



FIRST NEWFOUNDLAND REGIMENT West

ATTESTATION OF

No. 3033

Name Samuel Butt Corps

Questions to be put to the Recruit before Enlistment

1. What is your name? Samuel Butt
2. What is your full Address? St. George's Bay St. George's
3. Are you a British Subject? Yes
4. What is your age? 34 Years Months
5. What is your Trade or Calling? Engineer
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? 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? Yes

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.

Aug 18/16

Samuel Butt SIGNATURE OF RECRUIT.

ac de laune 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 on this day of 191

Charles Aye Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date.....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: vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix.
Care should be exercised that each finding be entered after the number below which corresponds to the number
of that test.

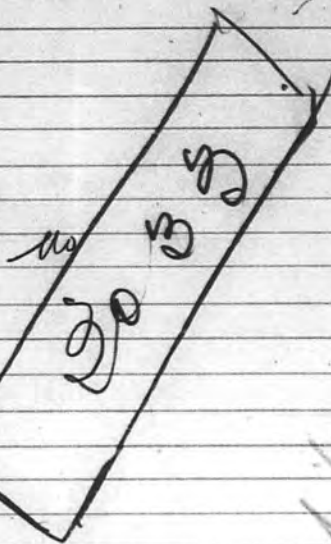
Examination of *Samuel. ~~W.~~ Bath.*

aged *34.* conducted at *C.P.B.*

Date: *Aug 7/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no.*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*



to report Aug 30/16

18 *Both*

- 19 *n*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *big toe swelled as if broken (right foot). too been dislocated*
- 27 *but o.k. now. 200. B.*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

33 *yes 4 years ago left some scar.*

34 *5-2"*

35 *122.*

36 *33. 37 1/2*

37 *500 or open*

38 *mother Mrs Susan Bath St Georges*

39 *brother*

Signature of Medical Examiner: *T.W. Burden*

S. Bull.

3033

P.R.O.

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 West Kent*
2. Regtl. No. *3033* 3. Rank. *Pte*
4. Name *Burt* *Samuel*
(Surname) (Christian Names)
5. Age last birthday. *36 yrs.*
6. Posted for duty on. *15 Aug. 1916* at. *St. Johns*
in category (or grade)
7. Former Trade or Occupation } *Engineer*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos. *na.*
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) Where
(c) Opinion of Court
(d) Date of Discharge ;
(e) Cause of Discharge.
(f) 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."

As multiple: left back & R. Arm.

11. Date of origin of disability. *10-7-17*
12. Place of origin of disability. *Ypres - Belgium*
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. *He states that he was wounded by a shell bursting just on his head: fragments of shell entering his back (left side and left shoulder: admitted 3rd Lt. Service on 23-7-17 and was there for 107 days*

Boarded Jan 1918 B7 HAZELEY DOWN CAMP

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | Yes | ..... |
| (ii.) Previous active service | No | ..... |
| (iii.) Climate in pre-war service | No | ..... |
| (iv.) Ordinary military service before the war | No | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | No | ..... |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *No*

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.)

See six inches long from 7" above crest given in post. on iliofemoral column at level of 7th L.V.
See 2 1/2" long over 10th rib, not attached to bone.
See 3" long over 11. Shoulder posteriorly, not attached to bone.

16. Was an operation performed? If so, when and what was its nature?

Yes. Drainage

17. If not, was an operation advised and declined?

No.

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?

No.

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?

? Purulent Bronchitis

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.

Retatiation

DK 1

Capt

MO ROYAL NEWFOUNDLAND REG

Station *HAZELEY DOWN CAMP*

Medical Officer in charge of case.

Date *30 NOV 1918*

* 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

OFFICE COPY

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3033 Rank Pte. Name Butt. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

PERIOD:	PARTICULARS	\$					CR.					
		£	s	d	£	s	d	£	s	d		
From 23/11/18 To 20/12/18.	Balance Dr. from						Balance Cr. from					
	Allotment 19 days @ 60¢	111	40	12	6	11	Pay 19 days @ \$ 1.00	119	00			
	Cash Payments:						Field Allce 19 days @ \$ 1.00	11	90			
	1st Pay.				12	6	Other Allces days @ \$	120	90	4	5	11
	2nd "			1	4	7	Other Credits:					
	Other Debits:						Copy sent to Mr. N. 21303/210					
	B. Damages					6	P.A. 24.12.18					
	Mis Stopp.				1	5	Total Credits			14	5	11
	Total Debits			14	5	11	Balance due to Paymaster			14	5	11
	Balance due by Paymaster			14	5	11						

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

36 HAZELEY DOWN CAMP (Place) 191 (Date) _____ O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary, Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre, <i>Hazleydown Wanchester</i>	A.F. W. 3961b has been sent to The Officer i/c Records, <i>67 Victoria St London</i>	A.F. W. 3961c has been sent to The Regimental Paymaster, <i>58 Victoria St London</i>
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Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
(b) Discharge as surplus to military requirements
(c) Discharge as*
(d) Transfer to the Reserve
(e)† Claims repatriation to *St Johns*

Strike out whichever inapplicable.
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (Country) (Place)
(i) Where enlisted *St Johns*
(ii) Date of arrival in United Kingdom
(iii) Port of arrival
(iv) Ship on which arrived
(v) Name of Shipping Line or Agent
(vi) Names and addresses of two references who can verify the above particulars

No. *3033* Rank *Pte*

Name *Burt Samuel*
(Surname) (Christian names in full)

Unit and Corps *Royal Artillery*

Authority *B 179. A B C.*

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *Hazleydown*

Date *14 2 18* 191 O.C.

* Insert cause other than under (a) or (b) above.

