



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6004 Name Alpheus Burt Corps Militia

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Alpheus Burt</u> |
| 2. What is your full Address? | 2. <u>B. S. Wiggins Cove</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</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, Alpheus Burt.....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.

Alpheus Burt.....SIGNATURE OF RECRUIT.
W. D. D. D. D......Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alpheus Burt.....do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 15 day of August 1915
W. D. D. D. D. Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
 If enlisted by special authority, such will be attached to the original attestation.
 Date 16-8 1915
 Place St. John's
W. D. D. D. D. } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Alpheus Burt

Apparent age 19 years months. Height 5 feet 6 1/2 inches

Chest Measurement { Girth when fully expanded inches
 Range of expansion inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Burt
Bunyan Cove B.B. 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 for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

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

" " Pensions " _____ [" "] _____ " _____ "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6004 Name Alpheus Burt Corps Militia

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Alpheus Burt</u> |
| 2. What is your full Address? | 2. <u>St. John's Cove</u> |
| | <u>B. B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>7</u> Months |
| 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, Alpheus Burt do solemnly declare that the above answers made by me of the above questions are true, and that I am willing to fulfil the engagements made.

Alpheus Burt SIGNATURE OF RECRUIT.

St. J. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alpheus Burt do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 16 day of August 1915.

Signature of Attesting Officer Ch. B. Dickes 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 16-8 1915

Place St. John's

..... } 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

6004

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

Name Alpheus Burt
 Apparent age 19 years months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded inches
 Range of expansion inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Burt
Bungans Cove Rd, Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>15-8-18</u>									
Joined at <u>St John's</u> on <u>August 15-1918</u>									
<u>Discharged at John's Jan. 16/1919.</u>									
<u>Admitted to L.S.P. Hospital 14-9-18</u>									
<u>Discharged do do 7-10-18</u>									
<u>Transferred from W.H. to Escaron 27-10-18</u>									
<u>Discharged from Escaron 26-11-18</u>									
<u>Demobilization St John's 16-1-1919</u>									
Total Service forfeited as above <u> </u>									
Total Service towards Engagement to <u>16-1-1919</u> [date of discharge] <u> </u> years <u>155</u> days									
Pensions " " " " " " " " " " " "									

C.R. 6004

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, dated August 17th, 1918.

6004 Pte. Alpheous Burt.

Attested for General Service with The Royal Nfld. Regt.
from 15-8-18.

CR 6004

Extract from Daily Orders part 11 depot St. John's dated Sept. 16/1918

6004 Pte. A. Burke

ADMITTED M. I. D HOSPITAL 14-9-18.

C.R. 6004

Extract from Daily Orders part 11

depot St. John's dated Oct. 9th. 1918.

6004 Pte. A. Burt.

Discharged from M.I.D.' Hospital to 21 Field Street
7-1018.

C.R. 6004

Extract from Preliminary Report of Medical Board held Dec, 4th. 1918.

#6004 Pte. A. Burt

Recommended Discharge as permanently Unfit.

C.R. 6004

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated Nov. 28th. 1918.

HOSPITAL.

6004 Pte. A. Bu'rt.

Discharged from Esplanade 23/11/18.

C.R. 6004

Extract from Daily Orders part LII, Depot St. John's dated Jan. 17 - 1919.

The discharges of the undernoted have been confirmed by Officer
i/c Records from 16-1-19.

#6004 Pte. Alpaenus Burt.

Burt, Alphens

6004

Ray Sept.

RECEIVED
CHD
RECEIVED

January 16th., 1919

#6004 Pte. Alpheus Burt,
Bunyan's Cove, B.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 530."

Yours faithfully,

Captain,
Paymaster & O.i/c Records.

Enc' 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6204 Rank Pvt Name Alphons Burt
 Intended place of residence Bunyan's Cove B.B.
 2. Occupation fisherman
 Classification of soldier B Medical Category F

DEMobilIZATION.

3. The above named man is discharged in consequence of.....

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place DEC 18 1918
 Date Alphons Capt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date St Johns A. Burt
 Signature of soldier
Dec 18th 1918 Bobrick Hop
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date St Johns A. Burt
 Signature of soldier
Dec 18th 1918 Raymond Sgt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15. 8. 18 No of days on Military
 Discharged from service 19. 12. 18 plus 28 days Service 155 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S R.H. Lat Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date DEC 19 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St Johns M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment
 Date January 16/1919
2079/530

17
30
21
20
31
16

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. K 004 to his home at Bunyan Cove and Release Certificate No. 467 issued.

Date 18-12-18

Asdricks 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 16-1-19

Date 18-12-18

Atkinson Capt.
Depot Paymaster.

Discharge approved for 19 12 18

Forwarded with following documents to O.C Discharge Depot.

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

Date 19 12 18

Asdricks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 19 1918

RJH Capt.
O. C. Discharge Depot.

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

Date Dec. 21/1918

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

MEDICAL HISTORY

OF

Surname Brent

Christian Name Alphons

Table I.—GENERAL TABLE

Birthplace:—Parish Bungay Cove County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined on 15 day of Aug 1918 at St John's

Declared Age 19 years days

Trade or Occupation Gardener

Height 5 feet 6 1/2 inches

Weight 121 lbs.

