



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. S 277 Name Joseph W. Murrey Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Joseph W. Murrey</u> |
| 2. What is your full Address? | 2. <u>Salt Pond</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fireman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Joseph W. Murrey do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

Joseph W. Murrey SIGNATURE OF RECRUIT
Joseph W. Murrey SIGNATURE OF WITNESS

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph W. Murrey 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.

on this 21 day of May 1915

Signature of Attesting Officer Proctor's

†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

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)

C.R. 5277

Extract from Daily Orders Part 11 Uniform The Royal Nfld.
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 22-7-19

5277 Pte. J. Bursey.

C.R. 5277

Extract from Daily Orders part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 14th 1919

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/eRecords from Noted date 5-8-19.

5277, Pte. J. Bursey.

Extract from Casualties received from P.O.D. Office London,
Aug. 20th, 1916.

The unmentioned man was admitted to Central Hospital, Chilton,
(from Major Carty's draft from H.M.A.) and discharged from Hos-
pital on 13-9-16, reported at their office same date and was
sent direct to Depot, Winchester.

5277 Pte. Bursley, J.

Authority: Officer i/c. Records H.M.A. Regt.

C.R. 5277

Extract from Daily Orders Postmill Unit The Royal Wld.
Regt. St. John's, July 3rd, 1919.

5277 Pte. J. Burse.

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

C.R. 5277

Extract from Daily Orders part 11, from Unit The Royal 121st
Regt. St. John's, dated July 25, 1918.

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

#5277 Pte. Joseph Bursey.

C.R. 5277

Extract from Daily Orders part 11 from Unit The Royal
Regt. St. John's, dated May 22nd, 1918.

#5277 Pte. Joseph Bursey.

Attended for General Service with the Royal Regt.
Regt. from 21.5.18

J. Bussey

C.R. 5277

1840

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 Artillery* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5770* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bursey* *Jes.* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *22*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service (c) on duty (d) off duty ? (b) Date of Discharge ; (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

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 explanation of no sensibility

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Re-patriation

W. E. Proctor - G. H. Lane

Medical Officer in charge of case.

Station .. *Hagley, Leam*

Date .. *1-4-19*

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

2507/393/P&A

(1003) W.L. 12832/211403. 6,000m. 2/17. J. W. Ltd., O. (E321.)

Forms
O. 248
62

ENCLOSURE

Army Form O. 948.

MEMORANDUM.

CHIEF PAYMASTER & OFFICER I/C. REGTS.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND

From

From

To

To

Officer Commanding,
Royal Nfld Regt.,
Winchester.

The Chief Paymaster,
Royal Nfld Regt.,
London.

O/C. 2nd. Batt. R.Nfld. Regt
Hazeley Down Camp,
WINCHESTER.

WF/FK.

ANSWER.

Pay & Record Office.

Hazeley Down Camp,

February 13th 1919.

February 22nd 1919.

5277 PTE. J.W.BURSEY.
TELEGRAPHIC REMITTANCE
£7:0:0:

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

RECEIVED 1642

24 FEB 1919

Enclosed N.F.P/79 has now
been amended to read as above.

Kindly obtain Burseys
receipt and return, please.

Here with receipt.

J. J. Macleod Capt.
Asst. Paymaster.
For Chief Paymaster & 0 i/c Recds.

Br	
Comd	
P&A	
R & C	
B & E	
P.S.	

[Signature]

J. J. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

No. 2175/513

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn Ryl Wld Regt.
Winchester.

6th february 1919

February 22nd 1919

5277. Pte Bursley. J.W.

With reference to the following
telegram from the Minister of
Militia / / (5)

Receipt hereunder.

J. P. Bacht LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt'n.

"Pay to-5277. Bursley.

£7.0.0.

Cheque £7.0.0. is enclosed
for payment to this Soldier.

Kindly obtain his receipt
hereon.

Received the sum of Seven pounds
in respect of

telegraphic remittance from the
Minister of Militia.

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

J. W. Bursley
No 5277 Rank Private
Witness M. Bacht

No. 3194/484.

N.F.P./79.

FROM NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.
2nd/Bn. Ryl Nfld Regt.

Winchester.

