



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4721 Name Martin Butler ~~Corp~~ RC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Martin Butler</u> |
| 2. What is your full Address? | 2. <u>Beale Island</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>.....</u> Months |
| 5. What is your Trade or Calling? | 5. <u>none</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. |
| 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, Martin Butler 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.

Martin Butler SIGNATURE OF RECRUIT
Wm. J. Stittman Signature of Witness

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Martin Butler 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 Beale Island on this 26 day of April 1918

Signature of Attesting Officer Wm. J. Stittman

† 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 compiled with. I accordingly approve, and appoint him to the RC

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

Date 1918

Place } Approving Officer.

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

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

In Report 1-5-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Master Butler
 Apparent age _____ years _____ months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward Butler, Belle Island East C.P. | 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>26-4-18</u>									
Joined at <u>St. John's</u> on <u>April 26-1918</u>									
<u>Discharged June 29/19</u>									
<u>To report for duty 1-5-1918</u>									
<u>Embarked for St. John's train to Halifax N.S. 11-6-1918.</u>									
<u>Embarked for S.C. 26-10-1918. Arrived in France 26-10-18.</u>									
<u>Joined Battery 3-11-1918. Transferred from Rouen 22-4-19. Arrived Newfoundland 25-4-19.</u>									
<u>To be found dead for demobilization 22-5-1919. Carried off 1-6-1919</u>									
<u>Demobilization St. John's 29-6-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-1919 (date of discharge) 1 years 61 days
 " " Pensions " " " " " " " " " " " "

C.R. 4721

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
RE CONFIRMED by Officer 1/s Records from 29-6-19.

4721 Pte. Martin Butler.

C.R. 4721

Extract from Daily Orders Part 11 Unit The Royal WFLA,
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.S. Discharge Depot with effect from 15-6-19.

4721 Pts. M. Butler.

C.R. 4721

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 18th 1919.

4721, Pte. M. Butler.

Reported at Headquarters 1/6/19. BX "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4721

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.

#4721 Pte. M. Butler.

C.R. 4721

Abstract from Daily Orders Part II Unit The Royal Field
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commencing 1st
Bn. 3-11-18.

The following joined the Batta. 3-11-18.

4721 Pte. M. Butler.

A Coy.

C.R. 4721

Extract from General Roll re-assignment Draft No. 55 Edward Folkeson
25/10/16 from 2nd Batta. Royal Newfoundland Regiment Havelock Down Camp,
Winchester, to 1st Batta. Royal Newfoundland Regiment B.L.F.

4721 Pte. Butler, M.

EE.

C.R. 4721

Extract from Daily Orders Part 11. from Unit The Royal 221d.,
Regiment, St. John's, dated June 14th 1918.

4721 Pte. N. Butler.

Embarked for Overseas with draft 11-6-18.

Extract from Daily Orderspart 11, from Unit The Royal Wilt.
Regt. St.John's, dated April 29,1918.

#4721 Pte. Martin Butler.

Attested for General Service with the Royal Wilt. Regt.
from 26/4/18 to report 1/5/18.

D. Butler

C.R. 4721

1180

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. *Regal. Newfoundland* } *Mines*
 7. Former Trade or Occupation }
 2. Regtl. No. *4720* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Butler* *Martin* (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
 5. Age last birthday. *22*
 6. Posted for duty on *Apr 10/18* 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 n (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, &c., a medical officer'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? na
17. If not, was an operation advised and declined? na
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? na
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.

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

Station Harley D. Camp

Date 29.11.19

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

No. 15445/1603.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

Officer Commanding,
2/Bn. Royal Newfoundland Rgt.
Winchester.

September 26th, 1918

30 SEP 1918 191

Subject: 4721, Pte. M. Butler,

With reference to the following telegram (8321) from the Hon. Minister of Militia, received

Receipt hereunder.
Charu LIUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

"Pay to 4721, Pte.M.Butler, £3.0.0.

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

Received the sum of £3.0.0 on account of £3.0.0 cable remittance from Newfoundland.