NOTE 1.—† If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961b to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961C has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961C is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961C has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to O.C. Discharge Centre, <i>Hazleydown</i> <i>Winchester</i>	The Officer i/c Records, <i>57 Victoria St</i> <i>London</i>	A.F. W. 3961C has been sent to - The Regimental Paymaster, <i>57 Victoria St</i> <i>London</i>
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Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as* _____
- (d) Transfer to the Reserve _____
- (e) † Claims repatriation to _____
(Country) _____ (Place) _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted *St Johns*
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____
- (vi) Names and addresses of two references who can verify the above particulars _____

No. *9033* Rank *P/6*
 Name *Burt Samuel*
 (Surname) (Christian names in full)
 Unit and Corps *Regiment of F & L*
 Authority *B 179 d B C.*

Station *Hazleydown*
 Date *11-11-18* 191____ O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE.—† If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

11 7544

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowances and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre,	A.F. W. 3961B has been sent to The Officer i/c Records,	The Regimental Paymaster,
<i>[Handwritten signature]</i>	<i>[Handwritten signature]</i>	<i>[Handwritten signature]</i>

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

(e) Claims repatriation to _____ (Country) _____ (Place)

(i) Where enlisted _____

(ii) Date of arrival in United Kingdom _____

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

_____ (1)
_____ (2)

No. _____ Rank _____

Name _____ (Surname) _____ (Christian names in full)

Unit and Corps _____

Authority _____

Army Form O. 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records, Station _____

Date _____ 191____ O.C. _____

*Insert cause other than under (a) or (b) above.

NOTE.—In cases where a soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

R.T.O.

Paymaster's Office
1st Newfoundland Regiment
53, Victoria St.



I. O. V.

Please pay Captain J. E. J. Fox
two pounds (£2-0-0) and
debit same to my account.

Apr.

Samuel Butt.

17-6-17.

No. 3033

of Newfoundland Regt.
Apr.

O.K.
£2-0-0
WJA

3rd London General
Hospital
Hard B. 9.
Handsworth
London

Pay & Record Office
Sirs

July 25th/17

I arrived here the 22nd inst
"wounded" from Belgium

If you have any letters or parcel
to hand for me kindly send them
to the following address

Pte. A. Butts, 3033

3rd London General Hospital
Hard B. 9.
Handsworth
Lon.

1ST WINDMILL REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	4002
Recd.	JUL 26 1917
A.C.D.	27/7/17
Adm'd.	
File No.	7555/1

[Signature]

26/7/17

No. 3033 Rank Pt2 Name Butt S.

Pay	F.A.	Wkg	Total
100	10		110
Less: Allotment			60
Net Rate			50

I.R.E. 33.

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d	£	s	d	
						From	To									
Depd of 4078 pay 4 ⁹⁰	21/6/17	18	1		Balance		8/6/17						6	6		✓
Balance					Pay @ net Rate	9/6/17	1/11/17	146	5.0	73	00	15	0	0		✓
Acquittance Rolls		11	0		Ration allowance											
Hospital Advances		3	5	6	10 days @ 2/-	1/11/17	10/11/17	10	2			1	0	0		✓
A.B. 34			6	0												
11/11/17 P. & R.O. Payments		3	0	0												
8-0-1 4318 cash	1/11/17	8	0	0	<u>£ (8-5-11)</u>											

16-6-6

Pma.

9246

Dept. of the Int.

Secretary
H. D. C. A.

3033 Ph. S. Butt
1st Newfoundland Regt

With reference to the order
letter from Ph Butt. of 7/17 (5029)
It is thought that the offer
to purchase ~~of~~ ^{of} the same
may have been made by
you person.

J. H. Mendenhall

C.R. 3033

Extract of DAILY ORDERS, PART 11, Depot St. John's, dated
14/2/19.

The discharge of the undernoted on demobilization has been
CONFIRMED BY Officer i/o Records on noted date.
10/2/19.

#3033 Pte. Saml. Butt.

C.R. 3033

Extract from Daily Orders Part II Unit The Royal 22nd
Light Inf. Coy., on 30th, 1919.

The discharge of the interned man has been approved
on mobilization by A.G. Discharge Dept on 27th date.

3033 Pte. S. Butt.

27-1-19.

C.R. 3033

Extract from Medical Board held Jan. 22nd, 1919.

3033 Pte. Butt S.

Recommended Discharge as permanentit Unfit.

C.R. 3033

Dec. 30th 18.

From: Military Secretary.

To: O.C. Depot.

Extension of leave, 3033 Pte. S. Butt.

The Hon. M.P. Gibbs, F.C. requests that the leave granted to the above mentioned man be extended to January 16th, as he has a law case pending which requires his personal attendance, please.

G.C.B.

Captain,
Military Secretary.

ENCLOSURES

C.R. 3033

extract from Daily Orders part 11, Depot St. John's dated Dec. 28rd. 1916.

The undersigned returned from overseas and reported at Depot 21-12-16

#3033 Pte. S. Butt.

1151

October 17th, 1917

Secretary Nfld. Patriotic Association,
C I T Y.

Sir:

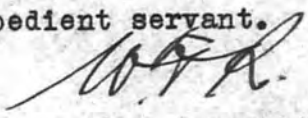
I acknowledge receipt of your letter of 13th inst; regarding Samuel Butt, and I am instructed to ~~state~~ that this dept has no vanancy at prrsent which could be filled by Mr. Butt.

With reference to the allotment previously paid to Mrs. Butt, this allotment ceases automatically on the death of the allottee. It rests with Pte. Butt to make an allotment to his father if he desires.

I have the honour to be,

Sir,

Your obedient servant.


Detp of Militia.

