

5366

ROYAL NEWFOUNDLAND REGT.

Second 24-8-55

1914-1918



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5316 Name William Burke Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wm. Burke
2. What is your full Address? 2. St. Mary's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Sherman
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, Wm. 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.

William Burke SIGNATURE OF RECRUIT.
Wm. O'Sean Signature of Witness.

TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm. 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. Mary's on this 13th day of May 1915

Signature of Attesting Officer W. Dicks Lieut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

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

Date 1915 } 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:
vis:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

5366

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

Name Wm Burke
 Apparent age 29 years months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 1 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thos Burke
Semary, | 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 United engagement reckons from <u>23-5-18</u>									
Joined at <u>Meles</u> on <u>May 23-1918</u>									
Discharged July 11 1919									
Embarked at Meles by Columella to Naples 11-22-18									
Embarked for Meles 23-11-18 Disembarked Meles 28-11-18									
Joined Battalion 5th Troop from Meles 22-12-18 Arrived Meles 23-12-18									
Left for demobilization 22-5-1919 Arrived Meles 1-6-1919									
Total Service forfeited as above.....					Demobilization Meles 4-7-1919				
Total Service towards Engagement to <u>4-7-1919</u> (date of discharge)					1 years 43 days				
" " Pensions " " " " " "					" " " " " "				

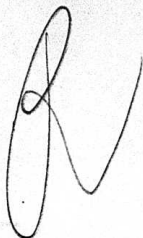
MILITARY SERVICE BRANCH

C.R. 5366

OFFICE OF
THE REGISTRAR FOR NOVA SCOTIA
UNDER MILITARY SERVICE ACT, 1917

121 HOLLIS STREET
HALIFAX, N.S.

December 8, 1919.



Lieut-Col. W. F. Rendell,
Chief Staff Officer,
Department of Militia,
St. John's, Nfld.

Dear Sir:

Re William Burke, Serial #649887 GC.,
" " Regimental #5366.
Group III Defaulter.

I acknowledge receipt of your letter of the 1st inst., advising me of the service rendered by the above named man in your Expeditionary Force. I thank you for the same.

Yours truly,



EHN:AEC.

Registrar.

MILITARY SERVICE BRANCH

CR 5366

OFFICE OF
THE REGISTRAR FOR NOVA SCOTIA
UNDER MILITARY SERVICE ACT, 1917

121 HOLLIS STREET

HALIFAX, N.S.

November 26, 1919.

Lieut-Col. W. F. Rendell,
Chief Staff Officer,
Department of Militia,
St. John's, Nfld.

Dear Sir:

Re William Burke, Serial #649887 GC.,
Group III Defaulter.

On investigation of the case of the above noted man, it is reported that he left Canada to serve in the Newfoundland Regiment, was taken on the strength June 23, 1918, and discharged July 14, 1919, under Regimental No. 5366.

Might I trouble you to inquire if this information is correct and advise me.

Yours truly,

E. Hart Nichols

AEC.

Registrar.

*Enlisted 23/5/18
Discharged 4/7/19
Served ~~in~~ in France*

C.R. 5366

Dec.. 1st, 1919

E. Hart Nichols, Esq., K.C.,
Registrar,
Military Service Branch
Dept. of Justice
121 Hollis Street
Halifax, N.S.

Dear Sir:- 5366, Pte. William Burke

Your letter dated 26th Nov. in relation to the above mentioned ex-soldier has been received; and in reply to your enquiries, I might state that this soldier enlisted in the Royal Newfoundland Regiment on May 23rd, 1918 and was discharged on July 7th, 1919. He served in France.

Yours faithfully,

Lieut-Col.,

Chief Staff Officer.

C.R. 5366

Extract from Daily Orders part II Royal Newfoundland Regt.
Depot St. John's dated July 8th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
4-7-19.

5366, rte. Wm. Burke.

