



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5094 Name Samuel Butt Corps Fifth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------------|
| 1. What is your name? | 1. <u>Samuel Butt</u> |
| 2. What is your full Address? | 2. <u>Blackhead Bay, N. Verkh</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Yachtsman</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 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.

Samuel Butt SIGNATURE OF RECRUIT.
J. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Blackhead on this 17 day of May 1918
Asdricks Lieut Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 5th.
 If enlisted by special authority, such will be attached to the original attestation.
 Date May 17 1918
 Place Blackhead } 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).....

⑤
C.R. 5094

extract from daily orders part II Royal New Zealand Regiment.
 Depot at John's dated Aug. 18th 1919.

The discharge of the undernoted on demobilisation has
been CONFIRMED by officer i/c Records from noted date
3-8-19.

5094, Pte. S. Butt.

C.R. 5094

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

The discharge of the undernoted on debilitation has been
removed by C. J. Discharge Dept on noted date.

#5094 Pte. S. Butt.

20-7-19.

C.R. 5094

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

5094 Pte. S. Butt.

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

C.R.

5094

Extract from Daily Ord re part 11, from Unit The Royal
Rifles, Regt. St. John's, dated July 25, 1918

The following men embarked for overseas on H.M.S.
"Columbelle" July 22, 1918.

#5094 Pte. Samuel Butt.

C.R. 5094

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 18th, 1918

#5094 Pte. S. Butt.

Attested for General Service with the Royal Nfld. Regt.
from 17.5.18

S. B. Dutt

C.R. 5094

~~P. 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. (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 Artillery*..... 7. Former Trade or Occupation } *Leatherman*
2. Regtl. No. *1004* 3. Rank. *Pvt*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bull Samuel*..... (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *20*.....
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 (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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.
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 nil 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.

Refatuation

W. E. Procuier, Capt Ranc
 Medical Officer in charge of case.

Station *Hordykdown*

Date *1-14-19*

* 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

No. 4167/626

N.F.P./79.

From: NEW FOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.
Winchester.

14th. March 1919

5094 Pte Butt S.

With reference to the following telegram from the Minister of Militia / / (77)

"Pay to- 5094 Butt,
£5. 0. 0.

Cheque £ 5. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. D. Munroe Maj.
Chief Paymaster & O./i/c Records.

March 15th 1919

Receipt hereunder.

A. H. H. LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Winchester.

Received the sum of *Five Pounds*
_____ in respect of

telegraphic remittance from the Minister of Militia.

S. Butt
No. 5094 Rank *Private*
Witness *A. H. H.*

No. 18520/2046

NEW FOUNDLAND CONTINGENT

From:

To:

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

Officer Commanding,
2/Bn Royal Nfld. Regt.

~~B. E. H.~~
Winchester, ~~Hants.~~



Handwritten notes: 2, 18520/2046, and a large signature/initials.

16th November 1918

November 21 1918

Subject: 5094, Pte. S. Butt B

With reference to the following telegram (9818) from the Hon. Minister of Militia, received

Receipt hereunder

E. Ham *E. J.* **LIEUT. COLONEL.**

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Batt n
Royal Newfoundland Regiment

Pay to 5094 Butt £2:1:0

Received the sum of two

Draft £ 2:1:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

pounds 11 on account of cable remittance from Newfoundland.

S Butt

No. 5094 Rank Pte

2930 Pte Collier

M. H. Hunt

Chief Paymaster & O. i/c Records.

NEWFOUNDLAND CONTINGENT

From:

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

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.



5th January, 1919

January 7 1919

Subject: 5094, Pte. S. Butt,

With reference to the following telegram (63) from the Hon. Minister of Militia, received

"Pay to 5094, Butt, £3.2.0.

Draft £ 3.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.D. Minnell Maj.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

M. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of Three Pounds two shillings on account of cable remittance from Newfoundland.