Chest Measurement { Girth when fully expanded 33 1/2 inches

{ Range of Expansion 5 1/2 inches

Physical Development

Vaccination Marks {	Arm	Right	Left	Right	Left
	Number				

When Vaccinated

Vision R.E.-V=6/6 L.E.-V=6/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Enlisted at St John's on 15 day of Aug 1918

Corps Regtl. No. Corps Regtl. No.

Joined on Enlistment Royal Newfoundland Regiment

Became non-effective by

on day of 191 on day of 191

(Signature)

(Rank)

Case in case of Warrant Officers treated in quarters

cause, nature or treatment of the case likely to be of interest or of future use. In case of re-admissions to hospitals will be shown. The subsequent progress, including particulars out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

L. Peterson

L. Peterson

Civil Re-establishment Committee



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

To work as Lumberman.

A Burt

Signature of Man.

Reg. No. *6004*

Charles C. Call

Signature of the Vocational Officer or his Representative.

Place *St Johns N.F.L.D*

Date *18/12/18.* 191

4

400 A

Bonivata

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28/11/18

Regimental No. 6074

Name Pte. Alphens (Pte.)

Address Bumpas Cove B. B.

Present Medical Category E

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

Proceeding of S.M.B.
in file

Members of Board	}	R.H. Lat	O.C. Discharge Depot.
		P. Paterson	Senior Medical Officer
		J. E. Burden	M. O. Depot

Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. John's Wfd*
 Date *Dec 2nd 1918*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *6004*
- 3. Rank *PLC*
- 4. Name *Burt, Alpheus*
- 5. Age last birthday *19*
- 6. Enlisted on *15th August 1918*
 at *St John's*
- 7. Former trade or occupation *Fisherman*

8. Disability

*Measles.
 Influenza.*

9. History

*Admitted M.I.D. 14/9/18. Measles. Discharged 7/10/18.
 Re-admitted M.I.D. 9/10/18. Influenza. Discharged to Excursion 26/10/18.
 Discharged from there 26/11/18.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

No accompaniment in camp.
no cough.

Heart normal.
Some intercostal tenderness upper part.
N. Chest.

Medical Report on an Invalid

11. Was sanatorium advised and refused? No
operation

12. Do you recommend discharge as permanently unfit? yes.

Signature

Archibut
for M.O. Dept.

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date 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 *Burt, Alpheus.*

Regiment from which discharged *1st. Newfoundland*

Regimental number *6004*

Intended address *Bunyon's Cove, B. I.*

Height on discharge *5* Feet *4"*

Color of hair on discharge *Black*

Complexion *Ruddy*

Color of eye *Blue*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. *Bunyon's Cove, March 7, 1899*

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) *Alpheus ^{his} Burt*
mark.

(Rank) *PT2*

Station *St. John's, Nfld.* Date *Dec. 2/18*

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

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

Station *St. John's, Nfld.* Date *Dec. 2/18*

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters on Camp 19115

1. Name Alpheus Burts Age (a) Declared 19
(b) Apparent

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

What severe illnesses have you had? None

Erys. Gray
Comp. Van.

6004

3. Height 5ft 6 1/2 Weight 121
4. Eyesight (a) Left 10/6 (b) Right 10/6

5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~
Measurement (a) Expiration 32 (b) Inspiration 31 1/2

7. Examination of Heart ~

8. Examination of Urine ()

9. Examination of Mouth—(Defective Speech)

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

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

11. Name and address of next of kin Father John Bunyans Cor.

REMARKS—

A II

Archibald
W. Gordon

Medical Examiners.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6004 Rank Plt Name Burt - Alphaeus
 Date of Enlistment 15.8.18 Address Bungay Grove District Bonesta
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permitly unfit Disability Rating nil
 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.....	2	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....	1			

Date 13.12.18

W Stanley Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

A BURT

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied Joseph A. Crawford

Date 18-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 332 to his home at Rumford Cove and Release Certificate No. 467 issued.

Date 18-12-18

Abdikes 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 16-1-19

Date 18-12-18

Atney Capt.
Depot Paymaster.

Discharge approved for 19. 12. 18

Forwarded with following documents to O.C Discharge Depot.

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

Date 19. 12. 18

Abdikes Capt.
Demobilization Officer.

APPROVED. M.

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

Date DEC 19 1918

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

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

Date Dec. 21/1918

M. Bowley, Capt.
a/c R

Reg. No. 6004 Rank. Pfc Name. Burt Alpheus
Attested 15-8-18. Address. Bunyon. Lake
Allotment. 60 Allottee. Mrs John Burt (mother)
Date of Allotment. 1-9-18. Returned from Overseas.
Embarked for Overseas Cause.

Dec 22-8-18, St Inoc to 1-18-20 3-9-18.
4 leave 5-9-18 to 13-9-18.
14-9-18 Admitted to N. S. Hosp.
4-10-18 Discharged from do
27-10-18 Transferred from N. S. Y. Season
26-11-18 Discharged " "
4-12-18 Rec. Discharge as permanently unfit

1372 1/2
PASSED TO DEMOBILIZATION OFFICER

DEC 19 1918

DISCHARGE APPROVED ON DEMOBILISATION.