

REGIMENTAL DOCUMENTS

NAME **BUTLER ROBERT ANDREW** *Pte* REGT. NO. **931305** UNIT **#2 Concl Bw** H. Q. FILE NO. \_\_\_\_\_

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TO WHOM FORWARDED

DATE FORWARDED

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1 azw 3997

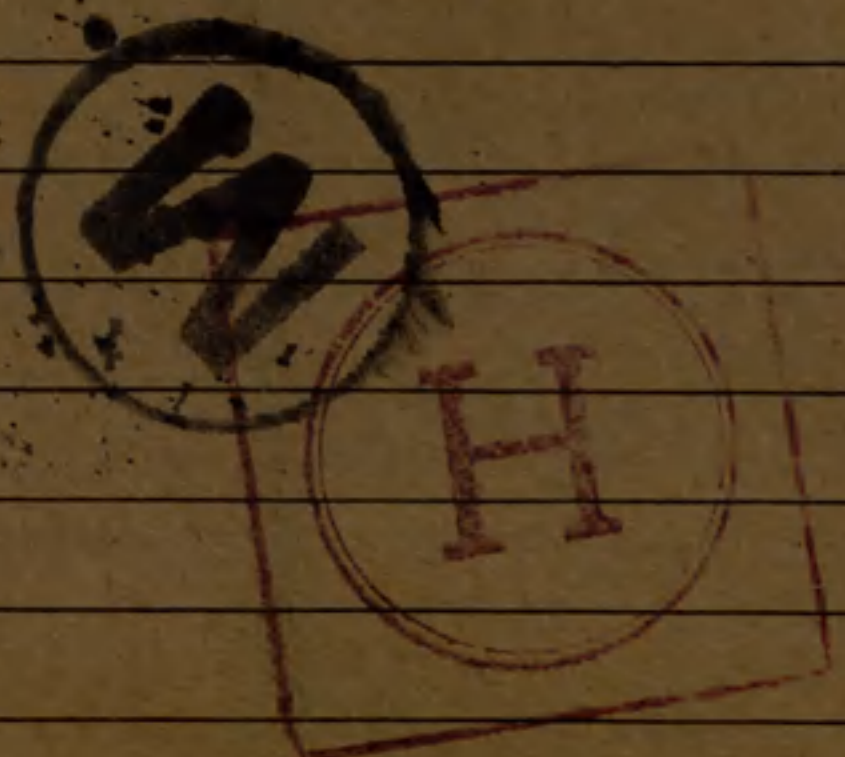
1 maw 192

1 Dms 1375

1 GAO 5009

1 M. F. W. 192

1 R. 122



Box  
1347

DEATH

Category

55067

DISCHARGE

Category

*Demobilization*

DESERTION



ORIGINAL

931.305

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B.D. C.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Butler
- 1a. What are your Christian names?..... Robert Andrew
- 1b. What is your present address?..... 29 James St 16th St
- 2. In what Town, Township or Parish, and in what Country were you born?..... Liverpool Nova Scotia
- 3. What is the name of your next-of-kin?..... Mable Butler
- 4. What is the address of your next-of-kin?..... Liverpool Nova Scotia
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... August 29th 1874
- 6. What is your Trade or Calling?..... Labourer
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Andrew Butler do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date October 6th 1916 Robert A Butler (Signature of Recruit) R. A. Boehk Sept (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Andrew Butler do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date October 6th 1916 Robert A Butler (Signature of Recruit) R. A. Boehk Sept (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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 Halifax N.S. this 6 day of Oct 1916. (Signature of Justice)

Description of Robert Andrew Butler on Enlistment.

Apparent Age 42 years 1 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 41 ins.  
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations { Church of England  
 Presbyterian  
 Methodist  
 Baptist or Congregationalist Yes  
 Roman Catholic  
 Jewish  
 Other denominations (Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Scar on top of head  
~~Wart on right upper eye lid~~  
small tumor on right upper eye lid

Weight 172 lbs

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* Fit for the Canadian Over-Seas Expeditionary Force.

Date Oct 6th 1916 W. H. Casselman

Place Halifax, N.S. Capt Stone  
 Medical Officer.

\*Insert here 'fit' or 'unfit.'

