/18 and is therefore subject to amendment if, and as may be found necessary.

EXKED.  
18/1/18


Station NEWFOUNDLAND CONTINGENT  
18 JAN 1918  
 Date 18 JAN 1918  
 PAY & RECORD OFFICE

Certified correct, NEWFOUNDLAND CONTINGENT  
[Signature]  
 CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS



## Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>2759</u>	Army Rank <u>Lance Corporal</u>
Name <u>Burke Leonard Patrick</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>March 5<sup>th</sup> 1918</u>	
Place of discharge <u>St. John's, Nfld</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>23</u> years <u>1</u> months Height <u>5</u> feet <u>10</u> inches Chest measurement { girth when fully expanded <u>35 1/4</u> ins. range of expansion <u>3 1/4</u> ins. Complexion <u>Fresh</u> Eyes <u>Grey</u> Hair <u>Dark</u> Trade <u>Druggist</u> Intended place of residence (To be given as fully as practicable) <u>125 Military Rd St. John's Newfoundland</u>	Descriptive marks. <u>Scar Left eye</u> 
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <u>Wounds received in Action</u>	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:— _____ _____	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____	
To be filled in on the soldier quitting the Colours.	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2088 has been issued to* _____	

5. He is in possession of the following number of G.O. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Certificate of education .....

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

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Dattn. \_\_\_\_\_ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John's N.P. Ltd. Leonard P. Butler (Signature of Soldier.)

(Date) March 5th 1918 C. Cooke - S.S.M. (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_ (Signature of Soldier.)

10. Statement of service.

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " "

Total ... .. " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

---

No Reservations! —

Leonard P. Butler

C. C. Oke. S.S.M.

---

April 9th. 1918.

Mrs P. Burke,  
126 Military Road,  
C i t y.

Dear Madam,-

I enclose herewith cheque for \$18.00,  
being the amount due you for boarding L/Cpl.  
L. P. Burke, from February 13th. to March 5th.  
1918.

Yours faithfully,

Capt. & Paymaster.

JH.

## 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 presented for the consideration of the Commissioners of Chelsea Hospital.

Form D. 400A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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.

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

CERTIFICATE

Name in full Burke Leonard Patrick  
 Regiment from which discharged 1st Newfoundland  
 Regimental Number 2759  
 Where born (Parish, Town and County), and when St. Jack's Fortune Bay Nfld 19/1/94  
 Intended address 125 Military Rd St. Johns  
 Height on discharge 5 Feet 10 Inches  
 Colour of Hair on discharge Dark Colour of Eyes Grey  
 Descriptive marks Scar L. Eye Complexion Fresh  
 Figure on discharge Medium  
 Christian name of Father Patrick  
 Christian name of Mother Edice  
 Wife's Maiden name in full \_\_\_\_\_  
 Date and Place of Marriage \_\_\_\_\_  
 Christian names of Children \_\_\_\_\_  
 Nature and locality of civil employment desired Druggist (Chemist)



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) Leonard P. Burke (Rank) L/Cpl  
 Station Wandsworth Date 7th Jan. 18

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.

Station Wandsworth Date 7th Jan. 18  
W. L. Holyoak Medical Officer i/c Hospital.

	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
<b>B</b> Period of Service and in what Corps ...				India		
				S. Africa		
Disallowed ... ..						
Service towards Pension ... ..						
Date inclusive to which pay has been issued	Sum due on account )					
Sums due on account of public debts ...	of advance of pension )					

Rank on Discharge  
 Character (as on Certificate of discharge)  
 Where born, and on what date  
 Date and Place of first Enlistment  
 Trade on Enlistment  
 Cause of Discharge  
 Number of G.C. Badges  
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.

**Casualty Form - Active Service.**

Regiment or Corps *1st Newfoundland Regt*

Rank *Private* Surname *Burke* Christian Name *Leonard*

Religion *R.C.* Age on Enlistment *22* years *4* months

Enlisted (a) *17/5/16* Terms of Service (a) *W.A.I.* Service reckons from (a) .....

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

Extended { ..... } Re-engaged { ..... } Qualification (b).....  
or Corps Trade and rate.....

Occupation..... Signature of Officer.....