NEWFOUNDLAND PATRIOTIC FUND

PRESIDENT: HIS EXCELLENCY SIR W. E. DAVIDSON,
K.C.M.G., GOVERNOR OF NEWFOUNDLAND

CHAIRMAN, HON. SIR. E. R. BOWRING, Kt., M. L. C.
VICE-CHAIRMAN, HON. M. P. CASHIN
(MINISTER OF FINANCE)

HON. TREASURER, J. S. MUNN, Esq.,
(PRESIDENT BOARD OF TRADE)
HON. SECRETARY, HON. P. T. McGRATH, LL.D.,
(PRESIDENT LEGISLATIVE COUNCIL)

St. John's, Newfoundland,

October 13th. 1917. 191

1134

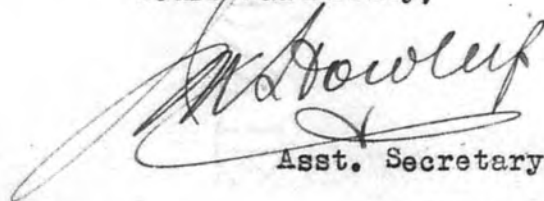
Hon. J. R. Bennett,
Minister of Militia.

Sir,-

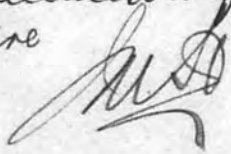
I have the honor by direction of the Trustees of the Patriotic Fund to forward you the enclosed file, regarding Samuel Butt, Will's Range, Head of Pleasant Street.

In A recent statement taken from Mr. Butt a request is made for some position to help him along. Do you know of anything that could be given him.

Yours faithfully,


Asst. Secretary.

P.S. Will you please instruct me if allotment, payable to the deceased wife of the applicant, is to be paid to him in future



NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated 26th July, 1917.
 To Mrs. Susan Butt,
 St. Georges.

Record Office London today reports No. 3033, Private Samuel Butt, admitted Wandsworth Gunshot Wounds Right Shoulder and Back.

R. A. SQUIRES,
 Acting Colonial Secretary.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, though worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

July 21, 1917.

To

Mrs. Susan Butt,

St. Georges.

Regret to inform you that Record Office,
London, officially reports No. 3033, Private
Samuel Butt, wounded July tenth, no particulars
yet received.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

~~J. R. BENNETT~~, R.A. SQUIRES

Acting Colonial Secretary.

FOR TYPEWRITER

C.R. 3033

Extract of Serial Roll of Draft No. 25: embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment, Newton-on-Ayr, to 1/1st Newfoundland
Regiment B.C.F.

3033 Pte. Butt, S.

MP.

C.R. 3033

Extract of nominal Roll of Officers and men embarked
St. John's 31-7-17 Sailed Halifax 16-4-17. S. S. AUSONIA.

#3033 PTE. S. BUTT.

C.R. 3033

Samuel Butt was attested for General service
with the NEWFOUNDLAND REGIMENT on ..August.18th.1916
Regimental No 3033 was allotted to Pte. Saml. Butt

AUTHORITY:

Record Ledger,

Depts of Militia,

March 25th, 1919.

Batt Samuel,

3033

Pay Dept

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3033 Rank Pvt Name Samuel Butt

Intended place of residence St Johns

2. Occupation Engineer

Classification of soldier B Medical Category C

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

ELIGIBLE for POST DISCHARGE PAY

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

Place JAN 25 1919

Date

W. C. Cap
Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date St Johns

25-1-19

Samuel Butt
Signature of soldier
W. C. Cap
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date Jan 25th 1919

St Johns

Samuel Butt
Signature of soldier
W. C. Cap
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7. 8. 16 No of days on Military

Discharged from service 25. 1. 19 28 days Service 218 days

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.

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

Date JAN 27 1919

CONFIRMATION OF DISCHARGE

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

Place St Johns, Nfld

Date February 10/1919

R. Howley Capt
Officer in Charge
The Royal Newfoundland Regiment

14
30
31
30
31
31
10
17

Q B 207 9/907

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3033 Rank Private Name Samuel Butt.
 Date of Enlistment 7-8-16 Address St Georges District St Georges
 Occupation Business Classification for Discharge B Medical Category F
 Recommendation S.M.B. Permanently unfit Disability Rating 20%
 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	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		<u>3463 A.</u>	" 6	1
B 179c	/	B 120		M 93				

Date 25-1-19 O. C. Discharge Depot W. W. Cap

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Samuel 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 £40.00

(b) Clothing ~~Supplied~~ £10.00

Date 25-1-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *not issued* to his home
 at *St. Mary's* and Release Certificate No. *9440* issued.

Date *25-1-19*
J.H.S. 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 *10-7-19*

Date *25-1-19*
Shelley Capt.
 Depot Paymaster.

Discharge approved for *27-1-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P35t	B 268	B 121	N.F. Med.	D.F. 1	<i>Drum</i>
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	<i>246312</i>	" 6	
B 179c	B 120	M 93			

Date *28 1 19*
C.S. Duke Capt.
 Demobilization Officer.

APPROVED.

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

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 27 1919

Date
R.H. Lait Capt.
 O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname Butt

Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County 13 JUN 1917

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 7 day of Aug 1916	at St John's Rfld	on	day of 191
Declared Age	34 years	days	years	days
Trade or Occupation	Engineer			
Height	5 feet 2 inches		feet	inches
Weight	12 1/2 lbs.			lbs.
Chest Measurement	Grith when fully expanded	37 1/2 inches		inches
	Range of Expansion	4 1/2 inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number	1 scar		
When Vaccinated	4 years ago			
Vision	R.E.—V=	1/6	R.E.—V=	
	L.E.—V=	1/6	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 Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St John's Rfld	at		
	on 18 day of Aug 1916	on	day of	191
Joined on Enlistment	Regt. No. 3033	Corps.	Corps.	Regtl. No.
Transferred to	Newfoundland			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Table II.—Only for admission to hospital or to the sick

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of test
	Day	Month	Year	Day	Month	Year			
London Genl Hosp Bandsworth	23	7	17	1	11	17	(Chiswell) G. S. W L back severe R shoulder severe	101	

P

list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Wounded in Belgium 10.7.17.
Septic. Cantal dekin tubes splenic
Some Bronchitis & debilitif.