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Andrew Butler having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

C. H. Reis Capt (Signature of Officer)

Date 23 1916 1916

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931305 (Rank) Private  
Name (in full) Robert Andrew Butler enlisted in  
the # 2 Construction Battalion  
CANADIAN EXPEDITIONARY FORCE at Halifax, N.S. on the 6th  
day of October 1916.  
HE served in France  
and is now discharged from the service by reason of Demobilization

---

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age <u>44 years. 5 months</u>	Marks or Scars <u>Scar on top of head. Tumor on right upper eye lid.</u>
Height <u>5 feet. 8 inches</u>	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	

R A Butler  
Signature of Soldier

C W MacAloney CAPTAIN.  
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.  
Rank

Date of Discharge February 20, 1919

Signed at Halifax, N.S. this 18<sup>th</sup> day of February 1919  
in Military District No. Six  
File Reference No. \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

4

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 931305 Rank Pte Name Butler R.C.  
 Corps 2nd Con Bn who was\* Discharged.  
 On 20-2-19 191... to .....  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191...  
 to 20-2-19 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Cheques } No. <u>15802</u>	<u>70</u>	<u>00</u>	Subs	<u>11</u>	<u>15</u>
Assigned Pay and Sep'n Allee. No. <u>15765</u>	<u>51</u>	<u>09</u>	Reg'tl. Pay <u>51</u> days at \$ <u>1</u> c.	<u>51</u>	<u>00</u>
Other charges			Field Allow. <u>51</u> days at \$ <u>10</u> c.	<u>5</u>	<u>10</u>
Payment on transfer or discharge No. <u>15766</u>	<u>102</u>	<u>25</u>	Separation Allowances* (Monthly) Feb. <u>30</u>	<u>30</u>	<u>00</u>
Bal. Cr. (to be paid by the new unit)			Other Allowances* Clo. Allee.	<u>35</u>	<u>00</u>
<b>Total</b>	<b>253</b>	<b>38</b>	Other Credits* Cr. L.P.C.	<u>51</u>	<u>09</u>
			Bal. Dr. (to be deducted by new unit)	<u>70</u>	<u>00</u>
			<b>Total</b>	<b>253</b>	<b>34</b>

\*Give particulars.

A monthly stoppage of \$ 15.00 (†) has been chgd. (‡) been paid on account of Assigned  
 { Pay for the month of Jan. 1919 191... }  
 { and Sep'n Allee. for month of Feb. 1919 191... } (to) Assignee Mrs Mabel Butler  
 (Address) Liverpool

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer.

Out Allowance of \$ ..... has been paid by Paymaster, Military District No. ....

#### REMARKS:—

- State (1) date of enlistment ..... yes to 28-2-19  
 (2) if married and if a Separation Allowance Card has been submitted ..... Demob.  
 (3) cause of discharge ..... authority D.O. 49  
 (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.  
 Date Feb. 19th 1919  
 Place Halifax, N.S.

*[Signature]*  
 Paymaster No. 6 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



THE CANADIAN CONSOLIDATED EXPLORATION BOARD  
REPORT ON THE PROGRESS OF THE WORK OF THE BOARD DURING THE YEAR 1911

1. The Board was organized on the 1st day of January, 1911, and since that date has been engaged in the study of the various matters connected with the administration of the mineral lands of the Dominion.

2. The Board has held several public hearings and has received many suggestions from the public as to the manner in which the mineral lands should be administered.

3. The Board has also held several public hearings and has received many suggestions from the public as to the manner in which the mineral lands should be administered.

Item	1911	1910
Land sold	1,234,567	987,654
Land leased	567,890	345,678
Land reserved	123,456	78,901
Land withdrawn	45,678	23,456
Total	1,971,591	1,435,689

4. The Board has also held several public hearings and has received many suggestions from the public as to the manner in which the mineral lands should be administered.

5. The Board has also held several public hearings and has received many suggestions from the public as to the manner in which the mineral lands should be administered.



From Halifax per S.S. "Southland" 28-3-17.

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

42 YEARS

1 MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

41 INCHES

EXPANSION

3. INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Scar on top of head. Small tumor on rt. upper eye-lid.

MEDICAL EXAMINATION.

PLACE

Halifax, N.S.

DATE

Oct. 6<sup>th</sup> 1914.

Present Address. 29 James St.,  
Halifax, N.S.

SURNAME

*Butler*

CHRISTIAN NAMES

*Robert Andrew*

REGL. No.