C.R. 5366

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. Depot, St. John's, June 10th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 29-6-19

5366 Pte. Wm. Burke.

C.R. 5366

Extract from Daily Orders Part III Depot, Sg. John's,

Date

9-6-19

5366 Pte. Wm. Burke

Reported at Headquarters 1-6-19.
which sailed Liverpool May 28/1919.

ex "Gorsican"

C.R. 5366

Extract from Nominal Roll of draft No. 56, from the 2nd., Battalion
of the Newfoundland Regiment, to the 1st., Battalion of the Regt.
D. S. E. embarked Southampton 25/11/16.

#5366 Pte. W. Burke.

C.R. 5366

Extract from Nominal Roll of draft No. 56, from the 2nd., Battalion
of the Newfoundland Regiment, to the 1st., Battalion of the Regt.
D. S. F. embarked Southampton 25/11/18.

#5366 Pte. W. Burke.

C.R. 5-366

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5366 Pte. W. Burke.

C.R. 5366

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, dated Sept .5th, 1918.

5366 Pte. T. Granish.

Discharged from Barracks Venereal Hospital 5-9-18 Forfeiture
50¢ per day ceases from that date.

C.R. 5366

Extract from Daily Orderw part 11, from Unit The Royal
Nfld. Reg .St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5366 Pte. William Burke.

C.R. 5366

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 25th, 1918.

#5366 Pte. William Burke.

Attested for General Service with the Royal Nfld. Regt.
from 23.5.18

W. Burke

C.R. 5366

P. & R. G.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Geo Norman*
2. Regt. No. *5366* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Brethe* *W.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday. *22*
6. Posted for duty on *22/7/18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

no complaints of no disability.

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

na.

na.

na.

na.

20. Do you recommend—
 (a) Discharge as permanently unfit ?
 (b) Change to United Kingdom ?

Repatriation

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

W. P. Proctor Capt. R.A.M.C.

Station Hazley Down

Medical Officer in charge of case.

Date 30/3/19

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

FORM K

№ 4692



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *William Burke*, Regl. No. *5266*

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and *Sixty* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins *July 1st 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4225	<i>Father</i>	<i>Mr Thomas Burke</i>	<i>St Mary S. S</i>	<i>60</i>
			Total Allotment, \$	<i>60</i>

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.) *Watson Lieut.*
 Officer Commanding
G. Company
SA Johnson
June 12 1918

(S) *William X Burke*
100th Mark 99 garden
 (Rank) *Plk*

No. 17773/1937

049936
FB



From: NEWFOUNDLAND

CONTINGENT

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

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

2nd November 1918

Nov 6 1918

Subject: 5366, Pte. W. Burke

With reference to the following telegram (9428) from the Hon. Minister of Militia, received

Pay to 5366 Burke £3:0:0

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

A. J. Minard Maj.
Chief Paymaster & O. 1/c Records.

Receipt hereunder.

Chambers

LIEUT. COLONEL
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment.

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

W. Burke
No. 5366 Rank Private

Witness A. L. Carter Pte.

To: Thomas Burke 269

St. Mary's

Newfield

Seeds for pounds through
Militia.

5366, Pl. W Burke

No. 5158/235

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

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

B 1st April 1919

5366 Pte. Burke W.

With reference to the following telegram from the Minister of Militia, / / (111)

"Pay to- 5366 Burke

£4. 19. 0.

Kindly advise whether this remittance should be

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

Alfred Mansfield

Chief Paymaster & O. i/c Records

11-4-1919

5366 Pte Burke W.

This man wishes this amount returned to credit of his account please

Deposited 1/4/19 EWS

No. 5366 Name *Burke - W*

Sqn., Batty., or Company } *D* Corps *R. Newfoundland*

Date of enlistment } *28/5/18*

G.C. Badges } *1*
 Service or Proficiency Pay } *0*

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No.

Signature O.C. Company, etc.

W. [Signature]
 Character *Good*

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Burke, W.

5366

May & Sept.

July 4, 1919

#5366 Pte. Wm. Burke,

St. Mary's,

Placentia & St. Mary's Dist.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 2299."

Yours truly

Captain,
Quaymaster & Officer in Charge Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5366 Rank

Name *Burke W*

Warned for demobilization on

JUN 6 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5366 Rank Pfc. Name Burke W^{ms}
 Intended place of residence St Marys

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION.