G C Hall
Capt. M.D.

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

Date	Brief Details, and Signature
23-11-16.	Vaccination <i>LD</i>
21-8-16	} <i>LD</i>
15-11-16.	} <i>TAB LD</i>
20-11-16.	} <i>3 LD</i>
28 JUN 1918	Boarded at Hazelton Camp Worked <i>at</i> ^(over) <i>at</i> with <i>Porques</i> Major Name
30 NOV 1918	HAZELTON CAMP. Recommended <i>LD</i> <i>Capt Name.</i> Rehabilitation <i>LD</i> <i>Capt Name.</i>
<p style="text-align: center;">ROYAL NEWFOUNDLAND REG</p> <p style="text-align: center;">It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <i>B</i> for discharge on demobilisation. Medical category <i>E</i>.</p> <p style="text-align: center;">23.1.19 <i>Abbley</i> Captain Date of S.M.B. Assistant Adjutant Discharge Report- Newfoundland</p>	

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>SS Hanzel</i>	<i>Jan 31</i>	<i>Feb 3/17</i>			
<i>W. Massey</i>	<i>Feb 3/17</i>	<i>16.4.17</i>			
<i>D. J. Ansonia</i>	<i>16.4.17</i>				

Civil Re-establishment Committee



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

To work as booper.

Samuel Butt

Signature of Man.

Asst. Dir. Capt.

Reg. No. *2033*

Signature of the Vocational Officer or his Representative.

Place

St. John's

Date

25/1/19.

191

February 10th., 1919

#3053 Pte. Samuel Butt,
St. George's.

Dear Sir:-

Please find enclosed "D's charge
Certificate No. 907."

Yours truly

Paymaster & O. i/ c Records
Captain.

En '1 l.

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 A. fld. Rgt.*
2. Regtl. No. *3033*
3. Rank. *Pte*
4. Name *BUTT* *Samuel*
(Surname) (Christian Names)
5. Age last birthday. *36 yrs.*
6. Posted for duty on. *18th April 1916* at *St Johns*
in category (or grade).....
7. Former Trade or Occupation } *Engineer*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; *2nd*
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) Where
(c) Opinion of Court
(b) Date of Discharge ;
(c) Cause of Discharge.
(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"

g.s.w. Multiple; L. back + R. shoulder

11. Date of origin of disability. *10. 7. 17*
12. Place of origin of disability. *Pres. patient - Belgium*
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. *He states that he was wounded by a shell bursting just over his head. Fragments of shell entering his back - L. side + R. shoulder; admitted 3rd London on 23rd July 1917 + was there for 10.5 days. Wounded Jan 15 18 Bt HAZELEY DOWN CAMP.*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | yes | ..... |
| (ii.) Previous active service.. | no | ..... |
| (iii.) Climate in pre-war service .. | no | ..... |
| (iv.) Ordinary military service before the war .. | no | ..... |
| (v.) Serious negligence or misconduct on the man's part. | no | ..... |

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

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? Scar six inches long extending from two inches above crest of vertebrae column at level of second L.V. Scar 2 1/2 in. long over tenth rib, not attached to bone. Scar 3 in. long over R. shoulder posteriorly, not attached to bone.

16. Was an operation performed? If so, when and what was its nature?

yes.

17. If not, was an operation advised and declined?

n.a.

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?

n.a.

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?

? Perulant Bronchitis

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.

Repetition
M. J. C. A. P.
no. ROYAL NEWFOUNDLAND

Station ... HAZELEY DOWN CAMP ...

Medical Officer in charge of case.

Date ... 30 NOV 1918

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. *G.S.W. back*

(b) The present condition thereof.

*Two long scars over back - soundly healed,
left scar tender, painful on stooping.*

22. State whether the disabilities are:—

- (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 part of the soldier

(a) Attributable to

(b) Aggravated by

Yes

No

Give details:

22 (a). If not due to any of these causes; to what specific condition do the Board attribute it?

G.S.W.

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :-100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

70%

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

yes

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require :-

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

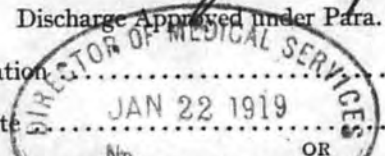
Signatures :-

Station *S. John*

Date *Jan 19*

[Signature] { President or Chairman.
[Signature] } Members.

Station
 Date
 Discharge Approved under Para. 392 (xvi) King's Regulations.



[Signature] } Only applicable in cases of Patients in Hospitals.
 Officer in charge, Central Hospital.

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.
 (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date
 O.C. Discharge Centre.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 3003

Rank Pvt

Name Burt Samuel
(Surname) (Christian Names)

Unit and Corps Regal Artillery

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Belgium

(b) In what capacity?

Infantry

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

*G.S.W. Back and
 Shoulders left side
 which have made
 physically unfit for
 any hard work.*

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

3rd London Gen. 101 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2 or anything like it, before joining the Army? If so, give details and dates.

no

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

no

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Engineer

(b) What was your trade before joining the Army?

Do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Haydock town

Signed (Soldier) Samuel Butt

Date 14-11-18

Signed R. Phloods

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.E. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name Burt Samuel Regtl. No. 8033 Rank Pte Unit and Corps Royal Artillery
(Surname) (Christian Names)

1. State the nature of the disability or disabilities from which this man is suffering.. . . .

*ly SW Back. Side
Shoulder*

2. What is the present condition of such disability or disabilities?

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a :—

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

- (a) Sanatorium or other institution for tuberculosis
- (b) Hospital; and if so, what class?
- (c) Convalescent Home
- (d) Asylum, or
- (e) Other institution
- (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

4. With reference to Army Council Instructions, is any surgical appliance recommended?

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Signature President,

Station }
 Date } Members.