*931305*

RANK

*Pte.*

UNIT

*No. 2. Construction**Bn.*

FORMER CORPS

*nil.*

## NEXT OF KIN.

## CHANGE OF ADDRESS

NAMES IN FULL

*Butler, Mrs. Mable.*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*Liverpool, N. S.*

COUNTRY OF BIRTH

*Canada Liverpool*

DATE

*Aug 29<sup>th</sup> 1874.*

PLACE OF ATTESTATION

*Halifax, N. S.*

DATE

*Oct. 6<sup>th</sup> 1916.**6/*  
*S.O.S. 20-2-19. Demob.*  
*P.O. 49. 18-2-19. G.P.O. (L.P.)*  
*FOLL.**9/8 28-3-17**14/6 25-1-19 256 Pte*  
*66*

No. 931305. RANK

Pte.

NAME Butler Robert. Andrew.

T. O. S. 6-10-16

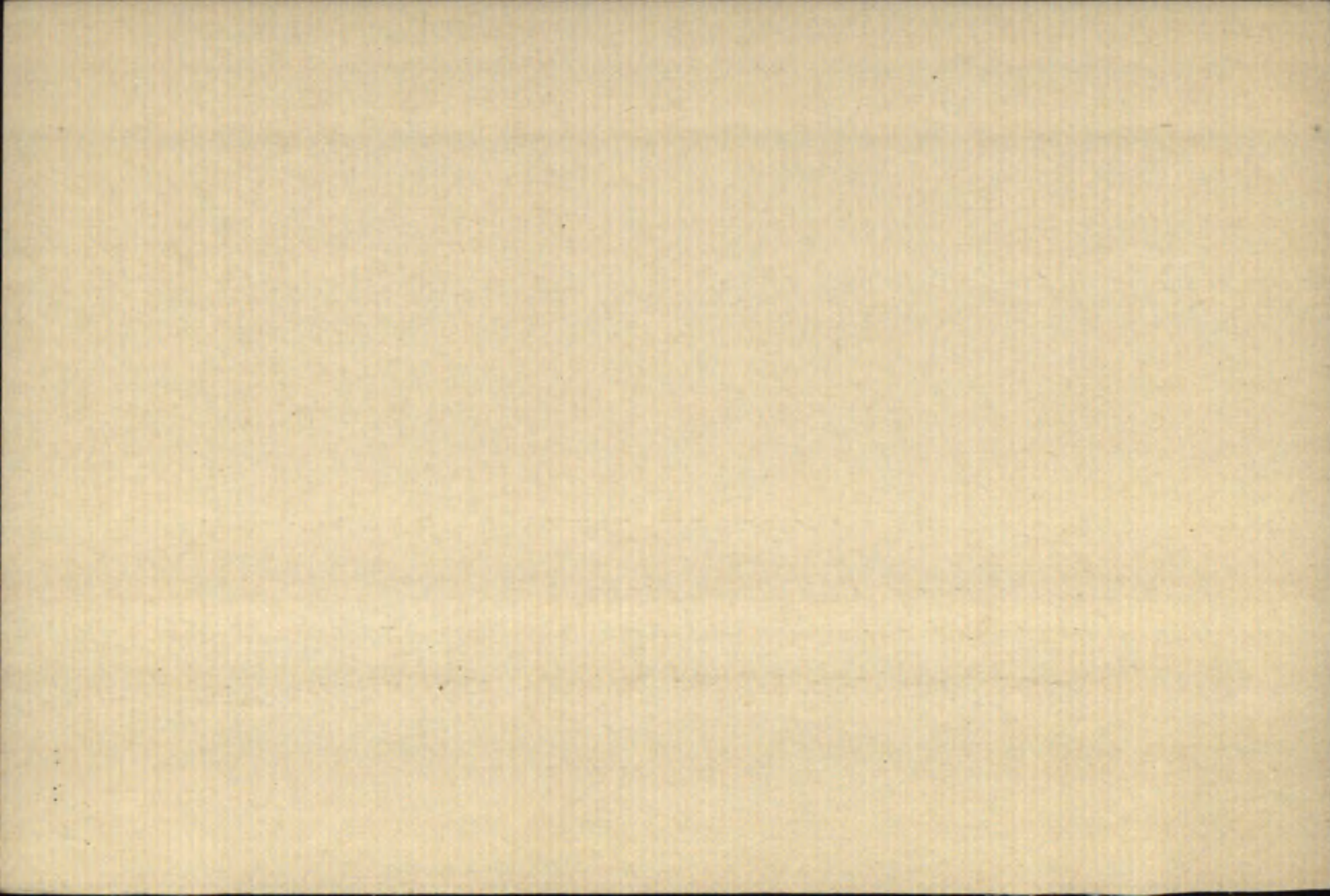
UNIT

No 2. Construction Battalion

D. O. 47. 10-10-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct. 6.	1916 Oct 31	n		
	Nov.	✓		
	Dec.	✓		
1917 Jan	1917	✓		
	Feb.	n		
	Mar.	n		



ER/m

Number 931305-

Rank ~~Pvt~~ "Sp4"

Surname BUTLER

Christian Name Robert Andrew

Units C.O.R.C. Theatre of War France

Date of Service 17-5-17

Remarks Old Bridge St.

Latest Address Liverpool, n.s.

Roll No. B Page 21196

## GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DEPT DEC 2 1922  
REG. NO. 4901

\*Name BUTLER, E. A. Rank PTE. Regtl. No. 931305.  
 Original unit 2 CON. BN. Present unit #6 D. D. M. or S. Age 42 Religion BAPT. Fyle Depot 74-B-854.  
 Ref. H.Q.

Port, ship, and date of arrival Halifax. N. S. "Empress of Britain" 22-1-19.

Next of kin Wife, Mabel, Butler.

Address on leave Liverpool, N. S.

Address on discharge Same.

Transportation issued Yes No Date Character on discharge

Previous occupation Labourer. Date and place of enlistment Halifax. N. S. 6-10-16.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12-1-19	T. O. S. #6 D. D. and posted to CASY. COY. 22-1-19	D. O. 29.
20-2-19	Discharged. H. M. S.	D. O. 49.

\*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

Date.	Remarks.	Pt. 2 Order No.
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M.F.W. 192  
150M-618.  
1772-39-1243.



Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 931305 Rank Pte Name Butler R. A.  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } roll of N. C. Os. }