W. J. [Signature]
Chief Paymaster & O. 1/c Records.

4721 Butler
No. 4721 Rank ptl


Witness
C. Manning

TO:- The Chief Quartermaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4721	Pte.	Butler W.	\$250	

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date

July 1/18

W. Butler

No. *4721* Name *Butler R.* Sqn., Batty., or Company } *A* Corps *ROYAL NEWFOUNDLAND REG.* Date of enlistment } *24/1/18* G.C. Badges } *7* Service or Proficiency Pay }
Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *11* Signature O.C. Company, etc. *P. M. Curran* Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Field</i>	<i>14/4/18</i>	<i>Plt</i>		<i>Deficient of iron rations</i>	<i>Coy Morris</i>	<i>Admonished</i>	<i>14/4/18</i>	<i>W. Matthews</i>	<i>B7</i>
<i>As seen</i>	<i>15/4/19</i>			<i>Deficient of rations</i>	<i>W. Matthews</i>	<i>Pay for rations</i>	<i>15/4/19</i>	<i>Major Lorne</i>	<i>W.A. value 1/6</i>

ARMY FORM B. 122

Butler, L

4721

Sept.

June 29, 1919

#4721 Pte. Martin Butler,

Bell Island, C.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 the "War Service Gratuity.

Yours truly

Captain
Paymaster & Officer i/c Records.

25264

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 26th. 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 *Martin*..... 2. Surname *Buller*.....
- 3. Rank *Pte*..... 4. Reg't. No. *4721*.....
- 5. Address in full to which future payments of gratuity are to be forwarded. *Bell Island, S. B.*.....
- 6. Date of enlistment in the Regiment. *Apr. 26/18*.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

- 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 Apr. 26/18 to June 14/19*..... *1 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? *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 14, 1919* Reason for discharge *Temporary*

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 Oct. 1918 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.

his

Martin X Butler
merk

Signature of Applicant:

Place of Residence:

Bell Island C. B.

Declared before me at:

S. Johns, N.J.

This *14th* day of

June 19*1911*.

John McCarthy
J.P.

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

POST DISCHARGE PAY.

Date paid *14th* Paid *14th*
Sold *14th* Dependence

War Service
Classify.
4 mes

Net amount
due

280.00

Certified correct.

Paymaster

June 29, 1919

#4721 Pte. Martin Butler,

Bell Island, C.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2521.

Yours truly

Paymaster & Officer i/c ^{Captain.}
Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4721 Rank Pte Name Butler M
 Intended place of residence Bell Island

2. Occupation Munition
 Classification of soldier 2 Medical Category AT

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 JUN 14 1919 *M. H. H.*
 Comanding 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 14 1919
M. Butler
 Signature of soldier
Ch. [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 and Date ST. JOHN'S
JUN 14 1919
M. Butler
 Signature of soldier
W. [Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military
 Discharged from service 15-6-19 PLUS 14 DAYS Service 430

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 JUN 15 1919
R. H. [Signature] Major
 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 June 29/1919
M. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

29/07 9/2521

The Royal Newfoundland Regiment

Class for Demobilization

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

13.6.19

Regimental No 4721

Name

Butler

Martin

Rank

Pte

Address

Bell Island

Present Medical Category

A1

Recommended for :-

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

P. Paterson
Senior Medical Officer

G. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4721 Rank Plt Name Burtell Martin
 Date of Enlistment 26-4-18 Address Bell's Rd District St. John's
 Occupation Miner Classification for Discharge H Medical Category H1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1 10	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 14-6-19 O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance paid 105
 (b) Clothing Supplied ✓

Date 14-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 37296730 his home at Bell 95th and Release Certificate No. 2759 issued.

Date 14-6-19 *J.A. Snow*
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 29-6-19

Date 14-6-19 *H. M. ...*
Depot Paymaster.

Discharged approved for 15-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P/36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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
B179c	B 120	M 93.		

2 Form B

Date 14-6-19 *J.A. Snow*
O. C. Discharge Depot.

