



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1539 Name Samuel Butler Corps C of E.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel Butler
2. What is your full Address? 2. 7th Trap Bay
3. Are you a British Subject? 3. yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Farmer
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? .. 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Samuel 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 engagement made by me to the above questions.

Signature of Recruit: Samuel Butler
Signature of Witness: W. Pittman

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at 7th Trap Bay on this 21 day of May 1916.

Signature of Attesting Officer: C. O. Dicks

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

Date 1916
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)

DESCRIPTIVE REPORT ON ENLISTMENT

5539

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

Name Samuel Butler
 Apparent age 22 years months. Height 5' feet 7 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin J. Bay | 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>31-5-18</u>									
Joined at <u>Alton</u> on <u>May 31-1918</u>									
<u>Embarked Alton train to Halifax N.S. 22-9-18</u>									
<u>Left for demobilization 24-6-1919</u>									
<u>Arrived to England 1-7-1919</u>									
<u>Demobilization Alton 4-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) <u>1</u> years <u>69</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5539

extract from, mail orders part 11 Royal Newfoundland
Regiment dated July 22nd 1919. Depot St. John's.

The discharge of the undersigned on demobilization has
been APPROVED by C.M. discharge depot with office from
following date
21-7-19.

5539, rte. S. Butler.

C.R! 5539

Extract from Daily Orders Part II Royal Newfoundland
Regiment. Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date
4-8-19.

5539, Pte. S. Butler.

C.R. 5359

Extract from Daily Orders Part II Unit: The Royal Efld.

Regt. St. John's, June 25th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 24-6-19.

5359 Pte. A. George.

CR. 5539

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

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

⁵⁵³⁹
~~#555~~ Pte. S. Butler.

C.R. 5539

Extract of DAILY ORDERS BY MAJOR M.S. SULLIVAN
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

8/1/19.

#5539 Pte. S. Butler.

Having completed his trial with this Unit is attached to
the strength from 21/12/18 and posted to A. Co'y.

C.R. 5539

Extract of DAILY ORDERS PART II BY MAJOR M.S. SULLIVAN
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
20/11/18.

#5539 Pte. S. Butler.

Having arrived from the 2nd Bn. Royal Newfoundland Regt. is
attached to the strength from 19/11/18 and posted to A Coy.

CR 5539

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

5539 Butler Sam.

C.R. 5539

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 23, 1918.

#5539 Pte. F. Butler.

Discharged from Barracks Hospital July 22, 1918.

CR 5539

Extract from Daily Ordes part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 16, 1918.

#5539 Pte. S. Butler.

Admitted to Barracks Hospital 15-7-18

C.R. 5539

Extract from Daily Orders part 11, from Unit The Royal
Mfld Regt. St. John's dated June 1st, 1918

#5539 Pte. S. Butler

Attested for General Service with the Royal Mfld. Regt.
from 31.5.18

S. Butler

C.R.

5539

A. G. O.



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1539 Name Samuel Butler Corp. C.R.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------------|
| 1. What is your name? | 1. <u>Samuel Butler</u> |
| 2. What is your full Address? | 2. <u>7th Trap</u>
<u>Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Farmer</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, Samuel 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 engagement made by me.

Signature of Recruit: Samuel Butler

Signature of Witness: J. W. Pittman

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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 recorded as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 31 day of May 1915.

Signature of Attesting Officer: C. S. Dickson

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

Date.....191.....

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).....

C.R. 5539

extract from, mail, orders part II Royal Newfoundland
Regiment dated July 22nd 1919. depot St. John's.

The discharge of the undernoted on demobilisation has
been APPROVED by C.O. discharge depot with effect from
following date
21-7-19.