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12.1.19	Oreas I/O/S. No. 6 D. O. Halifax, N. S.			22.1.19 Do 29.	<u>A. M. Ferguson</u> Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
20-2-19	DISCHARGED at Halifax, N. S.			Do 49	<u>C. W. MacAloney</u> CAPTAIN. O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

(b) In 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. Shoering Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

11 <sup>12</sup> / <sub>18</sub>	adh	Trans to Eng reported to N.S. Reg depot Bramshott		14 <sup>12</sup> / <sub>18</sub>	KR 324
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*ba Hewett*

Lieut. for Lt.-Col., A. A. G.  
Canadian Section, G. H. Q. 3rd Echelon. B. E. F.

17.12.18.	Chd. R.D.	T.O.S and attel 2nd b.b.D. for Quarters & Nations	Bramshott	14.12.18.	D.O. 805
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NSRD ON COMMAND TO *odd Kimmel* **BRAMSHOTT**

PART II D.O. *NSRD 313 27 12/18*

12/1/19

*Phyl*  
MS OMTC on Trans to CCY  
Disch Canada

*ba. Knight* LIEUT.  
OFFICER IN RECORDS.  
NOVA SCOTIA REGTL. DEPOT.

*Sailing to 4*  
*Ambhamment*  
*Lieut*  
*Kimmel Park*  
Embarked England 12/1/19

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

330m.—5-16

H. Q. 1772-39-970.

# Casualty Form—Active Service.

Unit, Regiment or Corps

No. 2 Const. Batt. C.E.F.

Regimental No. 93/305

Rank

pte

Name

Robert Andrew Butler

C. E. F.

Enlisted (a) 6-10-16

Terms of Service (a)

period of war  
to 6 months

Service reckons from (a)

6-10-16

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked, Canada	Halifax N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
		Proceeded Overseas	Seaford	17/5/17	
					Ph 2 S. 10# D. Taylor Capt p. Capt + Adjt
			Landed in France	17-5-17	N.R.
5/1/18	Obtained	att to 1 Dist CFC Alencon		20/1/17	B. 213
27-7-18	2 Coy CFC	granted 14 day leave to UK		27-7-18	B. 213 para. 457 Aug 1918
17-8-18	to	Returned from leave	Field	13-8-18	B. 213
19-10-18	aw	awarded the 1st Badge		6-10-18	B. 213 para 59 of Aug 1918

CERTIFIED CORRECT.  
6 JUL 1917  
CAN. RECORDS, LONDON.

