



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5785 Name Charles Button Corps S of E.

Questions to be put to the Recruit before Enlistment.

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

I, Charles Button 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.

Charles Button SIGNATURE OF RECRUIT.

W. Langford Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Button do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 18th day of May 1918.

Signature of Attesting Officer W. B. Dicks Ricard

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 May 18th 1918
Place St. John's } Approving Officer.

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

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

C.R. 5185

Extract from Daily Orders part II, Unit the Royal
Newfoundland Regiment dated July 9th. 1919.

The discharge of the undernoted on demobilization
has been CONFIRMED by the Officer i/c Records on
noted date

5185 Pte. Ehas. Button

7-7-19.

No. 5185 Name *Butter C* Sqn., Batty., or Company } *D* Corps *R. Newfoundland* Date of enlistment } *15/5/18* G.C. Badges } Service or Proficiency Pay } *300*
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } *W. Long* Character } *Good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Field</i>	<i>13-2-18</i>	<i>Pte</i>		<i>allowing himself to escape whilst on sent</i>	<i>Sgt Beane</i>	<i>Remanded for 7-4-18</i>	<i>14/2/18</i>	<i>Lt Col. Methuen</i>	
					<i>on 21/2/18</i>	<i>tried at 7-4-18 and found guilty sentenced 25 days 7-P A 2.</i>			<i>J.H.</i>
<i>Haver</i>	<i>15/4/18</i>	<i>Pte</i>		<i>Deficient of kit</i>	<i>62nd</i>	<i>commanant pay for same</i>		<i>Major Bernard</i>	<i>W.H.</i>

Army Form B. 122.

C. Sutton.

C.R.

5185

1890

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade } *Fisherman*
 or Occupation }
 2. Regtl. No. *5183* 3. Rank. *Pte* }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 4. Name *Butter* *Charles*
 (Surname) (Christian Names)
 5. Age last birthday *21*
 6. Posted for duty on *May 17/18* at *St. Johns*
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
- (ii.) Previous active service.. . . .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *see*

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

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

the complaint for disability

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

20. Do you recommend—

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

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

Repatriation

off W.P. ...
Capt R. A. McC

Station *Harley D.C. camp*

Date *29/1/19*

Medical Officer in charge of case.

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

C.R. 5185

Extract from Daily Orders Bawt 11 Unit The Royal WFLA.
Regt. Depot, St. John's, June 18th, 1919

The discharge of the undersigned on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 25-6-19.

5185 Pte. Chas. Burton.

C.R.I.

5185

Extract from Daily Orders Part 11 Depot, St. John's,

Date

11-6-19.

5185 Pte. Chas. Burton

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 28/1919.

C.R. 5185

Extract from Nominal Roll of Draft No. 56 from the 2nd.,
Battalion of the Newfoundland Regiment to the 1st., Batt.
of the Newfoundland Regiment, B.E.F.

#5185 Pte. C. Button.

C.R. 5185

Extract of Daily Orders Part II Royal Newfoundland
Regiment, in France dated 15/3/19.

In arrest awaiting trial 14/2/19. Tried by F.G.C.M.,
21/2/19 and sentenced to 28 days F.B. No. 2 for:-
"Without reasonable excuse allowing to escape to es-
cape 4072, Pte. E. Kelly and 2659 Pte. M. Kean, pris-
oners committed to his charge.

#5185 Pte. C. Burton.

The above Court-Martial confirmed by Base-Commandant, Rouen.

CR 5785

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5185 Pte. C, Button;

C.R. 5785

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Reg .St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5185 Pte. Charles Button.

Extract from Daily Orders part 11, from Unit the Royal Wfld.
Regt. St. John's, dated May 20, 1918.

#5185 Pte. C. Button.

Attested for General Sergive with the Royal Wfld. Regt.
from 18.5.18

G.R. 5185 Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Gable 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 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 omission, 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 Militia Dept.

Number _____	Received _____	By _____	Sent _____	by _____	Check _____
--------------	----------------	----------	------------	----------	-------------

Dated June 5th. 1919.

To John Button, Hare Bay.

BEG TO INFORM YOU THAT 5185 BUTTON IS IN ST. JOHN'S.

A. E. HICKMAN
MINISTER OF MILITIA

CHARGE TO DEPT. OF MILITIA.

FOR TYPEWRITER

C.R. 5185

NEWFOUNDLAND POSTAL TELEGRAPHS



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 107 Sent by St. John's Recd by St. John's Check St. John's No.

Place from St. John's
To St. John's



please advise if
5185 pte Button
at St John's

John Button

~~yes~~

~~no~~

Button, C.