Eligible for War Service Gratuity

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

Place
 Date ST. JOHN'S JUN 6 1919 for H. Mewitt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S JUN 6 1919
 Signature of soldier W. Burke
 Signature of witness A. M. Houston

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S JUN 6 1919
 Signature of soldier W. Burke
 Signature of witness James C. Newman

STATEMENT OF SERVICE

7. Enlisted for service 23-5-19 No of days on Military
 Discharged from service 20-6-19 14 days Service 408

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S JUN 20 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld
 Date July 4/1919
 Officer in Charge
 The Royal Newfoundland Regiment

af B 2791299

The Royal Newfoundland Regiment

Class for Demobilization:—

A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11.5.19*

Regimental No. *5366*

Name .. *P. Walker* .. *Wm* .. *St*

Address .. *St. Mary's*

Present Medical Category..... *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R.H. East Capt.
.....
O.C. Discharge Depot.

L. Peterson
.....
Senior Medical Officer

Geo. Burden
.....
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5366 Rank Pvt Name Burke Wm.
 Date of Enlistment 23-5-18 Address St. Mary's District P. M. D.
 Occupation Soldier Classification for Discharge E Medical Category A.T.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 5-6-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. *W Burke*

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. *\$60.00*(b) Clothing Supplied *W Burke*Date 6-6-19

O i/c: Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 7114913-586 to his home at St Marys and Release Certificate No. 2374 issued.

Date 6-6-19 *J.A. Shaw 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 4-7-19

Date 6-6-19 *H.M. News H*
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B

Date 6-6-19 *J.A. Shaw Capt*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN. 20. 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

W. B. Burke
Signature of Man.

Reg. No. 5366

J. H. Snow Capt.
Signature of the Vocational Officer or his Representative.

Place *Al-gohus.*

Date _____ 191_____

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

MEDICAL HISTORY

Surname Burke OF William Christian Name

Table I.—GENERAL TABLE.

Birthplace—Parish St. Mary's County St. John's

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	23 rd	May	1918	191
at	St. John's			
Declared Age	22	years		days
Trade or Occupation	Fisherman			
Height	5	feet		inches
Weight	135	lbs.		lbs.
Chest Measurement	Girth when fully expanded	37 1/2		inches
	Range of Expansion	2 1/2		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number	1	Scar.	
When Vaccinated	5 years ago.			
Vision	R.E.—V=	6/6		
	L.E.—V=	6/6		
(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>James Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	23 rd day of May	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	Royal Nfld. Regiment.			
		15366.		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Loyal Newfoundlander* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5366* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Burke* *H.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *22*.....
6. Posted for duty on *22.5.18* at *St John* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

The employee of no disability

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

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation
W. B. Brown
Capt Royal

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

Station *Hagley, D. Camp*
 Date *290 H 19*

Medical Officer in charge of case.

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

Casualty Form - Active Service.

Regiment or Corps R. Newfoundland
 Rank Pte Surname Burke Christian Name W
 Religion R. Catholic Age on Enlistment 22 years — months
 Enlisted (a) 23/5/18 Terms of Service (a) Duration Service reckons from (a) 23/5/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Fisherman Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		<u>Approved in UK</u>		9/3/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887 - P 1134, 1,000,000, 6/18. D & S. Form B/103. (E. 1256.)

Next of kin: ... Father: ... Burke Shos: ... St Marks: ... H. L. D.

SEPARATION ALLOWANCE.

Claimant *Burke, Thomas (Father)*

On account of *Wm. Burke* No. *5266* Rank *Pte*

Decision *Refused*
Not dependent on son

Date *Sep. 17/1919*

A. S. Sullivan Maj. U.S.A.
W. H. Russell Lieut. Col.
M. Bowley Capt.

Instructions.....
.....
.....
.....