Ob. 2nd  
Const. Bn

(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) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

*MDL*

NAME OF SOLDIER (Block Letters) BUTLER R.A

REGIMENT no 2 Construction Bn RANK Pte No. 931305

Date of Examination in England 31/12/18 Date of Examination in France \_\_\_\_\_

### DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 17

2. EXTRACTIONS

3. CROWNS 13

4. DENTURES

(a) Full Upper

(b) Part Upper - 3, 4, 5, 6, 7, 8

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England - Yes

(c) In France

KINMEL PARK,  
NORTH WALTON

Signature of Dental Officer

*J.S. Somerville, Capt.*

1912

LETTER R.A.

1912

LETTER R.A.

LETTER R.A.

1912

1912

LETTER R.A.

1912

(9) Is your Father alive? *no*

If so, state name and address *✓*

(10) Is your Mother alive? *no*

If so, state name and address *✓*

(11) If your Mother is a widow *✓*

Are you her sole support, or not? *✓*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

~~\$ 15~~

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

*wife*

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

*Yes*

(15) Are you insured? *no*

If so, in what Company? *✓*

Have you made arrangements for payment of your Insurance premium *✓*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*C. H. Reis Capt*  
*for Officer Commanding.*

Date *OCT 24 1916*

DUPLICATE

931305

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins... **No. 2 CONSTRUCTION, B'n. C.E.F.**

(2) Regimental Number... *931305*

(3) Full Name of Soldier... *Robert Andrew Butler*

(4) Place of Birth... *Liverpool Ct. S*

(5) Are you married, or not? *Yes*

(6) If married, state,  
(a) Full name of your wife *Mrs Mabel Butler*

(b) Present Postal Address... *Liverpool Ct. S*

(7) Are you a widower? *no*

(8) Have you any children? *1 boy Henry age 12 yrs*

If so, give number of boys and girls.....

Also their names and ages.....



931305

# DUPLICATE MEDICAL HISTORY SHEET

Surname Butler Christian Name Robert Andrew

Examined { on 6th day of Oct 1916  
at Halefae W.S.  
Birthplace { City or Town Timpool.  
County Waikato

Approved by P. D. O'Connell  
Rank Capt. C.M.F. M.O.

Apparent age 42 years  
Trade or occupation Labourer  
Height 5 feet 8 Inches  
Weight 172 lbs.  
Chest measurement { Minimum 38 inches  
Maximum expansion 41 inches  
Physical development Good  
Small-pox Marks Nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left  
Number

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

When Vaccinated last never  
(a) Marks indicating congenial peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/10/16</u>	<u>LEER</u>	<u>H.V. Kent - Meopu</u> M.O.
<u>1/11/16</u>	<u>LEER</u>	<u>H.V. Kent Meopu</u> M.O.
<u>17/2/17</u>	<u>LEER</u>	<u>H.V. Kent Meopu</u> M.O.

Enlisted on 6th day of October 1916 at Halefae W.S.

CORPS	REG'TL NUMBER	HABITS	DATE
	<u>931305</u>		<u>10/6/16</u>

Transferred to No. 2 CONSTRUCTION, B'n. C.E.F.

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.





1871

1871

# Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pfc Name Butler Surname Robert Andrew  
Unit or Corps 17th Reserve Bn. (If a soldier) Regtl. No. 931205-  
Born at Liverpool N.S. on, date August twenty-ninth  
Signature (for identification) R.A. Butler 1870

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe no

Weight 172 lbs.  
Height 5 ft. 8 ins.

2. NUTRITION AND DIATHESIS? good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? no

4. RESPIRATORY SYSTEM. no

5. HEART?

Abnormal Sounds? no  
Abnormal Size? no  
Pulse Rate? 64 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM? no

8. GENITO-URINARY SYSTEM? no

Urinalysis—s.g.? 1025 Reaction? ac Albumen? no Sugar? no

9. SKIN, MIDDLE EAR, EYE or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? good

Examined at Kinniel Park Signed W. Stephens Capt M.O.  
Date 2 1 19 Signed [Signature] M.O.