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 15 1919 *R.H. Sait*
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 Butler

Signature of Man.

Reg. No. *4721*

J. P. Shawley

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

14-6-19

191

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

MEDICAL HISTORY

Surname Butler OF Christian Name Martin

Table I.—GENERAL TABLE.

Birthplace:—Parish Bell Island, B.B. County Nfld.

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	on	day of	on	day of
Examined	26	April 1918	on	191
	at	St John's Nfld.	at	
Declared Age	21	years	years	days
Trade or Occupation	<u>miner</u>			
Height	5	feet 6½	feet	inches
Weight	149 lbs.			lbs.
Chest Measurement {	Girth when fully expanded....		inches	
	Range of Expansion..		inches	
Physical Development	38½		inches	
	3½		inches	
Vaccination Marks {	Right	Left	Right	Left
	✓	✓		
When Vaccinated				
Vision	R.E.—V= 6/20		R.E.—V=	
	L.E.—V= 6/20		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)	<u>Lamont Paterson</u>			
(Rank)	<u>major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's Nfld.</u>		at	
	on	26 day of April 1918	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt.</u>	<u>4721</u>		
Transferred to				
Became non-effective by	on	day of	191	on
	[Signature]		day of	191
	[Rank]			

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
26.4.14.	Vac. 40
7-5-18.	T.A.B. 40
10-5-18.	do 40
17-5-18. 4.6.18.	do 40

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 2 for Discharge on Demobilisation. Medical category 1

13.6.19
Date of T.M.B.


for  Captain
Discharge Department

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4771 Rank _____

Name Burby G _____

Warned for demobilization on

JUN 14 19

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 *H. of A. Newfoundland*
2. Regtl. No. *4. 7. 20* 3. Rank *Pls*
4. Name *Butler* *Martin*
(Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on *Apr. 16/15* at *C. J. Linn.*
 in category (or grade).....
7. Former Trade or Occupation } *mined*
- 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 (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? } 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.)

He complains of no disability

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
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? na
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

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. R. ...
Capt. R. A. M. B.

Station *Hazely D. Camp*

Date *29-4-19*

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



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

Martin Butler

Regiment from which discharged

Royal Newfoundland

Regimental number

4721

Intended address

East End, Bell Island

Height on discharge

5 Feet *10*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Brown.

Descriptive Marks

—

Figure on discharge

Tall.

Christian name of Father

Edward

Christian name of Mother

Frances.

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Bell Island 8th February, 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)

M Butler

Pte.
(Rank)

Station

ST. JOHN'S.

Date

12-6-19

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

Army Form B. 103.

Regimental Number 4771

Casualty Form—Active Service.

21st ROYAL NEWFOUNDLAND REGT.

Regiment or Corps.....

Rank Plt Surname Butler Christian Name Martin

Religion N.C. Age on Enlistment 21 years..... months

Enlisted (a) 26/4/18 Terms of Service (a) DURATION Service reckons from (a) 1/5/18

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

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

Occupation Miner J. M. Eulson Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, etc. 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			
		<u>Joined Battalion</u>	<u>3 NOV 1918</u>		
		<u>Arrived in UK</u>		<u>93/4/19</u>	

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

(b) Signaller, Shipping Smith, & Co.

W 3635—21738 2025/9/17 (5591) C. P. S., Ltd., Form B. 1103 E. 1907.

Next of Kin
Father Edward Butler, Bell Island, East, C.B., Newfoundland.

P.T.O.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 11 Sent by _____ Rec'd by _____ Check Am 14 No. _____

Place from Bell Island 2

To Mr. Militia.



Please cable 472! pte
 Martin Butler five pounds
 StG call Money Order Office
 for amount

Mrs Edward Butler

May 9, 1919

Mrs. Edward Butler,

BELL ISLAND.

Dear Madam:

With reference to your telegram of May 2nd, I beg to state that I have cabled 4721, Martin Barnes £5.

Yours truly,

Lieut.
For Paymaster.

