

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5815 Name Manuel Butt Corps Meeth

### Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. Manuel Butt.....
- 2. What is your full Address? ..... } 2. Perrys Cove.....
- 3. Are you a British Subject? ..... 3. yes.....
- 4. What is your age? ..... 4. 20 Years ..... Months .....
- 5. What is your Trade or Calling? ..... 5. Miner.....
- 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 .....
- 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. .... } Corps .....

I, Manuel Butt.....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.

Manuel Butt.....SIGNATURE OF RECRUIT.

Pte Donald Doudens.....Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Manuel Butt.....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 Johns

on this 18th day of July.....1918

Signature of Attesting Officer C. B. Dickson 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. July 18.....1918 }  
Place. St Johns..... } Approving Officer. W. H. H. H.

† 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

5815

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

Name Manuel Butt  
 Apparent age 20 years 0 months. Height 5 feet 1/4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 30 inches  
 Distinctive marks None the Ed Leung M 0120

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin the Ed Leung M  
Mr & Mrs Thomas Butt  
Perry's Cove 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)	<u>Ed Leung M</u>	(c)	(d)
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### Particulars as to Children

Christian Names	Date and Place of Birth
	<u>the Ed Leung M</u>

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service in Reserve not allowed to reckon towards G. C. Pay				Signature of Officers certifying correctness of entries
					Years	Months	Years	Days	
Service towards limited engagement reckons from <u>18-7-18</u> Joined at <u>St John's</u> on <u>July 18-1918</u>									
Discharged <u>August 4-1919</u>									
Embarked <u>St John's</u> train to Halifax N.S. <u>22-9-18</u> To Newfoundland for demobilization <u>24-6-19</u> Arrived Newfoundland <u>1-7-1919</u> Demobilization <u>St John's</u> <u>4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 [date of discharge] 1 years 18 days  
 " " Pensions " " " " " " " " " " " "

Reg. No. 5815 Rank *Pfc* Name *Butt manuell* 7

Attested *18-7-18* Address *Perry's Cove B.C.V.*

Allotment *60* Allottee *Thomas Butt (Father)*

Date of Allotment *1-9-18* Returned from Overseas

Embarked for Overseas **SEP 22 1918** Cause

<i>Vacc 9-8-18</i>	<i>Retd 9-8-18</i>	<i>1st Inc 2-9-18</i>	<i>2nd 9-9-18</i>
<i>S.C. 29-7-18 to 8-8-18</i>	<i>3rd " 14-9-18</i>		

CR 5815

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, dated October 20th 1919. Depot St. John's.

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

5815, Butt, M.

C.R. 5815

Extract from Daily Orders Part II Royal  
Newfoundland Regiment dated July 11th 1919.  
Depot St. John's.

The discharge of the undernoted on demob-  
ilisation has been APPROVED by O.C. Discharge  
Depot with effect from 21/7/19.

5815, Pte. M. Butt.

C.R. 5815

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

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

5815 Pte. N. Butt.

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

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

C.R. 5815

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

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-----  
The undermentioned having arrived from the 2nd Battalion  
Royal Newfoundland Regiment is attached to the strength from this  
date and posted to the following Company.

#5815 Pte. M. Butt.

"A" Company.

C.R. 5815

Extract from Nominal Roll of ~~Prisoners~~ for Overseas Detained  
At St. John's Sept. 22, 1918.

5815 Dte. Butt Manual.



C.R. 5815

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. St. John's, dated August 9, 1918.

5815, Pte. E. Butt.

Returned from leave and reported for Headquarters for  
Duty from 9-8-18.

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 19, 1918.

#5815 Pte. Manuel Butt.

Attested for Gen ral Service with the Royal Nfld. Regt.  
July 18, 1918.

M. Gutt

C.R.

5815

1190

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 Dragoon Guards*
2. Regtl. No. *5815* 3. Rank... *A/C*
4. Name *Butt* *Manuel*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *none*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity  
(if any)

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | .....               | .....             |
| (ii.) Previous active service.. .. .                               | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                          | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .             | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | .....               | .....             |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

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

*No Complaints 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 invalided at Foreign Stations.

*Repatination*

*W. E. Proctor* *Capt*  
*R. A. M. C.*  
 Medical Officer in charge of case.

Station ... *Wagley Barr* .. .. .

Date ... *9/4/19* .. .. .

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



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Manuel Butt, Regl. No. 5815

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 <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins September 21 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6742	father	Thomas Butt	Curry Cove B.N.S.	- 60
Total Allotment, \$				60

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.) H. G. James  
 Officer Commanding

(Sig.) Manuel Butt  
 (Rank) Pte Emanuel Butt

St John's Company  
August 1915



Butt, M

5815

Joseph



August 4th 1919.

#5815, Pte. Manuel Butt,  
Perry's Cove. B.D.V.

Dear sir:

Enclosed please find Discharge Certificate  
# 3315.

Yours truly,

Capt. & Paymaster.

RS/.

# The Royal Newfoundland Regiment

Class for Demobilization:

*E.*  
*B.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *4.7.19*

Regimental No. *5815*

Name *Butt Manuel*

Rank *Pte*

Address *Perrys Cove Bay de Verde*

Present Medical Category *Aj*

Recommended for: — (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

*H. Paterson*  
Senior Medical Officer

*G. W. Burdett*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5815 Rank Plt Name Butt, Manuel  
 Date of Enlistment 18-7-18 Address Perryglow District B.D.D.  
 Occupation Miner Classification for Discharge E1 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 4-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*M Butt*

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 \_\_\_\_\_

*Manuel Butt*

Date 7-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2208 to his home at Perry's Cove and Release Certificate No. 3213 issued.