Approved.
 Station Hazebury Down
 Date 14/11/18

Officer in charge, Central Hospital.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART Soldier's Name Bull Samuel
(Surname) (Christian names in full)

A. Unit from which discharged Royal N.F.S.L.

Regimental Number 3033 Rank on discharge Pls Age on discharge 36

Married, widower with children, or single single

Occupation before enlistment Engineer

Special qualifications (if any) for employment in civil life }
 Nature and locality of employment desired

Full postal address to which proceeding on discharge } St Georges

Name of Approved Society (if any)

PART **B.** Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
<u>Royal N.F.S.L.</u>	<u>2</u>	<u>90</u>	<u>India</u> <u>South Africa</u>	<u>1</u>	<u>90</u>
Disallowed			<u>France Belgium</u> <u>England</u>		
Service towards pension					

PART **C.** Number of G.C. badges medals

Wounds and actions in which received

PART **D.** Where born (parish, town and county), and date

Colour of hair on discharge Colour of eyes Complexion

Christian name of father

Christian name of mother

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full _____

Date and place of marriage _____

Christian names
of children and
dates of birth _____

Date and place of 1st enlistment _____

Figure on discharge _____

Descriptive and other distinguishing marks _____

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) _____

Station _____

Rank _____

Date _____

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank) _____

O.C. unit or Officer i/c Hospital: _____

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out
whichever
inapplicable.

Military character _____

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station _____

Date _____

191

* Insert P., or P.(T).

ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19. 26/5/17.

Regtl No. 3033, Rank Pte. Name Butt. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority Cause

DR. STATEMENT OF ACCOUNT OR.

PARTICULARS	£					s					d														
	£	s	d	£	s	d	£	s	d	£	s	d													
Balance Dr. from													Balance Cr. from												
Allotment 19 days @ 60¢	11	40	12	6	11								Pay 19 days @ \$ 1.00	11	90										
Cash Payments:													Field Allow 19 days @ \$ 10/100	1	1	90									
1st Pay.									12	6			Other Allowes days @ \$				1	4	5	11					
2nd "									1	4	7		Other Credits:												
Other Debits:																									
B. Damages											6														
Miss Stopp.									1	5															
Total Debits				14	5	11	Total Credits						14	5	11										
Balance due by Paymaster				14	5	11	Balance due to Paymaster							14	5	11									

PERIOD: From 23/11/18 To 25/12/18

CHECKED BY: [Signature] 18/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of [Signature]

HAZELEY DOWN CAMP. (Place) Dec. 11th 1918. (Date)

[Signature] O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, Dec. 19th. 1918

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No 3033 Rank Pte. Name Butt. S. Unit ROYAL NEWFOUNDLAND REGT. who was repaired
to Newfoundland on 11/12/18. Authority _____ Cause _____

DR.		STATEMENT OF ACCOUNT						CR.					
PARTICULARS		\$	¢	£	s	d	PARTICULARS		\$	¢	£	s	d
PERIOD: From 23/11/18 To 20/12/18	Balance Dr. from						Balance Cr. from						
	Allotment 19 days @ 60¢	11	40	2	6	11	Pay 19 days @ \$ 1.00	19	00				
	Cash Payments:						Field Allow 19 days @ \$ 1.10	1	90				
	1st Post.				12	6	Other Allowances days @ \$				4	5	11
	2nd "			1	4	7	Other Credits:						
	Other Debits:						Total Credits				4	5	11
	B. Damages					6	Balance due to Paymaster						
	Misc Stopp.				1	5							
	Total Debits			4	5	11							
	Balance due by Paymaster												

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

F. Co.

HAZELEY DOWN CAMP.

191

(Place)

(Date)

J. H. [Signature]
O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office _____ to _____ and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Casualty Form - Active Service.

Regiment of Corps *1st Newfoundland*
 Rank *Pvt.* Surname *Bull* Christian Name *Samuel*
 Religion *Methodist* Age on Enlistment *34* years *—* months
 Enlisted (a) *18-8-16* Terms of Service (*Duration of War*) Service reckons from (a) *18-8-16*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation *Carpenter* *T. E. Fox* Signature of Officer *Captain*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked <i>Shampton</i>	<i>11.6.17</i>		
		Disembarked... <i>Lower</i>	<i>12.6.17</i>		
		Joined Battalion	<i>2 JUL 1917</i>		<i>B 213</i>
<i>10.7.17</i>	<i>OC Unit</i>	Wounded in Action <i>In the field</i>	<i>10 JUL 1917</i>		<i>B 213</i>
<i>14.7.17</i>	<i>12 h. h. l.</i>	<i>Ad. S.W. Head & Back</i>	<i>10.7.17</i>		<i>E.A. 7507</i>
<i>24.7.17</i>	<i>4 S. Hosp.</i>	<i>Ad. S.W. S.W. & Back</i>	<i>16.7.17</i>		<i>H.A. 11809</i>
		<i>Invalided to England</i>	<i>23.7.17</i>		<i>W 3083</i>



Samuel Bull
 Major
 O. i/c No. 1 Reg. Infantry Section
 G. H. G. 3rd

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. (6228) W.13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 886) [P.T.O.]

**Report to the Local Committees of the War Pensions Committee
on Soldiers Discharged.**

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Bull Samuel
(Surname) (Christian names in full)

A. Unit from which discharged Royal N.F.L.B.

Regimental Number 3033 Bank on discharge Pte Age on discharge 36

Married, widower with children, or single single

Occupation before enlistment Engineer

Special qualifications (if any) for }
 employment in civil life }

Nature and locality of employment desired _____

Full postal address to which }
 proceeding on discharge } St Georges N.F.L.B.