25th February 1919

March 18th 1919

5277. Pte Bursey. J.W.

With reference to the following telegram from the Minister of Militia / / (48.)

"Pay to-5277. Bursey.

£8.0.0.

Cheque £8.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Eight pounds in respect of

telegraphic remittance from the Minister of Militia.

Chief Paymaster & O. i/c Records.

No. 5277 Rank Pte

Witness

M Rockets

LIEUT. COLONEL.

COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.

JB

Bursey, J

5277

May 20th.

August 5th 1919.

#5277, Pte. J. Bursey,
Salt Pond, Twillingate.

Dear Sir:

Enclosed please find Discharge Certificate
3406.

Yours truly,

Capt. ^w
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5277 Rank PLT Name Bursey J
 Intended place of residence Salt Pond Twillingate
 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, ST. JOHN'S

Date JUL 8 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 8 1919

J. Bursey
 Signature of soldier
J. A. [unclear]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 8 - 1919

J. Bursey
 Signature of soldier
James Newman
 Signature of witness

10
30
31
5
79

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No. of days on Military
 Discharged from service 22-7-19 Plus 14 days Service 442

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 1919

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

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 5/1919

M. Howley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

PLT B 20791 3406

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.

L. Bursey

Signature of Man.

Reg. No. 5277

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Place

21 Johns

Date

8-7-79

191

The Royal Newfoundland Regiment

Class for Demobilization: *7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.7.19*

Regimental No. *5277*

Name *Bursey Joseph*

Rank *O/C*

Address *Salt Point Lewisporte*

Present Medical Category *A-1*

Recommended for: (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

H. Paterson
Senior Medical Officer

R.W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 277 Rank Actr Name Bursey
 Date of Enlistment 1-27-18 Address St. John's District 1st
 Occupation Tradesman Classification for Discharge 1 Medical Category H1
 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... 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 7-7-19

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation. [Signature]

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 [Signature]

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2238-9249 to his home at salt pond and Release Certificate No. 3315 issued.

Date 8-7-19 J.A. Knowlton
Demobilization Officer 56

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 5-8-19

Date 8-7-19 H. M. Worsell
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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 8-7-19 J.A. Knowlton
Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratuity

Date JUL 22 1919 H. R. Cooper
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname Bursey OF Christian Name Joseph W.

Table I.—GENERAL TABLE.

Birthplace:—Parish Salt Pond Lewisporte County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>21</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
	at <u>S. Johns</u>	at		
Declared Age...	<u>21</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>7</u> inches	feet	inches
Weight		<u>140</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded...	<u>37</u> inches		inches
	Range of Expansion..	<u>2</u> inches		inches

Vaccination Marks	Right		Left	
	Arm	Number	Arm	Number

When Vaccinated				
Vision	R. E.—V=	<u>6/10</u>	R. E.—V=	
	L. E.—V=	<u>6/10</u>	L. E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects not sufficient to cause rejection

Approved by (Signature) L. M. Patterson
 (Rank) Major Medical Officer.

Enlisted at S. Johns on 21 day of May 1918

Corps.	Regtl. No.	Corps	Regtl. No.
<u>1st Regt</u>	<u>1277</u>		

Joined on Enlistment... 1st Regt

Transferred to..

Became non-effective by

(Signature) on day of 191 on day of 191

(Rank)



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Bursey, Joseph*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5277*

Intended address *Salt Pond Liverpool.*

Height on discharge *5 Feet 7*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *No scars*

Figure on discharge *Joseph*

Christian name of Father *Accur*

Christian name of Mother *Accur*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Salt Pond 23-1-1894*

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)

Joseph Bursey

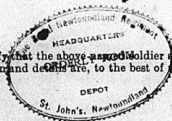
Ho
(Rank)

Station

Date

JUL 4 1919

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

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 F. 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 A.F. Coy* 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *527* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
4. Name *Burney Joseph*
(Surname) (Christian Names)
5. Age last birthday... *22*...
6. Posted for duty on..... at.....
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. *"*
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. *"*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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 Complaint of his 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?

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.E. Procuier, Capt R.M.A.C.
 Medical Officer in charge of case.