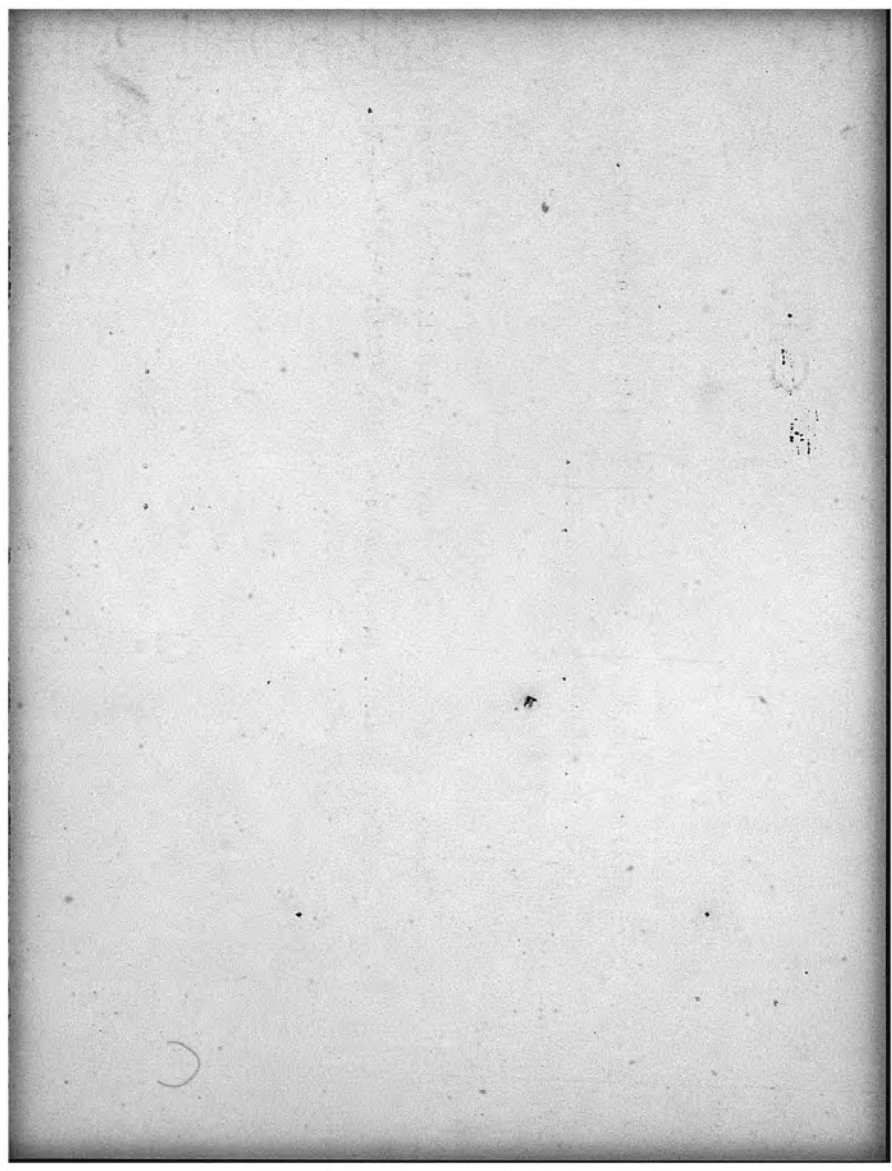
5539, Rte. B. Butler.

C.R. 5539

Extract from Daily Orders Part II Royal Newfoundland
Regiment. Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
4-8-19.

5539, Pte. S. Butler.



C.R. 5359

Extract from Daily Orders Part 11 Unit: The Royal Efld.
Regt. St. John's, June 25th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 24-6-19.

5359 Pte. A. George.

C.R. 5539

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

THE UNDERMENTIONED WILL PROCEED TO JOIN THE NEWFOUNDLAND FORESTRY
CORPS, ON 16th NOVEMBER 1918.

~~#2050~~⁵⁵³⁹ Pte. S. Butler.

C.R. 5539

Extract of DAILY ORDERS BY MAJOR M.S. SULLIVAN
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

8/1/19.

#5539 Pte. S. Butler.

Having completed his trial with this Unit is attached to
the strength from 21/12/18 and posted to A. Co'y.

C.R. 5539

Extract of DAILY ORDERS PART II BY MAJOR M.S. SULLIVAN
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES;
20/11/18.

