



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. ~~5999~~ ⁵⁹⁹⁸ Name Ruben Bursery Corps Mich

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Ruben Bursery</u> |
| 2. What is your full Address? | 2. <u>Old Pelican Bay</u>
<u>De. Ver. Dist.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>28</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10.) Name |
| |) Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Ruben Bursery 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.

Ruben Bursery SIGNATURE OF RECRUIT.

W. S. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ruben Bursery 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 St. John's on this 13 day of August 1918

Signature of Attesting Officer Edwards 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 St. John's

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

Date August 14 1918

Place St. John's

John King } 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

5998

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

Name Ruben Bursey
 Apparent age 20 years 0 months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 39 1/2 inches
 Range of expansion 4 1/4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Matilda Bursey
Old Perlican P. O. | Relationship Mother
Verbe Dist. Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>13-8-18</u>									
Joined at <u>St John's</u> on <u>August 13-1918</u>									
<u>Discharged August 31-1919</u>									
<u>Embarked St John's train to Halifax N.S. 22-9-18</u>									
<u>To Newfoundland for demobilization 27-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 3-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-8-1919 (date of discharge) in years 356 days
 " " Pensions " [" "] " " "

C.R. 5998

Extract from Orders by Lt. Col., B.J.BARTON, Commanding 2nd., Battalion
the Newfoundland Regiment dated November 16th., 1918.

THE UNDERMENTIONED WILL PROCEEDED TO JOIN THE NEWFOUNDLAND FORESTRY
CORPS, ON 18th NOVEMBER 1918.

5998 Pte. R. Bursey.

BC.

C.R. 5998

Extract from Daily Orders part II, Unit the Royal
Newfoundland Regiment dated July 21st. 1919.

The discharge of the undernoted on demobilisation has
been APPROVED by O. C, Deschase Depot on 20-7-19.

#5998 Pte. R. Bursey³/₄

C.R. 5998

Extract from Daily Orders part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 11th 1919.

The discharge of the undernoted on demobilization has been
COMPLETED by officer i/c Records from noted date
8-6-19.

5998, Pte. R. Bursey.

C.R. 5998

Extract from Daily Orders for the Unit: The Royal Field.
Regt. St. John's, July 3rd, 1919.

5998 Pte. R. Bursey.

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

C.R. 5998

Extract of Orders by MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 4th Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5998 Pte. E. Bursey.

"C" Company.

C.R. 5998

Extract from Nominal Roll Embarked St. John's for Overseas
Sept. 22, 1918. "B".

5998 Bursey Reuben.

C.R. 5998

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt. St. John's, dated August 15th, 1918.

5998 Pte. Reuben Bursey.

Attested for general service with the Royal Wfld. Regt.
from 13-8-18.

R. B. Wesley

CR. 5998

1870

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *5998* 3. Rank. *Pvt*
4. Name *Bursey* *Rubin*
 (Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

The Complaints of the 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?

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

Repatriation

W. B. Proemier *Capr*
Kamc

Medical Officer in charge of case.

Station *Hogchey down*

Date *9/14/14*

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

No. 5765/836

N.F.F./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 Bst. Ryl. Nfld. Regt.
Winchester



11th April 191 9

5998. Pte R. Bursey

With reference to the following telegram from the Minister of Militia / / (130)

"Pay to- 5998 Pte Bursey R.

£3. 0. 0.

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

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

Receipt hereunder

Cham
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2 Bate n.

Received the sum of £3.0.0

Three pounds in respect of telegraphic remittance from the Minister of Militia.

R. Bursey
No 5998 Rank Rb.

Witness Geo. Perry

No. 2553/348

569438

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 Nfld Regt.
Winchester

14th February 1919

Feb 22nd 1919

5998. Pte Bursey. R.

With reference to the following telegram from the Minister of Militia / / (21)

"Pay to- 5998. Bursey

£3.0.0.

Cheque £ 3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. D. Murray
Chief Paymaster & O. i/c Records.

Receipt hereunder.

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

Received the sum of Three pounds

£ 3 - 0 - 0 in respect of telegraphic remittance from the Minister of Militia.