Date	Report From whom received	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.
			Embarked <i>Southampton</i>	<i>11th Oct 1916</i>	
			Disembarked <i>Rouen</i>	<i>12th Oct 1916</i>	
		<i>Joined Battalion</i>		<i>22nd Oct 1916</i>	
	<i>Adm 38 CCS</i>	<i>Admitted Diphtheria</i>	<i>France</i>	<i>23/2/17</i>	<i>ED 611</i>
	<i>25 Sty Hosp</i>	<i>Admitted Do</i>	<i>Rouen</i>	<i>25/2/17</i>	<i>ED 7142</i>
	<i>H.S. Lanfranc</i>	<i>Invalided to England</i>		<i>23/3/17</i>	<i>W 3083</i>
			<i>J.M. Burchell Lt</i> <i>For Officer to No 1 Reg. Inf. Section</i> <i>4th Hd 3rd Echelon</i>		

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



Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 2759

Rank L/Cpl

Name (surname first) Burke, Leonard, P.

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

*Seven years experience at the Drug trade*



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Mr Thomas J Kavanagh  
150, Water St East  
St John's Newfoundland  
Employed as Drug clerk  
for seven (7) years*

3. What is the nature and locality of the employment you desire.

*Druggist  
at St John's N.F.L.D.*

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

*No*

Date 2/1/18

Signature L.P. Burke

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

NEWFOUNDLAND

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 dashed. If any question 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 & RECORDS OFFICE, ST. JOHN'S.

Christian names... *Leonard Patrick* 2. Surname... *Burke*

3 Rank... *Lance Corporal* 4 Regtl. No... *2729*

5 Address in full to which future payments of gratuity are to be forwarded... *126 Military Road*

..... *St John's Nfld.*

6. Date of enlistment in the Regiment... *May 16<sup>th</sup> 1916*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *Not Applicable*

..... *Not applicable*

8. Relationship of such dependents... *Not applicable*

9. Address in full, of such dependents... *D.*

.....

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*

..... 1. ....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1 294/365 years*

.....

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

*Had only one enlistment*

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.....

*91 days @ \$1.15 per day \$104.65*

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

*Yes*

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

*No*

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

*No*

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

*No*

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

*No*

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge.....

*March 5<sup>th</sup> 1918*

..... (b) Reason for discharge.....

*Saving wounds received while on active service, "Lost the sight of left eye."*

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 Oct. 1916 - March 1917, France & Belgium Aug. 1917 - November 1917*

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.....

*(a) No (b) No*

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

Signature of Applicant: *Leonard P. Burke*  
 Place of Residence: *1 126 Military Road, St John's*  
 Declared before me at: *O'Johns*  
 This *28<sup>th</sup>* day of *February* 19*69*.

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

*Joseph Shillington*  
*for himself*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>14.12.18</i>	<i>89.94</i>		<i>4 wos</i>	<i>280.00</i>
			<i>Len P.D.P.</i>	<i>89.94</i>
				<i>190.06</i>
Certified Correct.			Paymaster.	

WWB/EB

June 10th 1920

Major Howley,  
O. I. C. Pay & Records.

L. Burke 2759

Kindly pay the man named above,  
the sum of fifteen dollars,  
in payment of tuition fees in connection with a Commercial  
course. Charge same to the Civil Re-establishment Committee.

\$15.00

ACCOUNT _____	
CH. NO <u>39246</u>	INITIALS <u>[Signature]</u>
INV. LEDGER _____	INITIALS _____
PAY LEDGER _____	INITIALS _____
GEN. LEDGER _____	INITIALS _____

[Signature]  
W. W. Mackall.  
Vocational Officer.

[Signature]  
L. P. Burke

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 50  $\frac{53}{100}$

Mar. 5<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Fifty  $\frac{53}{100}$  Dollars.  
~~on account~~ of Pay when Discharged  
balance Leonard P. Purtee

Ch. No. 1609	Initials EW.
Pay Ledger 54	Initials EW.
Gen. Ledger	Initials EW.

Regtl. No. Rank

No. 2759

Rank Lt. Cpl.

Name L. P. Burke







**Casualty Form—Active Service.**

Regiment or Corps *Newfoundland*  
 Rank *Pte* Surname *Bunke* Christian Name *Leonard P*  
 Religion *R.C.* Age on Enlistment *22* years *4* months.  
 Enlisted (a) *at John's* Terms of Service (a) *Duration of war* Service reckons from (a) *16/5/16*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Signature of Officer *Blank*



Report from whom received	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
		Embarked <i>Shampton</i>	<i>5.8.17</i>	
		Disembarked... <i>Rover</i>	<i>7.8.17</i>	
		Joined Battalion	<i>28 AUG 1917</i>	<i>B 213</i>
<i>10/1/17 O.C. Unit</i>	<i>Appointed Lance-Corporal</i>		<i>1/1/17</i>	<i>B 213</i>
<i>24/1/17 53 CCS</i>	<i>in G.W. Force to 36 FA.</i>		<i>24/1/17</i>	<i>604094</i>
<i>56 Jca M</i>	<i>do</i>	<i>Stamps</i>	<i>24/1/17</i>	<i>NA 16632</i>
<i>Aspirant Ship</i>	<i>Transferred to England</i>		<i>24/1/17</i>	<i>W 3083</i>
		<i>J. Healey</i>		
		<i>G. 1/c No. 1</i>		
		<i>Infantry Section</i>		
		<i>G. R. Q. 3rd Chelon</i>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

[P.T.O.]