#5539 Pte. S. Butler.

Having arrived from the 2nd Bn. Royal Newfoundland Regt. is
attached to the strength from 19/11/18 and posted to A Coy.

C.R. 5539

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

5539 Butler Sam.

C.R. 5539

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 23, 1918.

#5539 Pte. F. Butler.

Discharged from Barracks Hospital July 22, 1918.

CR 5539

Extract from Daily Ordes part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 16, 1918.

#5539 Pte. S. Butler.

Admitted to Barracks Hospital 15-7-18

C.R. 5539

Extract from Daily Orders part 11, from Unit The Royal
Mfld Regt. St. John's dated June 1st, 1918

#5539 Pte. S. Butler

Attested for General Service with the Royal Mfld. Regt.
from 31.5.18

S Butler

C.R.

5539

A 10

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

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

1. Unit and Corps..... *Royal Newfoundland* }
 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *5539* 3. Rank..... *Pvt* }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps, with Regtl. No.
4. Name *Butler*..... *Jamael*.....
 (Surname) (Christian Names)
5. Age last birthday..... *23*.....
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability.
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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.)

All Complaints of my disability by

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

Station *Hazely Down*

Date *9/4/19*

W. Strocumie. 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. 3404/520.

6.

NEWFOUNDLAND CO.
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.

3rd March 1919

March 6th 1919

5539 Pte Butler. S.

Receipt hereunder
Stewart
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n.

With reference to the following telegram from the Minister of Militia / / (57.)

"Pay to-5539. Butler.

Received the sum of £6.0.0

£6. 0. 0.

Cheque £ 6. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Six Pounds in respect of telegraphic remittance from the Minister of Militia.

Chief Paymaster & O. i/c Records.

P Butler
No. 5539 Rank *Rly*
Witness *Geo. Perry etc*

Butler, S

5539

Hay sept.

August 4th 1919.

#5539, Pte.S.Butler,
Foxtrap, Hr.Main.

Dear Sir:

Enclosed please find Discharge Certificate.

3505.

Yours truly,

Capt. W. W. Wymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5539 Rank Pte Name Buttler B
 Intended place of residence 401 Drap
 2. Occupation Farmer
 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 19 1919

H. M. News H
 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 19 1919

B. Buttler
 Signature of soldier
A. McEwen
 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 19 1919

B. Buttler
 Signature of soldier
W. J. Sealoy Quis
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 28.5.18 No. of days on Military
 Discharged from service JUL 19 1919 Plus 14 days Service 434

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

H. R. Cooper Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 4/1919

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

A. G. B. 2079/3505

The Royal Newfoundland Regiment

Class for Demobilization: 2

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: July 18/19

Regimental No. 5539

Name: Butler S.

Address: Loxtrap

Present Medical Category: A1

Recommended for: (a) Immediate discharge

(b) Standing Medical Board

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

Members of Board

J. Peterson
Senior Medical Officer

Geo. Berdese
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5539 Rank Pl Name Butler J
 Date of Enlistment 28-5-18 Address Fox Gap District H. Major H.
 Occupation Farmer Classification for Discharge 7 Medical Category
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
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 O. C. Discharge Depot H. Major H.

PARTICULARS FOR DEMobilIZATION

I. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Sam Butler

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

Date 19-7-19

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R24909938 to his home
 at 70x. Hamp and Release Certificate No. 3743 issued

Date 19-7-19

Arthur Constance
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 4-8-19

Date 19-7-19

Arthur Constance
 Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 19-7-19

Arthur Constance
 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 21 1919

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.

Sam Butler

Signature of Man.