Allotment of *60[¢]* per *day* payable to *Thomas Burke*
his *Father* from *1/7/18* to *Ret current*
Discontinued on account of

L. P. Ke. Sgt.

I hereby certify That
Thomas Burke of St. Marys
father of Private William
Burke, suffers from
Chronic Dyspepsia -

St. Marys
March 15/19

W. Hogan
M.D.

Royal Newfoundland Regiment
(Separation Allowance Branch)

(Father)

Notice.

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

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

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

-
1. Name in full of soldier. Rank. Reg't. or Unit. Reg't. no.
William Burke Plt., R. Regt. Regt: 53 66
-
2. Age of soldier. Married or Single
22 yrs Single
-
3. Name in full of father of soldier. Age. Occupation. Permanent address
Thomas Burke, 55 yrs, Fisherman St. Marys, Nfld
-
4. If you are a chronic invalid and totally incapacitated, state nature or malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue.)
Prof. Chronic Invalid, Dyspepsia Chronic
-
5. Names of your other children. Address in Occupation. Married or single.
Angela Burke St. Marys. Single
-
6. State amount earned by yourself per month.
none during winter
-
7. State date and place of death of your wife.
Aline
-
8. State amount and source of any other income.
none
-
9. What is the value of your real property.
\$ 250.00
-
10. State actual amount contributed by soldier during year prior to enlistment.
\$ 300.00
-
11. Was this amount contributed weekly or monthly.
no.
-
12. Did this amount include payment of son's board, etc.
yes.

13. State your son's trade or occupation prior to enlistment. *Fisherman*
-
14. State amount of his wages per week. *Shareman*
-
15. State name and address of his last employer. *James Tibbles
R. Vincent - St Mary Bay*
-
16. State amount of support monthly from son since enlistment *\$18.60 per month*
-
17. State amount of "Assigned Pay" received by you from son monthly *\$18.60*
-
18. From what date have you received "Assigned Pay" *10 months*
-
19. Actual amount contributed by other children. weekly. monthly. *none*
-
20. If not receiving support from other children, state cause. Answer fully. *Daughter was going to school until recent*
-
21. Are any of these children in your employ. *Daughter at home*
-
22. Have you made a previous claim for Separation Allowance? If not, why, give particulars. *No. Because I did not know about it*
-
23. What is the value of your personal property? *\$100.00*
-
24. With whom do you reside at present? *With wife and daughter*
-
25. Are you already in receipt of Separation Allowance from any source if so, how much? *No.*
-
26. Are you in receipt of assistance from any Patriotic Fund. If so, how much? *No.*
-
27. Was the soldier at the time of enlistment an employee of the Nfld. Government. *No*
-
28. In what capacity and in what place. *—*

29. Is he in receipt of a salary as such while serving in the Royal Wfld. Reg't. If so, how much?

No

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

Signature of applicant..... *Thomas X Burke*

Place of residence..... *S. Mass. New Bedford*

Declared and subscribed before me at..... *S. Mass. N.B.*

this..... *15th*..... day of *March* 19.. *19*

signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace }..... *W. Hopan J.P.*

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

Signature of clergyman..... *S. O. Driscoll P.P.*

Signature of member of Patriotic Fund Committee..... *Stephen Gibbons*

July 5, 1919

#5366 Pto. William Burke,

St. Mary's.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & U.I/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *William* *Burke*
3. Rank..... *5366 Pte* 4. Regtl. No. *5366*
5. Address in full to which future payments of gratuity are to be forwarded..... *St. Marys, St Marys Bay*
6. Date of enlistment in the Regiment..... *May 22/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*
8. Relationship of such dependents..... _____
9. Address in full of such dependents..... _____
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... _____
11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *from May 22/18 to June 6/19* 1. $\frac{1}{2}$

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
..... *No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.
..... *Nothing, allowance back pay \$1.19*

15. Have you been issued with a War Service Badge?..... *No*
16. Have you, during the present war, served in the Imperial Forces?..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.
..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*
(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the Res?..... *No* If not give? - (a) Date of discharge..... *June 6/19* (b) Reason for discharge..... *Temporary Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....
France, Belgium & Germany - From Nov. 24/18 to April 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

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

Signature of Applicant: *W Burke*
 Place of Residence: *St Mary, St Marys Bay*
 Declared before me at: *St John's, Nfld*
 This *6th* day of *June* 19*19*....