Station *Hazleydown*
 Date *28-3-19*

* 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

August 11th 1919.

Mr. J. Bursey,

Salt Pond, N.D.B.

Dear Sir:

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

Yours truly,

Capt &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

- Christian name Joseph W 2. Surname Bursey
3. Rank Pte 4. Regtl. No. 5277
5. Address in full to which future payments of gratuity are to be forwarded Salt Pond N. B.
6. Date of enlistment in the Regiment Nov. 1918
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
W
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 Hfld. If so, give dates and particulars of such service. Overseas
12. Give total length of time which you served on active service, whether in Hfld. or Overseas. Fourteen months
- 1. $\frac{3}{4}$

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,.....

..... *No*

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

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

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

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

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

19. Are you now serving in the Regt.?..... *No* If not give? - (a) date of discharge..... *July 27/19*..... (b) Reason for discharge..... *Demobilization*.....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

..... *England*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

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

ACCOUNT	<i>Transport</i>	
CH. NO.	<i>8031</i>	INITIALS <i>Jde.</i>
IND. LEDGER	---	INITIALS
PAY LEDGER	---	INITIALS
GEN. LEDGER	---	INITIALS

The Department of Militia.

The sum of Dollars is due

Mr *Edward Bursley Salt Pond* for driving

Reg No, *5277* Rank *Pte* Name *Bursley E*

From *Lewersville* To *Salt Pond*

Amount for \$ 5.⁰⁰/₁₀₀

Voucher Attached.

J. A. Snow Captain,
Demobilization Officer.

11-8-19



No. 9. 840

TRAVELLING WARRANT

Date 8-7-19.

The Royal Newfoundland Regiment

General

*J W Bursley
Salt Pond
Newfoundland*

Please issue 1st Class Passage and Meals for

No. 5277

Rank TG

Name Bursley J.

From St. John's

ST. JOHN'S

To Salt Pond

Salt Pond

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

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J H Mowlart
SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot-Newfoundland

salt-pond
July 12 1919

paid to Mr. Edward Pursey

the sum of 5 00 dollars
for

Motor boat hire from

Lewistown to salt pond

signed Edward Pursey

August 22, 1919

Edward Bursey,
Salt Pond,
Lewisporte

A. C. B.

Dear Sir:

I enclose herewith cheque
for \$5.00, amount due you for driving Pte.
Bursey from Lewisporte to Salt Pond.

Yours truly,

Capt.
Paymaster.

LN/

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of *Royal Newfoundland*

Number of Sheet *one*

Signature of O. C. Company *A. Dicks* *lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>Bunsey Jos. W.</i>	Age on	<i>21</i> years / months	<i>Justice man</i>		
Joined		Place and Date of Enlistment	<i>St John's</i> <i>21.5.18</i>	Religion <i>meth.</i>		
Joined		Period of	with Colours	<i>17</i> years.	Place of Birth <i>Salt Pond Scurgeons</i>	
Joined			with Reserve	<i>56 1/2</i> years.		
Joined	Date					

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>Demobilized St John's 5⁸/19</i>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5277 Rank Private Name Bursey, J.
 Date of Enlistment 21-5-18 Address W. B. St. J. Gate District J. Gate
 Occupation Gas fitter Classification for Discharge 1/4 Medical Category H-1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P136	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	E 103	ME 2		" 6
B 179c	B 120	M 93		

Date 7-7-19 O. C. Discharge Depot News #

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. J. Bursey

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 Am. B. Houston

Date 8-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82238 9849 to his home at Saltpond and Release Certificate No. 3315 issued.

Date

8-7-19

J. A. Snowlett
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 5-8-19

Date

8-7-19

H. M. [unclear]
Depot Paymaster.

Discharge approved for

22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date

8-7-19

J. A. Snowlett
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

JUL 22 1919

Date

J. R. Cooper Capt
O. C. Discharge Depot.

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

Date

July 21 1919

177499
Reg. No. Rank... *Plt* ... Name... *Bureau J*
Attested ... Address... *Salt Pond*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas... *JUL 1 1919*
Returned on S S... *Cassandra* ... Cause... *Discharge*

8-7-19
22-7-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.