Condition improved  
20-2-19 To answer A.R. Law

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

# ORIGINAL MEDICAL HISTORY SHEET

931305

Surname Butter Christian Name Robert Andrew

Examined { on 6th day of Oct 1916  
at Halifax

Approved by [Signature]

Birthplace { City or Town Sunderland  
County Nova Scotia

Rank Capt Amc M.O.

Apparent age 22 years

Trade or occupation Labourer

Height 5 feet 8 Inches

Weight 172 lbs.

Chest measurement { Minimum 38 inches  
Maximum expansion 41 inches

Physical development good

Small-pox Marks one

Vaccination Marks { Arm Right Left  
Number

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS
<u>18/10/14</u>	<u>[Signature]</u>	<u>Lau Murray</u>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/10/16</u>	<u>[Signature]</u>	<u>H.V. Kent - Mopn</u>
<u>1/11/16</u>	<u>[Signature]</u>	<u>H.V. Kent Mopn</u>
<u>17/2/17</u>	<u>[Signature]</u>	<u>H.V. Kent Mopn</u>

Enlisted on 6th day of October 1916 at Halifax N.S.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>931305</u>		<u>10/6/16</u>
Transferred to				

No. 2 CONSTRUCTION, B'n. C.F.P.

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.





JM

Rank Name BUTLER, Robert Andrew. Reg'l No. 931305  
 Unit No. 2 Const. Bn. If in perm. Corps, }  
 What Unit? } Married or Single Married.  
 Place and Date of Enlistment Halifax N.S. 6th Oct 1916. Place of Birth Liverpool, N.S.  
 Name and Address, Next-of-Kin Mable Butler.  
 Liverpool, Nova Scotia. Relationship Wife.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship



Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England via S.S. Southland		7.4.17	<i>AWW</i>
14.6.17	# 2 C.C.C.	Arrived in France	Field	17.5.17	115
29.10.18	2 C.C.C.	Awarded Good Conduct Badg.	Field	6.10.18	SO 3059
16.12.18	NSRD.	TOS from 2 <sup>nd</sup> C.C.C.	Bishop	14.12.18	SO 3059 71 / 19.12.18 2 <sup>nd</sup> C.C.C.
27.12.18	H.S.R.D.	of to C.D.D. Rhyll		27.12.18	313
25.1.19	H.S.R.D.	ceased of to Rhyll, S.S. to C.E. Canada	Rippon	12.1.19	18

A.F.B. 103 CHECKED  
28 MAY 1917



6-10-16.

MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-6-16.  
1772-39-818.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs. M. Butler.*

*Wife.*  
PAYMENTS.

Name of Soldier *Butler. Robt. A.*  
*Pte.*

L. L. Job 4503. -Req. 8832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		7 24246	36	36
Dec.		V 27467	20	20
Jan.	1917	0 27793	20	20
Feb.		N 31547	20	20
March		N 34696	20	20
April		P 364	20	20
May		0 3532	20	20 <i>156</i>
June		Q 7060	20	20
July		Q 9891	20	20
Aug.		S 13580	20	20
Sept		R 17115	20	20
Oct.		Q 22963	20	20
Nov.				256
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				