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

POST DISCHARGE PAY.				
Date paid	Paid	Paid	War Service Gratuity.	Net amount due
	Soldier.	Dependent	<i>Lms</i>	<i>280 00</i>
.....				
.....				
.....				
Certified correct.				Paymaster

K

Sep 5.

Cheque was mailed to
St. Marys. Sep. 9th



6488

St. Marys
Sept. 16. 1/19

Dear Sir

I have
to Inform you
about my months
money I didnt
receiv yet. I
want to know
what kept it
back the others
Boys received
theire & I
should receive
mine too as well
I want my
money as well
& the other
Boys & would
you let me

2

what the matter
- met. Mail

of remain

Yours

Wm Burke
5366.

Sa. Mary's

D
Sept. 20, 1919

Ex Pte. #5366, Wm. Burke,
St. Mary's.

Dear Sir:

With reference to your letter
of 16/9/'19 (6488), cheque was forwarded you
on 9/9/'19, please.

Yours truly,

Lieut.
For Paymaster

November 11, 1919

Pte. W. Burke,
St. Mary's,

Dear Sir:

I enclose cheque for \$4.86
balance of pay due you.

Yours truly,

Major
Paymaster.

LM-
Enc.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 4⁸⁸

Oct 31 19 '9

Received from the First Newfoundland Regiment
the sum of four Dollars.
on account of Pay.
balance

Ch. No.	<u>19132</u>	Initials	<u>Eud</u>
Pay Ledger	<u>95</u>	Initials	<u>lu</u>
Gen. Ledger		Initials	

Regtl. No.

J. C. D.
Bank

No. 5366

Rank Pt

Name

W Burke

St Mary

ACCOUNT Trans

CH. NO. 2045 INITIALS AK

IND. LODGER _____ INITIALS _____

PAY LODGER _____ INITIALS _____

GEN. LODGER _____ INITIALS _____



June 18th 1919.

The Department of Militia,

The sum of Eighteen Dollars \$18.00 is due Mr
 C.R. Kennedy Holyrood. to driving #566 Pte W. Burke from Holyrood
 to St. Marys.

Voucher Attached

C.R. Kennedy

Amblowston A
 Demobilization Officer
 for Discharge Depot - Newfoundland

Certified correct for \$18.00

No. *586*

TRAVELLING WARRANT

Date *6-6-19*

The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. *5366* Rank *Tal* Name *Burke Wm*

From - ~~ST. JOHN'S~~ - To - *St-Hary C.S.*

Halcynde.

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. J. [Signature]

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot-Newfoundland

2 Holywood

June 10th - 19

Capt. Snow

Empire Barracks

St. John's

Dear Sir

Enclosed please find Bill

for Driving Pt. Wm Burke of
St. Mary's (ad 5.86) from Holywood

to St. Mary's Grave \$15.00

Meals 3.00

Total \$18.00

Yours Truly

C. R. Kennedy

June 13/19

The Department of Militia

ACCOUNT	_____
CH. NO.	_____
INITIALS	_____
IND LEDGER	_____
SUM OF	_____
PAY LEDGER	_____
INITIALS	_____
RETRIED	_____

The sum of *Seventeen 17.00* Dollars and.....

Cents is due..... *two* *C. Kennedy*.....for driving No. *4347*

Rank. *Pvt.* Name. *G. Brene*.....from.....*Hollywood*.....

To.....*St Marys with meal certificate*.....at for *\$17.00*

Vouchers attached,



Act

C. Kennedy

J. H. Smith

Lieut

Demobilization Officer
New Brunswick

No. 592

TRAVELLING WARRANT

Date 1-6-14 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No 4347 Rank Tie Name Breene G.

From ST. JOHN'S - To St. Mary's

Holyrood

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. A. Howlett

SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer
Discharge Depot - Newfoundland

Holywood

For

Date June 10th 1919

R

Capt. Snow
Empire Barracks
St John

Enclosed please find
Travelling Expenses of
Pt. Brene at 5'92 of
St. Marys.