M. Blowski

Reg. No. 3539

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

19-7-19

191

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

MEDICAL HISTORY

Surname Buller OF Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	27 th	St John's		
Declared Age	22			
Trade or Occupation	Farmer			
Height	5	7		
Weight	148			
Chest Measurement	Girth when fully expanded	37		
	Range of Expansion	3		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>Samuel Buller</u>			
(Rank)				
Enlisted	at	St John's	at	
	on	29 day of May 1918	on	
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
Transferred to	<u>Theological</u>			
	<u>Nfld Regt 5539</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

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

1. Unit and Corps..... *Royal Newfound Land* } Former Trade } *Former*
 2. Regtl. No. *2539* } or Occupation }
 3. Rank..... *Rt-E* }
 4. Name *Butler* } *Samuel* }
 (Surname) } (Christian Names)
 5. Age last birthday..... *33*
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 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.
 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."
nil
 11. Date of origin of disability.
 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 2
- (ii.) Previous active service 2
- (iii.) Climate in pre-war service 2
- (iv.) Ordinary military service before the war 2
- (v.) Serious negligence or misconduct on the } 2 }
 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, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

No compliance of no disability

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

20. Do you recommend—

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

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

Repatriation

W. E. Proctor ^{*Capt*} *R. A. M. C.*

Medical Officer in charge of case.

Station *Wazeley Barr*

Date *9/14/19*

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



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 *Butler, Samuel*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5539.*

Intended address *fox trap H. hair*

Height on discharge *5 Feet 7*

Color of hair on discharge *soal Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *medium*

Figure on discharge *Job*

Christian name of Father *Maryaret*

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 *fox trap 17-1-1896*

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) *Samuel X Butler* (Rank) *St. J. O. S.*

Station *Witness Edward* 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.

Station _____ Date _____

August 11th 1919.

Mr. S. Butler,
Fox Trap.

Dear Sir:

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

Yours truly,

Capl. &
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 *Samuel* 2. Surname *Butt* *Co 1*

3. Rank *Pvt* 4. Regtl. No. *5539*

5. Address in full to which future payments of gratuity are to be forwarded *Fox Trap, C. B.*

6. Date of enlistment in the Regiment *May 30/18*

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 field. If so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in field or overseas. *From May 30/18 to July 19/19*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *No.*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *No.*

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

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

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

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 Rep?

If not give? - (a) Date of discharge *14 July 1919* (b) Reason for discharge *Discharged*

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. *No.*

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.

Sam Butler

Signature of Applicant:

Place of Residence:

Declared before me at:

This

19th

day of

July 19*19...*

*Fox Trap, Co. B.
N. John's Field,*

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

John M. Gentry

POST DISCHARGE PAY.				Net amount
Date paid	to	Sold	for Service	(See
Soldier.	Dependent.		Account.	*)
.....
.....
.....
.....
Certified correct.				Barrister

SEPARATION ALLOWANCE.

Claimant... *Job Butter* *Father*

On account of *Samuel Butter* No. *5539* Rank *Pte*

Decision... *Approved*

Date... *June 11th 1920*
W. F. Hendee ^{Lieut. Col.}
Mr. Rowley, Major

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

Allotment of *60 \$* per day payable to *Mr Job Butter*
his *father* from *12/7/18* to *4/8/19*
Discontinued on account of *being discharged*.

R. L. Summey

17- 5
4- 7

240 . 00
14
234 . 00

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

Each statement is considered as being made on OATH, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.

(1) Name of ~~Deceased~~ ^{Statist} Samuel Butler Official Number 5359
(If more than one give all names)

(2) Name of applicant, and age Job Butler 77 years

(3) State whether you are the natural father, stepfather or foster-father Natural Father

(4) State date of death of your wife. Wife is alive

(5) If you are/chronic invalid and totally incapacitated, state nature of malady (Medical certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue).
On account of old age, he has lost his strength of legs. He is invalid during the last three years and likely to be so during the rest of his life-time.
A. S. Chisholm M.D. Mairn

Names of your other children.	Address in full	Occupation	Married or Single
Annies Butler	Forth	Farmer	Married
Charles Butler	Guelph town	Butcher	"
Robert Butler	Sea town	"	"
Susan Lee	Guelph town	"	"
Sarah Dawn	"	"	"

(7) State amount earned by yourself, per month Nothing

(8) State amount and source of any other income Have no other income

(9) Have any of the children mentioned in "6" volunteered for service during the great war 1914 - 1918? (If so state names and where possible give with official numbers and the units in which they enlisted, with dates of enlistment.) No

Name Enlisted in Official Number Date

(10) State value of real property belonging to you and your wife

\$500.00

(11) State value of personal property belonging to you and your ~~WIFE~~ wife.