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 [1484] W5087/M2869-250m 7/17z 33 56

Forms  
 H. 121.  
 41.

Regiment of 1st Newfoundland

Number of Sheet First

Signature of O. C. Company Belkernard  
*Capt*

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>Burke L.</u>	Age on	<u>Druggist</u>		
<u>2759</u>		<u>22</u> years <u>4</u> months			
Joined		Place and Date of Enlistment			Religion
Joined		<u>St. Johns</u> <u>May 6. 16</u>			<u>Roman Catholic</u>
Joined		Period of		Place of Birth	
Joined	Date	with Colours                  years.	<u>Newfoundland</u>		
Joined	Date	with Reserve                 years.			



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

To be carried over

Army Form B. 121.

D-2759.

Sept. 17th, 1918

From Officer Commanding,  
Depot

To Paymaster and Officer i/c Records,  
Militia Department

742 Sgt. Hiffen, H.  
3172 L/C. Burke, J.  
859 Pte. Spencer, A.  
1121 " Starks, J.B.  
1409 " Brake, H.

The marginally noted men were recommend-  
ed for discharge as permanently unfit by Medical  
Board held on Monday, September 16th.

I am sending them herewith for your  
attention and necessary action, please.

CODM/C



March 5th. 1918.

The O. C.

Royal Newfoundland Regiment,  
Headquarters.

Sir,-

The undermentioned men have been discharged  
on the dates given.

Kindly note and post in Daily Orders, Part  
11.

I have the honour to be,

Sir

Your obedient Servant,

Signed. J.M. Howley,

Capt. & Paymaster &

Officer i/c Records.

JH.

No. 2759	L/Cpl. Burke, L.P.	March 5th. 1918.	Med. Unfit.
No. 2848	Pte. Turner, D.	do.	do.
No. 1640	Pte. Lewis, F.J.	do.	do.

FEBRUARY 21st.

8.

From Officer Commanding,  
Depot.

To Paymaster and Officer i/c Records,  
Dept. of Militia.

2759 I/Cpl. L.P. Burke.

Above mentioned man was recommended for discharge  
as permanently unfit by Medical Board held on February  
19th. 1918.

I am sending him herewith for your attention and  
necessary action, please.



FEBRUARY 15th.

8.

From Adjutant,  
Depot.

To Paymaster and Officer i/c Records,  
Department of Militia.

I enclose herewith three vouchers for Cash advances issued to the following men during passage of Draft which arrived here on the 13th. inst.

2948 Pte. D.L. Turner.	£1. 0. 0.
278911/Cpl. L.P. Burke.	£1. 5. 0.
3409 Pte. C.A. Hiscock.	£1. 5. 0.

These payments were made by Capt. O'Grady and will appear in statement of accounts which will be presented by him.

To be used for recruits enlisting direct into the Regular Army only.  
 Army Form B. 178 to be used for Special Reserve recruits  
 and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY of**

Surname Burke Christian Name L. P.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191  
 at \_\_\_\_\_

Declared Age ... years \_\_\_\_\_ days.

Trade or Occupation ... \_\_\_\_\_

Height ... feet, \_\_\_\_\_ inches.

Weight ... lbs. \_\_\_\_\_

Chest Measurement { Girth when fully Expanded. \_\_\_\_\_ inches.

{ Range of Expansion \_\_\_\_\_ inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
 Number \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
 L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_

(Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... { at \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191

Joined on Enlistment ...	Corps. <u>1st Newfoundland Regt</u>	Regtl. No. <u>2759</u>
Transferred to ...	_____	_____

Became non-effective by \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_ 191

(Signature) \_\_\_\_\_

(Rank) \_\_\_\_\_



Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>3rd London Gen Hosp</i>	<i>26</i>	<i>11</i>	<i>17</i>	<i>14</i>	<i>1</i>	<i>18</i>	<i>GSN. Left Eye</i>	<i>49</i>	<i>Wounded in France 20/11/17 Loss of use of L. Eye</i>	<i>Hgt. J. H. Ringley Capt. KAMC</i>