Fare from Holywood to St Marys
8'15'00

Meals 2'00

8'17'00

Yours truly

C. R. Kennedy

Holyrood

Date June 10th 1919

Capt. Snow
Empire Barracks
St John

Yr meals served to
Private Breen No. 592
of St. Marys
4 meals at 5.00 per meal

\$20.00
Yours Truly
C. R. Kennedy

Send statement

~~July 5th pay 98⁰⁰~~

Obal received from Lindon
#1

M Oct 21/19

7072

St Marys
Oct. 22. 1919

5366

Dear Sir, 6323
just to
let you know.
I am writing
to know what I was
my last months
pay ~~for~~ cut for
all the other
Boys pay was
not cut as I
know for is that
what I went over
to France &
for to be served
like that. But
please let me know
in return mail

I received \$ 67. 27⁹
for my last pay

I remain
Yours Truly
John. William Burke
St. Mary's

RECEIPT
FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

C.R. 5366

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

NAME. *William Burke*

DATE. *Nov. 18/19*

PLACE. *St. Mary's*

C.R. 5366

Receipt for Army Book 64

No.....5366.....Name.....Burke W.....

To Certify that I have received the AB 64 of the above named soldier.

Name.....Wm. Burke...

Date.....July 17. 1920.....

Place.....St. Marys Nfld.....

X

N.B. For completion and return to the Department of Militia insert in corner of envelope "AB 64"

Casualty Form - Active Service.

Regiment or Corps. Royal Newfoundland
 Rank Sgt Surname Burke Christian Name A. J.
 Religion R.C. Age on Enlistment 22 years 6 months
 Enlisted (a) 23/5/18 Terms of Service (a) Duration Service reckons from (a) 23/5/18
 Date of promotion to present rank Date of appointment to lance rank 20/7/18
 Extended () Re-engaged () Qualification (b)
 or Corps Trade and Rate
 Occupation Steel-worker Signature of Officer M. Hodges

Report		Record of promotions; reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked... Joined Est.		28 NOV 1918 5 JAN 1919	
		Arrived in UK		26/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoering-Smith, &c (17581.) Wt. W 1287-P 1124. 1,000,000. 8/18. D & S. Form B/103. (E. 1256.)

Next of Kin: Father: Burke Thomas: St-Jacques: Fortune Bay Dist: N. E. L. D.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5.366 Rank Pte Name Burke, W. M.
 Date of Enlistment 2.3.5.18 Address St. Mary's District Pt. M. M.
 Occupation Fisherman Classification for Discharge E Medical Category A.I.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 5-6-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. *W. M. Burke*

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

O i/c. Re-clothing.

Date 6-6-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 16,149,2-2,85 to his home at St Marys and Release Certificate No. 237H issued.

Date 6-6-19

J.A. Shaw 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 4-7-19

Date 1-1-19

J.A. Shaw Capt
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 6-6-19

J.A. Shaw Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 20 1919

R.H. Sait Capt.
O. C. Discharge Depot.

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

Date June 11, 1919

Reg. No. *1366.* Rank *SGT* Name *J. Burke, Wm*
Attested Address *St Marys*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas *29.5.19.*
Returned on S.S. *Lansican* Cause *Discharge*

5-6-19
20-1-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

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

Name in full *William Burke*
Regiment from which discharged *Royal Newfoundland*
Regimental number *5366*
Intended address *St. Mary's.*
Height on discharge *5* Feet *3*
Color of hair on discharge *Light*
Complexion *Fair*
Color of eyes *Brown*
Descriptive Marks —
Figure on discharge *Normal*
Christian name of Father *Thomas*
Christian name of Mother *Bridget*
Wife's maiden name in full —
Date and place of marriage —
Christian names of children —

Place and date of soldier's birth *St. Mary's Feb 12. 1892*
Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

William Burke

(Rank) *Pte*

Station

St. John's Nf.

Date

1-6-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

Station

Date