FORM K

Nº 3950



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Martin Butler, Regl. No. 4721

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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3851</u>	<u>Mother</u>	<u>Mrs Edward (Fanny) Butler</u>	<u>Bell Island (East)</u>	
Total Allotment, \$				<u>609</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) J. James Bent
Officer Commanding
A. Company
St John's
May 16th 1918

(Sig.) Martin Butler
(Rank) Plt

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet 026

Signature of O. C. Company *W. M. Churchill*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>1721 Butler Co</i>	Age on	<i>21</i> years / months	<i>Miner</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i>	Religion	
Joined	Date	Period of } with Colours / <i>65</i> years. with Reserve / <i>55</i> years.	<i>R. C.</i>	Place of Birth	
Joined	Date		<i>Ireland - C.B.</i>		

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>Prince's Rank</i>	<i>14 5/78</i>	<i>Pvt.</i>		<i>Insolence to C.O. resubverting an order</i>	<i>Lt. Hartney</i>	<i>5 Days C.P.</i>	<i>14 5/78</i>	<i>Major Coarty</i>	<i>(S)</i>
				<i>Demobilized</i>	<i>St. John's</i>	<i>29 6/79</i>			

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4721 Rank Pls Name Butler Martin
 Date of Enlistment 26-4-18 Address Bell Island District St. John's
 Occupation Miner Classification for Discharge E Medical Category H.I.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	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 178	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 14-6-19 J. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

M. Butler

Particulars passed to Vocational Officer for information and action.

Date 14-6-19 Eligible for War Service Gratuity

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance paid 65

(b) Clothing Supplied Wool Cap

Date 14-6-19

O i/c. Re-clothing

The Royal Newfoundland Regiment

4721

DEMOBILIZATION OF

Reg. No. 4721 Rank Plt. Name Burtles Martin
 Date of Enlistment 26-4-18 Address Bell Island District St. John's
 Occupation Miner Classification for Discharge E Medical Category H-1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.P. 1136	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 14-6-19 J. O. C. Discharge Depot. J. H. W. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 14-6-19 Eligible for War Service Credits

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance paid
 (b) Clothing Supplied Wool Cap

Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 57299730 to his home at Bell Island and Release Certificate No. 2759 issued.

Date 14-6-19

J.A. Knowlton
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 19-6-19

Date 19-6-19

H.M. Smith
Depot Paymaster.

Discharge approved for 15-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P336	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board Ist	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
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	
B179c	B 120	M 93			

Date 14-6-19

J.A. Knowlton
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919

Truett Capt.
O. C. Discharge Depot.

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

Date JUN 24 1919

W. H. Matthews
for O. C. Records

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 37299/30 to his home at Bellfield and Release Certificate No. 2759 issued.

Date 14-6-19

J.A. Knowlton
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 19-6-19

Date 14-6-19

J.M. [unclear]
Depot Paymaster.

Discharge approved for 15-6-19
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 Ist.	" 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
B179c	B 120	M 93		

Date 14-6-19

J.A. Knowlton
O. C. Discharge Depot.

APPROVED

Documents as above forwarded to:—

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919

[Signature]
O. C. Discharge Depot.

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

Date June 24/19

[Signature]
for Records

Reg. No. *4721* Rank *HQ* Name *Baker, M.*

Attested Address *1111 Island.*

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas *29.1.19.*

Returned on S.S. *Rossican* Cause *Discharge*

14.6.19.
15.6.19.

PASSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILIZATION

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file

Attention of

NAME BUTTER, Martin Joseph

SERVICE 4721 ROYAL C.P.C. No. _____
NUMBER NFID. REGT. W.V.A. No. 229613NAVY
ARMY X
R.C.A.F.

OTTAWA 4, Ont.,

Date May 6, 1966

P.A.

The DEPARTMENT has received information from

Mrs. Mary (Martin Butler (Widow)) Main St., Bell Island, Nfld., d/29-6-66

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 22, 1966
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~P.A.~~
D.O.
H.O.} Destroy form if advice of death already received.
"NF" D.O.C.C. Richards
for
Chief, Central Registry