5185

Ray Sept

July 8, 1919

#5185 Pte. Charles Batton,

Silver Fox Island, B.B.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & O.I/c Records.

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.

1. Christian name *Charles* 2. Surname *Burton*

3. Rank *Pvt* 4. Regtl. No. *5185*

5. Address in full to which future payments of gratuity are to be forwarded *Silver Fox Hall, R.R.*

6. Date of enlistment in the Regiment *May 17/18*

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

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....

From May 17/18 to June 9/19

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

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

19. Are you now serving in the Regt.?..... If not give? - (a) date of discharge..... (b) Reason for discharge.....

..... *No*

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

France, Belgium & Germany - From Nov. 1918 to April 1919

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

..... *No*

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

his

Signature of Applicant:

Charles X. Patton

Place of Residence:

Silver Fox Lodge, B.B.

Declared before me at:

S. John's, Nfld.

This

9th

day of

June

1919.....

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

John McCarthy J.P.

POST DISCHARGE PAY.

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

.....

.....

.....

Certified correct.

Paymaster

July 7, 1919

#5185 Pte. Charles Buxton,
Silver Fox Island, B.E.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2767.

Yours truly

Raymaster & U.I/c Records. Captain

The Royal Mtd. Regiment

DEMOBILIZATION

No. 5185 Rank _____

Name Button R

Warned for demobilization on

JUN 9 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5185 Rank Plt Name Burton Charles
 Intended place of residence Salmon Fox Island
 2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S H. M. [Signature]
 Date JUN 9 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 Charles X. Burton
JUN 9 1919 [Signature]
 Signature of soldier
[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S Charles X. Burton
JUN 9 1919 [Signature]
 Signature of soldier
James O'Sullivan
 Signature of witness SP1

STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No of days on Military
 Discharged from service 23-6-19 plus 14 days Service 416.....

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 R. H. [Signature]
 Date JUN 23 1919 Officer i/c Records
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld [Signature]
 Date July 7/1919 Officer i/c Records
 The Royal Newfoundland Regiment

as B 2079/4967

M
30
7
51

The Royal Newfoundland Regiment

Class for Demobilization: *76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *5185*

Name *B. M. G. G. G. G.*

Address *Silver Hill St.*

Present Medical Category *A. i.*

Recommended for:— { (a) Immediate discharge
(b) Standing Medical Board

Members of Board {

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

J. P. G. G.
.....
Senior Medical Officer

W. G. G.
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5185 Rank Plt Name Burton Charles
 Date of Enlistment 18-5-18 Address Silver Falls District Bonaventure
 Occupation Indoorman Classification for Discharge 17 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1.	/
B 178	W 3494	B 122	/	Board 1st	" 2.	
B 178a	D 400A	B 1915	/	do 2nd	" 3.	3
B 179	D 400B	Form L		do 3rd	" 4.	
B 179a	D 400C	Form K		do 4th	" 5.	
B 179b	B 103	ME 2			" 6.	
B 179c	B 120	M 93				

Date 7-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Charles X Burton
Indoorman

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied _____

[Signature]

Date 9-6-19

O. i. c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A.1675:9652 to his home at Silver Fox 95ld and Release Certificate No. 2491 issued.

Date 9-6-19 J.A. Brown Capt
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 7-7-19

Date 9-6-19 J.A. Brown Capt
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-6-19 J.A. Brown Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 23 1919 R.H. Sait Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former occupation

Banton

Signature of Man.

Reg. No. 5185

J. H. Snowliff

Signature of the Vocational Officer or his Representative.

Place St Johns

Date JUN 9 1919

191

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

MEDICAL HISTORY

OF

Surname

Button

Christian Name

Charles

Table I.—GENERAL TABLE.

Birthplace:—Parish

Silver Fox Island P.M. County Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined on *18* day of *May* 191*8* on day of 191.....

Declared Age... at *27* years days at years days

Trade or Occupation *Tradesman*

Height *5* feet *9* inches feet inches

Weight *144* lbs. lbs.

Chest Measurement { Girth when fully expanded... *39* inches inches
Range of Expansion... *5* inches inches

Physical Development... Right Left Right Left

Vaccination Marks { Arm
Number
Right Left Right Left

When Vaccinated

Vision R.E.—V=*6/6* R.E.—V=
L.E.—V=*6/6* L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease (a)

(b) Slight defects but not sufficient to cause rejection (b)

Approved by (Signature) *Samuel Paterson*

(Rank) *Major* Medical Officer. Medical Officer.

Enlisted at *St Johns* at
on *18* day of *May* 191*8* on day of 191.....