S Butt
No 5094 Rank Private

G.R. Kennedy

B



No. 2758/363.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

P.D. 067419
17/2/19

14th Feb 1919

February 19th 1919

5094. Pte Butt. S.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (31.)

R. Kavan ^{copy} LIEUT. COLONEL
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT

"Pay to- 5094. Butt.

£.2.2.0.

Received the sum of Two pounds
two Shillings in respect of
telegraphic remittance from the
Minister of Militia.

Cheque £2.2.0. is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

S Butt
No. 5094 Rank Private
Witness M. B. Coates

B. A. Min...
Chief Paymaster & O. i/c Records.

Butt, S

5094

Ray rept.

The Department of Militia:

The sum of *One dollar - 50¢*

ACCOUNT NO. <i>50</i>	TRANS
CHEQUE NO. <i>9336</i>	INITIALS <i>EW</i>
AMOUNT <i>1.50</i> Dollars is due	
REASON <i>discharge</i>	
INITIALS	
DATE	

Mr. *J. Milley Blackhead* for *Pratt*
Reg. No. *5094* Rank. *Pvt* Name *Pratt*

from *Broad Cove* to *Blackhead*

Current fare of 1.50

Vouchers attached

2-9-19

J. A. Snow
W. J. R.

Captain
Demobilization Officer

No.

8 931

TRAVELLING WARRANT

Date

18.7.75

The Royal Newfoundland Regiment

General.

Please issue 1st Class Passage and Meals for

No.

3094

Rank

TG

Name

Robert S. [unclear]

FROM

~~ST. JOHN'S~~

To

~~Broad Cove~~
Blackhead

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER ON STATEMENT AND MEAL CHECKS

from Broad Cove to Blackhead

[Signature]

SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer
Discharge Depot-Newfoundland

\$1.50 [unclear] Mr. F. [unclear]

October 8 , 1919

J. Milley,
Black Head, ~~B. D. V.~~
St. John's West.

Dear Sir:

I enclose cheque for
\$1.50, amount due you for driving Pte. Brett
from Broad Cove to Blackhead.

Yours truly,

Major
Paymaster.

August 4th 1919.

#5094, Pte. S. Butt.

Blackhead B.D.V.

Dear Sir:

Enclosed please find Discharge Certificate
3470.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5094 Rank Pte Name Butt, S.
 Intended place of residence Blackheads
 2. Occupation Drinker
 Classification of soldier E 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 JUL 18 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 18 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 18 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-5-18 No. of days on Military
 Discharged from service JUL 20 1919 Plus 14 days Service 445

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 20 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 3/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

Aug 13 2019 / 3470

15
30
31
3
29

The Royal Newfoundland Regiment

Class for Demobilization:—

F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

18-7-19

Regimental No.

5094

Name

Butt S.

Address

Black Head B. A. V.

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

L. Stinson
Senior Medical Officer

D. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5094 Rank Pte Name Butt S
 Date of Enlistment 16.5.18 Address Blackhead District B 87
 Occupation Fisherman Classification for Discharge 16 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date July 1919

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation S 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 [Signature]

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2459.9951 to his home at Blackhead and Release Certificate No. 3698 issued.

Date 18-7-19

Amble Lovelace
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-5-19

Date 18-7-19

M. J. [Signature]
Depot Paymaster.

Discharge approved for 20-7-19

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
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

Amble Lovelace
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919

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

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

Date

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.

S Butt

Signature of Man.

A M Blonstein

Signature of the Vocational Officer or his Representative.

Reg. No. 8094

Place **ST. JOHN'S**

Date **18-7-19**

191

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

MEDICAL HISTORY

Surname Brett OF Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish Blackhead, New County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	16 day of May 1918	St. John's	11 day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 8 inches		feet	inches
Weight	129 lbs.			lbs
Chest Measurement	Girth when fully expanded	35 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
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 Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St. John's		at	
	on 16 day of May 1918		on	day of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	The Royal Nfld Regt			
Transferred to				
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Samuel Butt

Regiment from which discharged **Royal Newfoundland**

Regimental number

5094

Intended address

Blackhead B.D.V.