Name of Approved Society (if any) _____

PART Nature of medical unfitness g. SW Back Shoulders left side

B. Service with Colours 2 years 90 days, of which 1 years
90 days were served abroad during the present war.

Military character good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 14-11-18 1918

Station Hazley Down

Date 14-11-18 Officer i/c Records _____

To be completed by the Officer
i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.
 NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

1918
36
1882

May 27, 1919

#3033 Pte. Samuel Butt,
St. George's.

Dear Sir:-

Referring to your application I enclose
cheque for Seventy dollars (\$70.00), being amount
of first payment due you on account of the "War
Service Gratuity."

Yours truly

Paymaster & Officer i/c Records
Captain,

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*.....

3. Rank... *Private*..... 4. Regtl. No... *3033*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *St. George's*.....

6. Date of enlistment in the Regiment... *18 August 1916*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Mrs Susan Butt*.....

8. Relationship of such dependents..... *Mother*.....

9. Address in full of such dependents..... *Mrs Susan Butt*

..... *St. George's Newfoundland*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Not Applicable*

11. Were you on active service only in Hfld, if so, give dates and particulars of such service..... *not applicable*.....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Two years and one hundred and twenty four days*

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

..... *One enlistment in*
..... *Regal. Regt. No. # 3.0.3.3*

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..... *none*

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

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

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*

..... *Am entitled to War Gratuity. Now have received none to date*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

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

19. Are you now serving in the Regt.? *No* ... If not give - (a) date of discharge *Feb. 10th / 1919*

(b) Reason for discharge. *Demobilization*

..... *and... Medically unfit for general*

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 *Yes*

covered France, front of June 1917. Two dist. on the Western front. Took over hours training in Aldershot before leaving July 1917

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, none. Not applicable*

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:

Samuel South

Place of Residence:

St. Georges

Declared before me at:

St. Georges, Md.

This

19th day of *May* 191*9*

D. P. Bethune md

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
-----------	-----------------	-------------------	-------------------------	-------------------

Not applicable

.....

.....

Certified Correct.

Paymaster.

BLANCKFORD & SONS

PRINTING AND BINDING

(Separation Allowance Branch.)

Form 100.

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, and returned to,

THE PAYMASTER
Separation Allowance Branch,
St. John's Nfld.

1. Name in full of Soldier. Rank Reg't. or Unit Reg't. No.
Samuel N Butt. Private 1st Mtd. I. Co. 3033.

2. Age of Soldier Married or Single.
35 Single

3. Name in full of Mother Age Occupation Permanent Address.
Susan Julia Butt 69. Housekeeper St. George's Nfld

4. Give name of your husband. Age Occupation Where employed.
Nathaniel Butt Dead

5. If your husband is not supporting you state the reason.
Dead

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue)
Dead

7. If you are a widow, state date and place of death of your husband.
14th May 1914. St. George's Nfld

8. Have you married again since death of above mentioned husband?
NO

9. Names of your other Children	Address in Full.	Age.	Occupation	Married or Single.	Family
<i>William Bruce</i>	<i>St. John's</i>	<i>49.</i>	<i>Housekeeper</i>	<i>Married.</i>	<i>12</i>
<i>Agnes Jane Butt</i>	<i>St. George's</i>	<i>42</i>	<i>Fisherman</i>	<i>"</i>	<i>8</i>
<i>William H Bennett</i>	<i>"</i>	<i>40</i>	<i>Housekeeper</i>	<i>"</i>	<i>5</i>
<i>Wallace A Butt</i>	<i>Amesbury Mass</i>	<i>38</i>	<i>Farmer</i>	<i>"</i>	<i>2</i>
<i>Edward William Butt</i>	<i>St. George's</i>	<i>37</i>	<i>Fisherman</i>	<i>"</i>	<i>5</i>
<i>Wm Roland Morris</i>	<i>53 Military Rd St. John's Nfld</i>	<i>32.</i>	<i>Housekeeper</i>	<i>Single</i>	<i>5</i>
<i>Stanley Butt</i>	<i>St. George's</i>	<i>29</i>	<i>Fisherman</i>	<i>"</i>	<i>5</i>
<i>Morris Talbot Butt</i>	<i>"</i>	<i>29</i>	<i>"</i>	<i>Married</i>	<i>5</i>

10. State amount earned by (a) yourself (b) Your husband (a) Nothing (b)

11. State amount and source of any other income. Proportion of May 77 property valued at \$60⁰⁰

12. State value of Real Property belonging to you and your husband. X

13. State value of personal property belonging to you and your husband.

14. If husband is dead state value of Real and personal Property left by him. Estate not realized - King v. Law Supreme Court

15. Actual amount contributed by soldier during the year prior to enlistment. \$10⁰⁰ Was supported by another son who married and keeping house for himself

16. Was this amount contributed weekly or monthly. At one time

17. Did this amount include payment of son's Board etc. No

18. State your son's trade or occupation prior to enlistment. Fisherman

19. State amount of his wages per week. He was passage-garner doing for himself

20. State name and address of his last employer. None

21. State amount of support monthly from son since enlistment. 60 cent per day

22. State amount of Allotment received by you from son monthly. 60 cents a day

23. From what date did you receive Allotment? 14 Dec 1916

24. Actual amount contributed by other children Weekly Monthly. None

25. Are any of these children in the employ of you or husband? No but one invalid son living with me

26. If not receiving support from other children state cause, Explain fully. My son Stanley, invalid for years living with me but not worth to support me. All other children are married, have families and supporting them.