Bursey
No 5998 Rank Pte
Witness *Pte Merriner*

Bursey, J.

5998

Ray exp.

August 4th 1919.

#5998, Pte. R. Bursey,
Old Perlican.

Dear Sir:

Enclosed please find Discharge Certificate.
3481.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5998 Rank Pvt Name Bursley R.
 Intended place of residence Old Perlican
 2. Occupation Dishwasher
 Classification of soldier E Medical Category A1

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 18 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 18 1919

[Signature]
 Signature of soldier
[Signature]
 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 18 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 13. 8. 18. No. of days on Military
 Discharged from service JUL 20 1919 Plus 14 days Service 356

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~~ ¹⁴ days from date.

Place, ST. JOHN'S

Date JUL 20 1919

[Signature]
 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 3/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 2079/13481

The Royal Newfoundland Regiment

Class for Demobilization:—

F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

18.7.19

Regimental No.

5998

Name

Bursey, Reuben

Address

Old Perlican.

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

J. Peterson
Senior Medical Officer

Geo. Burdett
~~M.O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5998 Rank R/14 Name Bursey
 Date of Enlistment 13.8.16 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 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 <u>3</u>
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 July 17, 19O. C. Discharge Depot. St. John's

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. £6.00

(b) Clothing Supplied

Date 17-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2451 to his home at Old Parkians and Release Certificate No. 3693 issued.

Date 18-7-19

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-8-19

Date 18-7-19

[Signature]
Depot Paymaster.

Discharge approved for 20-7-19

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
B 179c	B 120	M 93		

[Handwritten: 2 Form B]

Date 18-7-19

[Signature]
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 20 1919

Date

L. R. COOPER, CAPT,
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

V. E. Bursy

Signature of Man.

M. Blonstein

Reg. No. 3998

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **19. -7-19.** 191

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

MEDICAL HISTORY

OF

Surname

Bursley

Christian Name

Rauben

Table I.—GENERAL TABLE

Birthplace:—Parish

Old Perlican

County

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	13	Aug		191
	at	<i>St Johns</i>	at	
Declared Age	20	years		days
Trade or Occupation	<i>Labourer</i>			
Height	5	feet $6\frac{1}{2}$ inches		
Weight		147 lbs.		
Chest Measurement	Girth when fully expanded			
	<i>39 $\frac{1}{2}$ inches</i>			
Physical Development	Range of Expansion			
	<i>4 $\frac{1}{2}$ inches</i>			
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lammie Raubson</i>			
(Rank)	Medical Officer			Medical Officer
Enlisted	at	<i>St Johns</i>	at	
	on	13 day of <i>July</i>	on	day of 191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal Nfld Regt 5998</i>			
Transferred to	<i>Regiment</i>			
Became non-effective by	on	day of	on	day of
(Signature)		191		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

Reuben Bursey

Regiment from which discharged **Royal Newfoundland**

Regimental number

5998

Intended address

Old Perlican

Height on discharge

5 Feet *7*

Color of hair on discharge

Brown

Complexion

Dark

Color of eyes

Blue

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

James

Christian name of Mother

Mathilda

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Old Perlican, Oct. 23rd, 1897

Nature and locality of civil employment required

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

(Soldier's signature in full)

Reuben Bursey

rk.
(Rank)

Station

ST. JOHN'S.

Date

17-7-19

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



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

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

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

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *5298* 3. Rank..... *plc*
4. Name *Bursey* *Reuben*
(Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

He complains of no disability

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

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.)

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

Repatriation

W. E. Proemier, Captain

 Medical Officer in charge of case.

Station *Hazely Down*

Date *9/4/19*

* 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

August 9th 1919.

Mr. R. Bursey,
Old Perlican.

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
"raturity.

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..... *Reuben* 2. Surname..... *Bursey*
3. Rank..... *Pte* 4. Regtl. No..... *5998*
5. Address in full to which future payments of gratuity are to be forwarded..... *Old Perlicon*
6. Date of enlistment in the Regiment..... *Aug 13/18*
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..... *Eleven months*
- 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.