None.

(12) If wife is dead, state value of real and personal property left by her.

wife alive has no property

(13) Actual amount contributed by soldier during the year prior to enlistment.

About \$200.00 a year was spent by son in his father

(14) Was this amount contributed weekly or monthly.

As stated above

(15) Did this amount include payment of son's board, etc.

No.

(16) State your son's trade or occupation prior to enlistment.

Miner, Belle Isle and working at home

(17) State amount of his wages per week.

\$9.00 a week when he would work at Miner

(18) State name and address of his last employer.

Dorcas Co. Belle Isle

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

Signature of Applicant

John H. Butter

Place of Residence

Greattown

Declared and subscribed before me at

Greattown

this

26th

day of

March

1920

Signature of Barrister of the Supreme Court, Notary Public, Stipendiary Magistrate, or Justice of the Peace.

A. A. Leveson J.P.

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

Signature of Clergyman

Wm. C. Tracy, Minn. Pres. Hellipia.

Signature of member of Patriotic Fund Committee

J. Mendell

President
Fong. Pond
W. J. A.

May 7, 1920

Mr. Job Butler,
Georgetown, C.B.

Dear Sir:-

Referring to your application for Separation Allowance, I have been directed to request that you furnish me with Marriage Certificates of your sons Ananias, Charles and Reuben, or else certified extracts from Parish Registers showing dates of their marriages.

also please have your Doctor supply information in the following form, concerning your condition:

1. What is the nature of your Incapacity?
2. From what date can it be considered to have been existent?
3. By what per-cent is your earning power reduced thereby?

Yours truly

Major

Paymaster.

21
67
147
126
1407



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

May 7, 1920

Mr. Job Butler,
Grealytown, C.B.

Dear Sir:-

Referring to your application for Separation allowance, I have been directed to request that you furnish me with Marriage Certificates of your sons Ananias, Charles and Reuben, or else certified extracts from Parish Register s howing dates of their marriages.

also please have your Doctor supply information in the following form, concerning your condition:

1. What is the nature of your Incapacity? *Rheumatism*
2. From what date can it be considered to have been existent? *3 yrs*
3. By what per-cent is your earning power reduced thereby? *Cannot earn nothing*

Yours truly

W. H. Dowley

W. H. Dowley

Major

Paymaster.

Dear Sir

Charles haven't got
his certificate in his possession
and the Church Register of
Foxtrap was burned with the
date of his marriage in it
the Register that in the church
now only goes back to 1894
and Charles was married 1892

Sir you can take this for grant to
yours truly be true
J. ob. Butler

JMH/LM.

June 26, 1920

Job Butler,
Greeleytown,
C.B.

Dear Sir:

With reference to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for \$234.00, being payment due you, to date of your son's discharge.

I also enclose Marriage Certificates of your sons Ananias and Raben.

Yours truly,

Major
Paymaster.

Enc.3

DM39

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5539 Rank Pl Name Butler S
 Date of Enlistment 28-5-18 Address Asc Trap District St. Mary's
 Occupation Farmer Classification for Discharge F Medical Category H
 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 18-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Sam Butler

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R24909938 to his home at fox trap and Release Certificate No. 3743 issued.

Date 19-7-19

[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 4-8-19

Date 19-7-19

[Signature]
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1.	
E 178	W 3494	B 122	Board 1st	" 2.	2 Form B
R 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 19-7-19

[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 21 1919

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

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

Date Aug 1/19

[Signature]

Reg. No. *1039* Rank *Plt* Name *Bubler, L.*
Attested Address *2nd Trap. C. B.*
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge.*

1919
~~1919~~
~~1919~~
PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.