Joined on Enlistment... *Regimental* *5185* Corps. Regtl. No. Corps. Regtl. No.
Nfld

Transferred to..

Became non-effective by on day of 191 on day of 191

(Signature) (Rank)

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

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

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

1. Unit and Corps. *Royal W. Despatch Coy.* Former Trade or Occupation } *Dist. Man*
2. Regtl. No. *5185* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Button Charles* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *7 May 17.18* at *Ch. J. Lines* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge :
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } | na |
| (ii.) Previous active service. | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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

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

Re complains of no disability

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

Repatriciation

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.

W.S. Procmier Capt R. Rame
 Medical Officer in charge of case.

Station .. *Hazley Barracks*

Date .. *27/4/19*

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

Receipt for Army Book 64

No. 5185 Name *Button*

To Certify that I have received the AB 64 of the above
named Soldier.

Name *Charles Button*

Date *Aug 30th 1920*

Place *Silver Fox Island*

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"



Casualty Form - Active Service.

Regiment or Corps R Newfoundland

Rank Pte Surname Sutton Christian Name J. E

Religion C of E Age on Enlistment 22 years 18 months

Enlisted (a) 5/5/18 Terms of Service (a) Duration Service reckons from (a) 18/5/18

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

Extended (_____) Re-engaged (_____) Qualification (b) _____
or Corps Trade and Rate _____

Occupation Fisherman Signature of Officer J. L. Jones

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 ...			
		Disembarked...	28 NOV 1918		
		Joined Batt.	5	JAN 1919	
		Awarded 28 days F.P. No. by F.S.C.M. for without reason <u>escape prisoners committed to his charge.</u>		2/2/19	B2/25,
		Armed in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered (b) Signaller, Shoeing-Smith, &c. (17501.) Wt W 1887-P 1124, 1,000,000, 8/12, D & B, Form B.103, (E. 1904.)

P.T.O.

Next of Kin: Father: Bulton John; Silver Fox Island; B. Bas; N. S. L. D.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Number of Sheet 62

Regiment of

Royal Newfoundlands

Signature of O. C. Company

C. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5185 Butson, Charles</u>	Age on	<u>22</u> years <u></u> months	<u>Fitterman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>18.5.14</u>	<u>C of E.</u>	
Joined		Date	Period of } with Colours <u>1 1/2</u> years. with Reserve <u>1 1/2</u> years.	Place of Birth	
Joined		Date		<u>Silver Fox Sld. B.D.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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Demobilized 1/19

To be carried over

Army Form B. 121.



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Charles Button*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5185*

Intended address *Silver Hair Is. B. B.*

Height on discharge *5* Feet *10*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks _____

Figure on discharge *Tall*

Christian name of Father *John*

Christian name of Mother *Priscilla (Dead)*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Silver Hair Is Aug. 11, 1897*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Charles X Button
mark

(Rank) *PT*

Station *St. JOHN'S.*

Date *5-6-19*

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

Station

Date



The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 5185 Rank Prv. Name Burton Charles
 Date of Enlistment 18-5-18 Address Silver Fork District Bonaville
 Occupation Soldier Classification for Discharge F Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 7-6-19 for O. C. Discharge Depot. W. H. H.

PARTICULARS FOR DEMOLIBIZATION

i. Civil Re-Establishment.

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

Charles H. Burton
Sgt. Freeman

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 W. H. H.

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.16759652* to his home at *Silver Fox Road* and Release Certificate No. *2491* issued.

Date *9-6-19* *J.P. [Signature]*
Demobilization Officer.

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *1-7-19*

Date *9-6-19* *H. [Signature]*
Depot Paymaster.

Discharge approved for *25-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	✓	N.F. Med.	D.F. 1	✓
B 178	W 3494	B 122	✓	Board 1st	" 2	✓
B 178a	D 400A	B 1215	✓	do 2nd	" 3	✓
B 179	D 400B	Form L		do 3rd	" 4	✓
B 179a	D 400C	Form K		do 4th	" 5	✓
B 179b	B 103	ME 2			" 6	✓
B 179c	B 120	M 93				✓

Date *9.6.19* *J.P. [Signature]*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 22 1919* *[Signature]*
O. C. Discharge Depot.

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

Date *June 16/19* *[Signature]*
for O.C. Records

Reg. No. *1185* Rank *Pvt* Name *Buttor, Ches.*

Attested Address *Silver 200 Island*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Consican* Cause *Archange*

8-6-19

PASSED TO DEMOBILISATION OFFICER

23-6-19

DISCHARGE APPROVED ON DEMOBILISATION