27. With whom are you residing at present. My son Stanley, an invalid is residing with me.

28. Have you made a previous claim for Separation Allowance? If not, Why? Give particulars. No I was not aware of such allowance until my son Pl. Sam R. But wrote me from England and informed me of the same.

29. Are you already in receipt of Separation Allowance from any source? If so, how much? No

- 30. Are you in receipt of any payment from any Patriotic Fund? If so, How much. *No*

- 31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government. *No*

- 32. In what capacity and in what place. *None*

- 33. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt. If so, how much? *No*

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... *Mr. Susan J. Pratt (wid. Nathaniel)*

Place of Residence... *Saint Georges Newfoundland*

Declared and subscribed before me at... *Saint Georges*

this *Eighth (8th)* day of... *August*... 1918

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

*Richard MacDonnell J.P.
Stipendiary Magistrate*

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 above Soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman... *George Patten (Meth. Clergyman)*

Signature of Member of Patriotic Fund Committee... *J. Bethune*

Approved 20/3/18

W.F.R.

S.R.S.



3. 1st. NEWFOUNDLAND REGIMENT 13.

ALLOTMENTS

Samuel H. Butt. Regl. No. 3033.

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins 1/6/16

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 3008, No, Mrs. Susan Butt, 4 George's Bay, St George'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.) Charles A. Aye Capt.

Officer Commanding Company

[Signature]

1916

(Sig.) Samuel H. Butt

(Rank) Pte.

St George
Military Dept HM:19.

St George

Sir

I received my discharge
some time ago dated
10:2:1919

I have received no discharge
Ledger; and if I am entitled
would wish to have it sent to
me at once

Also I have not received
any gratuity papers yet
Kindly send them to me
as soon as convenient
for you

Thanking you in Anticipation

I remain

Yours Truly

W. H. Lambert
W. H. Lambert

St Private 3033

11/05
++

St. Johns Ned.
Jan. 27th 1917

The Paymaster
1st New York Regiment
St. Johns.

Dear Sir

Please pay to Messrs
Ayre & Sons Ltd St. Johns the sum
of Eleven and 05/100. ~~from my~~
~~pay when it falls due to me~~
and oblige. The 15th February
Yours Respectfully.

Ote J. B. Butt

3033

1st New York Regiment

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet First

Forms
R 121.
39.

Regiment of 1st Newfoundland

Signature of O. C. Company Chas. R. Piro Capt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
<u>No.</u> <u>3033</u>	<u>Butt S.</u>	Age on	<u>34</u> years — months	<u>Engineer</u>		
Joined	Date	Place and Date of Enlistment	<u>St. John's, N.F.</u> <u>18.8.16.</u>	Religion <u>Walt.</u>		
Joined	Date	Period of	{	Place of Birth		
Joined	Date					with Colours <u>2</u> ¹⁷⁷ years.
Joined	Date					with Reserve <u>3</u> ⁴⁵ years.

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 10.2.19</u>					
				To be carried over					

Army Form B. 121.

Medical Report on an Invalid.

Station HARLEY DOWN CAMP.Date 20/11/18.

1. Unit **ROYAL NEWFOUNDLAND.**
2. Regimental No. **3033**
3. Rank **PTE.**
4. Name **BUTT SAMUEL**
5. Age last birthday **36 YEARS**
6. Enlisted { on **AUG. 18th. 1916.**
at **ST. JOHN'S.**

7. Former Trade }
or Occupation }

7A. If with previous service in Army, state—

- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

*(Other disabilities should be reported upon in answer to question No. 19).***G.S.W. MULTIPLE LEFT BACK & RIGHT SHOULDER.**Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **10/7/17.**
10. Place of origin of disability. **YPRES SALIENT BELGIUM.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **HE STATES THAT HE WAS WOUNDED BY A SHELL BURSTING JUST OVER HIS HEAD. FRAGMENTS OF SHELL ENTERING HIS BACK— L. SIDE & R. SHOULDER.**
- ADMITTED TO 3rd. LONDON ON 29th. JULY 1917 & WAS THERE FOR 101 DAYS.**
- BOARDED JAN 1918 B1.**

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. **YES.** (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war. **NO.**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **NO.**

13. What is his present condition? **SCAR 6 IN. LONG EXTENDING FROM 2 INCHES ABOVE CREST OF ILLIUM IN POSTERIOR AXILLARY LINE TO VERTEBRAL COLUMN AT LEVEL OF SECOND D.V. SCAR 2 1/2 IN. LONG OVER 10th RIB. NOT ATTACHED TO BONE. SCAR 3 IN. LONG OVER RIGHT SHOULDER NOT ATTACHED TO BONE.**
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.
14. If the disability is an injury, was it caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?
15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?
16. Was an operation performed? If so, what? **YES.**
17. If not, was an operation advised and declined? **N.A.**
18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? **N.A.**
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. **PERULENT BRONCHITIS.**

20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England?

REPATRIATION.

J. ST. P. KNIGHT. CAPT. N.F.L.D. REGT.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Answers.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, and in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease. **G.S.W. BACK. TWO LONG SCARS ON BACK SOUNDLY HEALED, LEFT SCAR TENDER, PAINFUL ON STOOPING.**

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war ; **YES.**

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or **NO.**

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? **G.S.W.**

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil. **20%**

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or **YES.**

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

N.S. FRASER.

President.

Station ST. JOHN'S.

J.S. TAIT.

L. PATERSON. MAJOR.

Members.

Date JAN. 22nd. 1919.

Approved  JAN 22 1919

Station _____

(SGD) CLUNY MACPHERSON. MAJOR.

Administrative Medical Officer.

Date _____

COPY

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3033 Rank Pte Name Samuel Butt

Intended place of residence..... St. George's

2. Occupation Engineer

Classification of soldier B Medical Category E

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

ELIGIBLE for POST DISCHARGE PAY

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 (sgnd) G.C. Duley, Capt.