Height on discharge

5. Feet 9.

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

medium

Figure on discharge

Christian name of Father

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

Blackhead, 20th July 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)

Samuel Butt

Rtc
(Rank)

Station **ST. JOHN'S.**

Date *17. 6. 18.*

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

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.

- Royal A.F.B.
1. Unit and Corps.....
2. Regt. No. *5894* 3. Rank.....
4. Name *Burt Samuel*.....
(Surname) (Christian Names)
5. Age last birthday *20*.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
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 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.
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.
- net*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| (i.) Service during the present war | (a) attributable to | (b) aggravated by |
| (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.)

No 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 invalided at Foreign Stations.

Repatriation

W. E. Proemics, Capt R.A.M.C.

Station *Hazeley Down*

Medical Officer in charge of case.

Date *1-4-19*

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

August 9th 1919.

Mr. S. Butt,
Blackhead. 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. W. W. Wainwright.

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..... *S* 2. Surname..... *Butt*
3. Rank..... *Pte* 4. Regtl. No..... *5094*
5. Address in full to which future payments of gratuity are to be forwarded..... *Blackhead B.N.V. 500*
6. Date of enlistment in the Regiment..... *May 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..... */*
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 Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months*
..... 1. $\frac{1}{2}$

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

.....
.....
.....

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

.....
.....

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

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

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

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

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

19. Are you now serving in the Regt.? ^{no} If not give - (a) date of discharge. *July 3/19* (b) Reason for discharge.

.....
.....

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.

.....
.....
.....

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.

Demoh
England



Signature of Applicant: - *S Butt*
 Place of Residence: *Blegghess. B.A.V. Dist*
 Declared before me at: *Or John's*
 This *18* day of *July* 19*19*.....

Signature of Barrister of the *John M. Clarity*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *DR*

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

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pvt S Butt

Billeting Soldiers as undermentioned

from

July 1/19 to July 16/19

5094 Pvt S Butt 16. 60

ACCOUNT	<u>3336</u>
CH. NO.	<u>3336</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

S Butt

Certified correct for \$ 16.60

M. Blonski

Billeting Officer.

lets

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
99

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company C. D. Hicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>5094</u>	Age on	<u>19</u> years / months	<u>Fisherman</u>			
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>17.5.18</u>	Religion			
Joined	Date			<u>Meth.</u>			
Joined	Date	Period of	} with Colours <u>18</u> years. } with Reserve <u>3 1/2</u> years.	Place of Birth			
Joined	Date			<u>Black Head B. D. I.</u>			

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
				<u>Demobilized St. John's</u>	<u>3</u>	<u>8</u> <u>19</u>			

To be carried over

Army Form B. 121.

15094

Demobilization

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5094 Rank Pte Name Burt S
 Date of Enlistment 16.5.18 Address Blackhead District B.S.T.
 Occupation Fisherman Classification for Discharge Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date: July 17/19 O. C. Discharge Depot. Mrs. H.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date:

a. Clothing.

L. R. COOPER CAPT.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. #60.00

(b) Clothing Supplied Amelbawts

Date: 18-7-19 O i/c. Re-clothing:

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B249.9.9.31 to his home
at Blackhead and Release Certificate No. 3698 issued.

Date 18-7-19 *Amble*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to 3-5-19

Date 18-7-19
Depot Paymaster

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	X.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 178a	P 400A	P 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		

2 Form B

Date 18-7-19 *Amble*
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 **L. R. COOPER, CAPT.**
O. C. Discharge Depot.

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

Date Aug 1/19

Reg. No. *1094* Rank *Alie* Name *Subt. 1.*
Attested Address *Blackhead. S.S.V.*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassandra* Cause *Discharge*

187 19
203 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.