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. ... If not give? - (a) Date of discharge. *July 21/19* (b) Reason for discharge. *Penish*

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

England

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

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

Signature of Applicant: *Pauline B. Borsary*

Place of Residence: *Old Ireland*

Declared before me at: *St Johns*

This *18* day of *July* 19*19*....

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

John McCarthy
JM

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependents.	War Service Gratuity.	
.....
.....
.....
Certified correct.				Paymaster

Old Republican
Jan 19th 1920.

8326

To Minister of Militia

Dear Sir:

Would you oblige
me to let me know how
the Soldiers are getting their
money or if they are
getting any.

I came across
Home in July, & got
three pays since then,
now my summer
was spoiled all people
had their men for their
work for the summer.

Now I have a
widowed Mother to support
I don't have more money to come
to fellows in my circumstances

Please Answer.

You will oblige me
very much.

Private Reuben Rousey

No 5998

Royal Wfld Regiment.

AM. Please reply ^{direct}
W.F.R.

W.S.G.?

37 mos which have been paid.

5998

February 21, 1920

Reuben Bursey,
Old Perlican.

Dear Sir:

With reference to your letter of
recent date, I beg to inform you that War Service
Gratuity has been paid in full to you, please.

Yours truly,

Lieut.
For Paymaster.

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

Ad Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Reuben Bursey</i>	Age on	<i>20</i> years <i>0</i> months	<i>Fisherman</i>	
5998		Place and Date of Enlistment	<i>St Johns</i>	Religion	
Joined _____ Date _____			<i>13th 8-18</i>	<i>Meth</i>	
Joined _____ Date _____		Period of	} with Colours <i>35⁶</i> years.	} with Reserve <i>3⁶</i> years.	Place of Birth
Joined _____ Date _____	<i>Old Perlican</i>				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St Johns 3rd 8/19</i>					

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5998 Rank Rt4 Name Bursley R
 Date of Enlistment 13.8.18 Address 600 Pelly Road District Inandj
 Occupation Fisherman Classification for Discharge 6 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 July 1919

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

R Bursley

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 17-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112451 to his home at 100 Park Avenue and Release Certificate No. 3693 issued.

Date 18-7-19 [Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-8-19

Date 18-7-19 [Signature]
Depot Paymaster.

Discharge approved for 20-7-19
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	2 Form B
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 18-7-19 [Signature]
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 20 1919 L. R. COOPER, CAPT
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date Aug 11 19 [Signature]

St. John N.B.
Jan 29th 1922.

Dear Sir: C.R. 5998

I saw by one of
the Daily papers that
you wanted information
from the next of kin
to the Ruben Bursey
5998. I may be rather late
in sending information
but it is a lack of not-
getting the papers!

I Mrs Matilda Bursey
am residing in St. John N.B.
for the winter. I am going
back to N.Y. in Spring.
Would like to hear from
the Dept. as soon as
possible.

Ruben is residing in

St-John N.B. for the
Winter.

Hoping you will
answer soon I remain

Yours sincerely

Matilda Bursay

East-St-John
New Brunswick
Canada.

OK

C.R. 5998

February 4th, 1922

No. 5998 Ex-Pte. Robert Bursay,
Late Royal Newfoundland Regiment,
C/o General Delivery,
St. John, N.B.

Dear Sir:-

If you will kindly advise this Department what your address is, we will forward to you your service medals. The above address has been furnished us, but we are not quite sure if it is correct, and we are sending this letter in order to find out before sending along your Medals.

Yours faithfully,
Lieut.-Col.,
CHIEF STAFF OFFICER

Uld. Pelican

July 3rd
18-28

Department of Militia
St. John's.

5998

5998

Dear Sir,

Yours of 28th received
requesting my son's present
address. I have to inform
you that ^{he} is residing now
at 17 St. Andrew Street
St. John. New Brunswick.
Canada.

Trusting this information
will prove satisfactory
Yours Truly

Matilda Bursay.

to
Bursay