Date Jan. 25, 1919 for Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ... ST. JOHN'S (sgnd) Samuel Butt

25-1-19 " C. B. Dicks, Capt.

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S (sgnd) Samuel Butt

Jan. 25, 1919 " J. Daymond, Sgt.

STATEMENT OF SERVICE

7. Enlisted for service ... 7-8-16 No of days on Military

Discharged from service..... 27-1-19 plus 14 days Service ... 918

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 (sgnd) R. H. Tait, Capt.

Date Jan. 27, 1919 Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place Officer i/c Records

Date The Royal Newfoundland Regiment

13033

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3033 Rank Private Name Samuel Butt
 Date of Enlistment 7-8-16 Address St Georges District St Georges
 Occupation Engineer Classification for Discharge B Medical Category F
 Recommendation S.M.B. Permanently unfit Disability Rating 20%
 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	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		<u>Sub A</u>	/	" 6	
B 179c	/	B 120		M 93					

Date 25-1-19 W. H. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Samuel 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 Joseph & Sons Limited

Date 25-1-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *not issued* to his home at *H. Gwynne* and Release Certificate No. *940* issued.

Date *25-1-19*
R.H. 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 *10-7-19*

Date *25-1-19*
W. H. Capt.
 Depot Paymaster.

Discharge approved for *27-1-19*
 Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st.	" 2	1
F 178a	D 400A	B 1915	do 2nd.	" 3	2
B 179	D 400B	Form L.	do 3rd.	" 4	
B 179a	D 400C	Form K.	do 4th.	" 5	
B 179b	B 103	ME 2	<i>3463A</i>	" 6	
B 179c	B 120	M 93			

Date *28-1-19*
C. S. Duke Capt.
 Demobilization Officer.

APPROVED.

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

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 27 1919

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

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

Date *Jan 30 1919*
G. A. [Signature]
 i/c Records

Reg. No. 3033 Rank Al Name Bull. J.
 Attested Address St Georges.
 Allotment Allottee
 Date of Allotment Returned from Overseas 21-12-18
 Embarked for Overseas Cause discharge

4. leave from 21-12-18 to 6-1-19

22-1-19 S.M. Rec. Sec. Per Capt.

21-1-19 PASSED TO DEMOBILIZATION OFFICER

21-1-19 DISCHARGE APPROVED ON DEMOBILISATION

Dept of Militia
St John

St George
Box 27
March 22/21

Sir

I have in my possession five Regt^l
separation allowances cheques of
\$30.00 each. Total \$150.00. Letter enclosed
paying amount enclosed, representing balance
of separation allowance due for "My Mother"
"My Mother" It is now a year ago
since my dear Mother wied

and as I served nearly three years in
the army I feel that this money should
be transferred to me, However this is I
suppose, a matter for you to decide and
take up which I trust you will
favourably consider

Thanking you

I remain your truly

3033

S. Butt.
Please return cheques.

1263

Medical Report on an Invalid.

Station HAZLEY DOWN CAMP.

Date 30 #/11/18.

- 1. Unit **ROYAL NEWFOUNDLAND.**
- 2. Regimental No. **3033**
- 3. Rank **PTE.**
- 4. Name **BUTT SAMUEL**
- 5. Age last birthday **#36 YEARS**
- 6. Enlisted { on **AUG. 18th. 1916.**
at **ST. JOHN'S.**

- 7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

G.S.W. MULTIPLE LEFT BACK & RIGHT SHOULDER.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **10/7/17.**

10. Place of origin of disability. **YPRES SALIENT BELGIUM.**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **HE STATES THAT HE WAS WOUNDED BY A SHELL BURSTING JUST OVER HIS HEAD, FRAGMENTS OF SHELL ENTERING HIS BAWK- L. SIDE & R. SHOULDER.**

ADMITTED TO 3rd. LONDON ON 24RD. JULY 1917 & WAS THERE FOR 101 DAYS.

BOARDED JAN 1918 B1.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). **YES.**
- (b) constitutional or hereditary, and not aggravated by service during the present war. **NO.**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **NO.**

13. What is his present condition?

SCAR 6 IN. LONG EXTENDING FROM 2 INCHES ABOVE CRIST OF ILLUM IN POSTERIOR AXILLARY LINE TO VERTEBRAL COLUMN AT LEVEL OF SHOULDER H.V. SCAR 2 1/2 IN. LONG OVER 10th RIB. NOT ATTACHED TO BONE. SCAR 3 IN. LONG OVER RIGHT SHOULDER NOT ATTACHED TO BONE.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

YES.

17. If not, was an operation advised and declined?

N.A.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

N.A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

PERMANENT BRONCHITIS.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

REPATRIATION.

J. ST. P. KNIGHT, CAPT. R.F.D., REGT.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

**G.S.W. BACK. TWO LONG SCARS ON BACK
SOUNDLY HEALED, LEFT SCAR TENDER, PAINFUL ON STOOPING.**

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war ; **YES.**

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or **NO.**

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it ? **G.S.W.**

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which ?

23. Is the disability permanent ?

24. If not permanent, how soon do the Board recommend re-examination ?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present ?

Degrees of disablement should be expressed in the following percentages:— **30%**
100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable ?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or **YES.**

(b) Change to England ?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium ;

(b) Hospital ;

(c) Convalescent home ;

(d) Asylum ; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended ?

30. Does the man require the constant attendance of another person ?

Signatures:—

H.S. FRASER.

President.

Station **ST. JOHN'S.**

J.S. TAIT.

L. PATERSON.

MAJOR.

Members.

Date **JAN. 22nd. 1919.**

Approved

Station **JAN 22 1919**

(SGD) CLUNY MACPHERSON. MAJOR.

Date

Administrative Medical Officer.