Date 7-7-19

*J.A. Snowball*  
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 7-7-19

*J.A. Snowball*  
Depot Paymaster.

Discharged 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
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
B179c	B 120	M 93		

*2 Form B*

Date 7-7-19

*J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date JUL 21 1919

*J.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.

*M. Bull*

Signature of Man.

*J. A. Snowcraft*

Signature of the Vocational Officer or his Representative.

Reg. No. *5815*

Place

*St. Johns*

Date

*7-7-19.*

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

# MEDICAL HISTORY

OF

Surname Butt

Christian Name Manuel

Table I.—GENERAL TABLE

Birthplace :—Parish Perry's Cove County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined .....	18	July		191
at .....	<u>St John's</u>		at	
Declared Age .....	20	years		days
Trade or Occupation .....	<u>Trades</u>			
Height .....	5	feet		inches
Weight .....		<u>123</u> lbs.		ll s.
Chest Measurement {	Girth when fully expanded .....		35 inches	
	Range of Expansion .....		5 inches	
Physical Development .....				

Vaccination Marks {	Right		Left	
	Arm .....	Number .....	Arm .....	Number .....
When Vaccinated .....				

Vision .....	R.E.—V=	<u>6/9</u>	R.E.—V=	
	L.E.—V=	<u>6/9</u>	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) Lance & Watson  
 (Rank) Major Medical Officer

Enlisted .....

at	on	day of	191
<u>St John's</u>	<u>18</u>	<u>July</u>	<u>1918</u>

Corps	Regtl. No.
<u>Royal</u>	<u>5815</u>
<u>W.F. &amp; A.</u>	

Transferred to .....

Became non-effective by .....

on	day of	191

(Signature) .....

(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 *Manuel Butt.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5815*  
Intended address *Ferry's Cove, Bay de Verde.*

Height on discharge *5* Feet *1 1/2*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Short*

Christian name of Father *Thomas.*

Christian name of Mother *Siana*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Ferry's Cove, 4 August 1898*

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) *Manuel Butt*

*1st*  
(Rank)

Station *St John's*

Date *6-7-19*

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

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

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

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade } *Miner*  
 or Occupation }  
 2. Regtl. No. *5815* 3. Rank..... 7a. If the soldier claims previous service in  
 Army, he should state—  
 4. Name *Butt*..... *Manuel*..... (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday... *21*.....  
 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. *nil*  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | .....               | .....             |
| (ii.) Previous active service.. .. .                       | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                  | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .     | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. } | .....               | .....             |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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.)*

*The Complaint 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 Rame*  
 Medical Officer in charge of case.

Station *Hazley Down*  
 Date *9/4/19*

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

August 11th 1919.

Mr. Manuel Butt,  
Perry's Cove, B.D.V.

Dear Sir:

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

Yours truly,

Capt. &  
Paymaster.

RS/.

DEPARTMENT OF MILITARY.

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 20th. 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..... *Monuel* ..... 2. Surname..... *Batt* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *58151* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Perroy's Cove Boz de Verde* .....
6. Date of enlistment in the Regiment... *July 16/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*No* .....
8. Relationship of such dependents... *No* .....
9. Address in full of such dependents... *No* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....
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.....  
*Twelve months* .....
- ..... 1. <sup>2</sup> .....

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?

*No*

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

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

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

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

19. Are you now serving in the Rest.?

*No*

If not give:- (a) Date of discharge.

*July 21/19*

(b) Reason for discharge.

*Demobilization*

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

*England*

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

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

Signature of Applicant: *M. Butte*  
 Place of Residence: *Parry's Cove, Bay de Verap*  
*St Johns*  
 Declared before me at:  
 This *7* day of *July* 19*19*....

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

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





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5815 Rank Prv Name Butt, Manuel  
 Date of Enlistment 18-7-18 Address Penyolce District BR  
 Occupation Mined Classification for Discharge E Medical Category A1  
 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 4-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Manuel Butt

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable A 65.00
- (b) Clothing Supplied \_\_\_\_\_

[Signature]

Date 7-7-19 O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

R2208

The above named has been provided with Travelling Warrant No. 3 to his home at Perisys 6-2-19 and Release Certificate No. 11-5-19 issued.

Date 7-7-19 *J. A. Howlapt*  
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 11-5-19

Date 7-7-19 *J. A. Howlapt*  
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
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
B179c	B 120	M 93		

*2 Form B*

Date 7-7-19 *J. A. Howlapt*  
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 JUL 21 1919 *N.R. Cooper Capt*  
O. C. Discharge Depot.

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

Date July 28 1919 *[Signature]*

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5815 Rank PL Name Butt Manuel  
 Intended place of residence Purys Cove  
 2. Occupation Miner  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

**DEMOBILIZATION**  
**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 7 1919

*[Signature]*  
Commanding Discharge Depot  
The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 7 - 1919

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

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 7 - 1919

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

### STATEMENT OF SERVICE

7. Enlisted for service...	<u>18-7-18</u>	No. of days on Military
Discharged from service...	<u>21-7-19</u> Plus 14 days	Service.. <u>383</u>

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

*[Signature]*  
for *[Signature]*  
Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 4 1919

*[Signature]*  
Officer in Charge  
The Royal Newfoundland Regiment

*ed B 2079 / 3315*