### SEPARATION ALLOWANCE

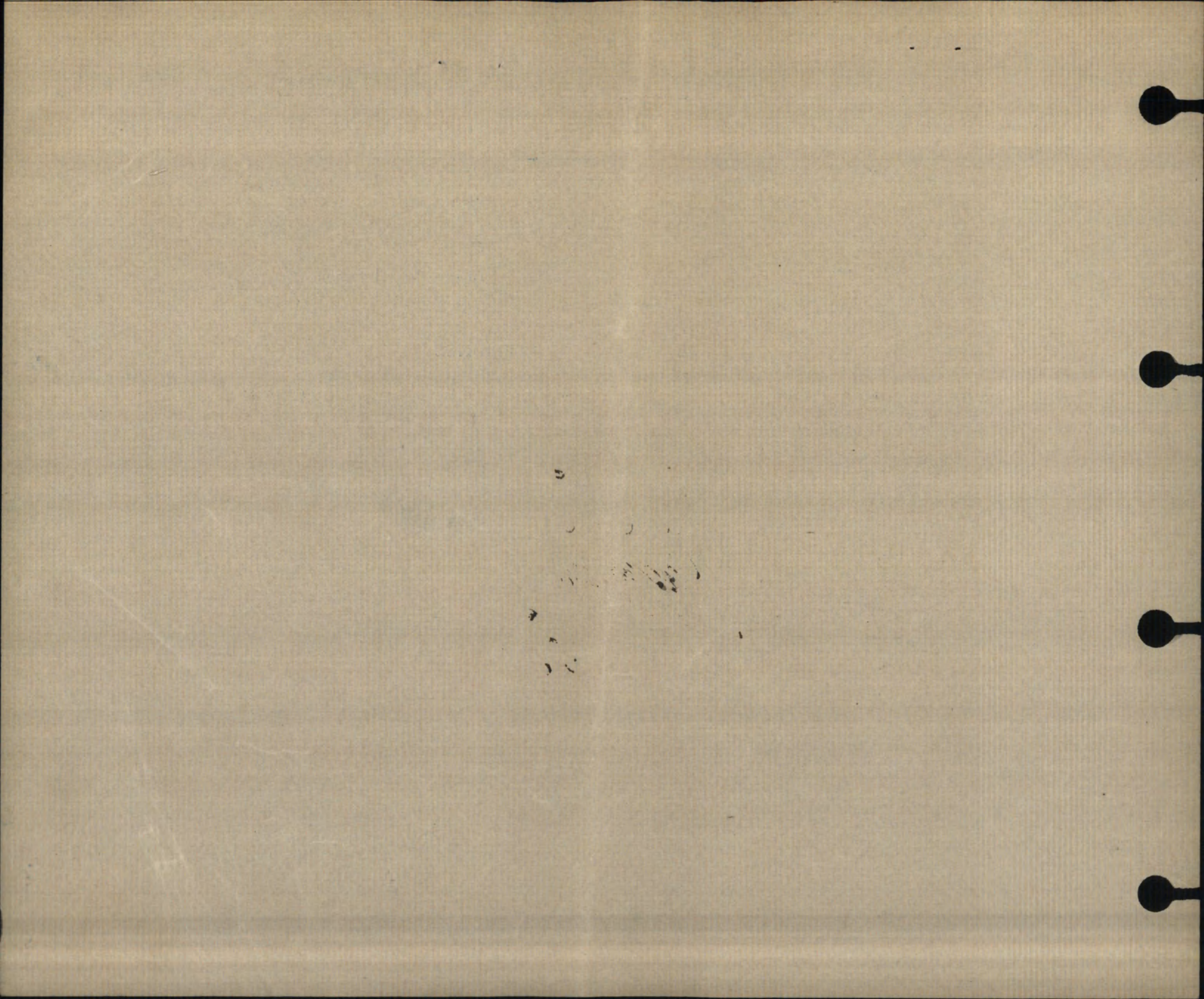
Name *Mrs. Mabel Butler,*  
Address *Liverpool P.O.,*  
*Queens Cty., N.S.*

Name of Soldier *Butler, Robert Andrew*  
Regtl. No. *931305.*  
Rank *Pte.*  
Corps *2. Cons. Bn.*  
To what Corps belonging }  
when called out } ✓ ✓

Relation to Soldier }  
wife, child or mother } *wife.*

### PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



ASSIGNED PAY

Sheet No. 2.  
(Assignee)

*Mrs. Mabel Butler*  
*Wife*  
OVERSEAS CONTINGENTS  
PAYMENTS.

Name of Soldier *Butler Robt. Andrew*  
*No 931305 Pte No 2 const Bn*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15<sup>00</sup></i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4715</i>	<i>15</i>	
May		<i>J 6491</i>	<i>15</i>	<i>15.65</i>
June		<i>F 13763</i>	<i>15</i>	<i>15.5</i>
July		<i>W 23025</i>	<i>15</i>	<i>B.</i>
Aug.		<i>Z 29666</i>	<i>15</i>	<i>Gu</i>
Sept.		<i>Z 36656</i>	<i>15</i>	<i>OB \$105</i>
Oct.		<del><i>F 48597</i></del> <del><i>I 48271</i></del>	<del><i>15</i></del>	<del><i>I 48271</i></del>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*JER*

**CANADIAN ASSIGNED PAY AUDITED**  
*OK*  
 AUDIT CLERK  
 DATE *16-5-19*  
*Cancelled W.R.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Wife*  
*Mrs. Mabel Butler*  
 Address *Liverpool P.O.,*  
*Lisleen Co. NS,*

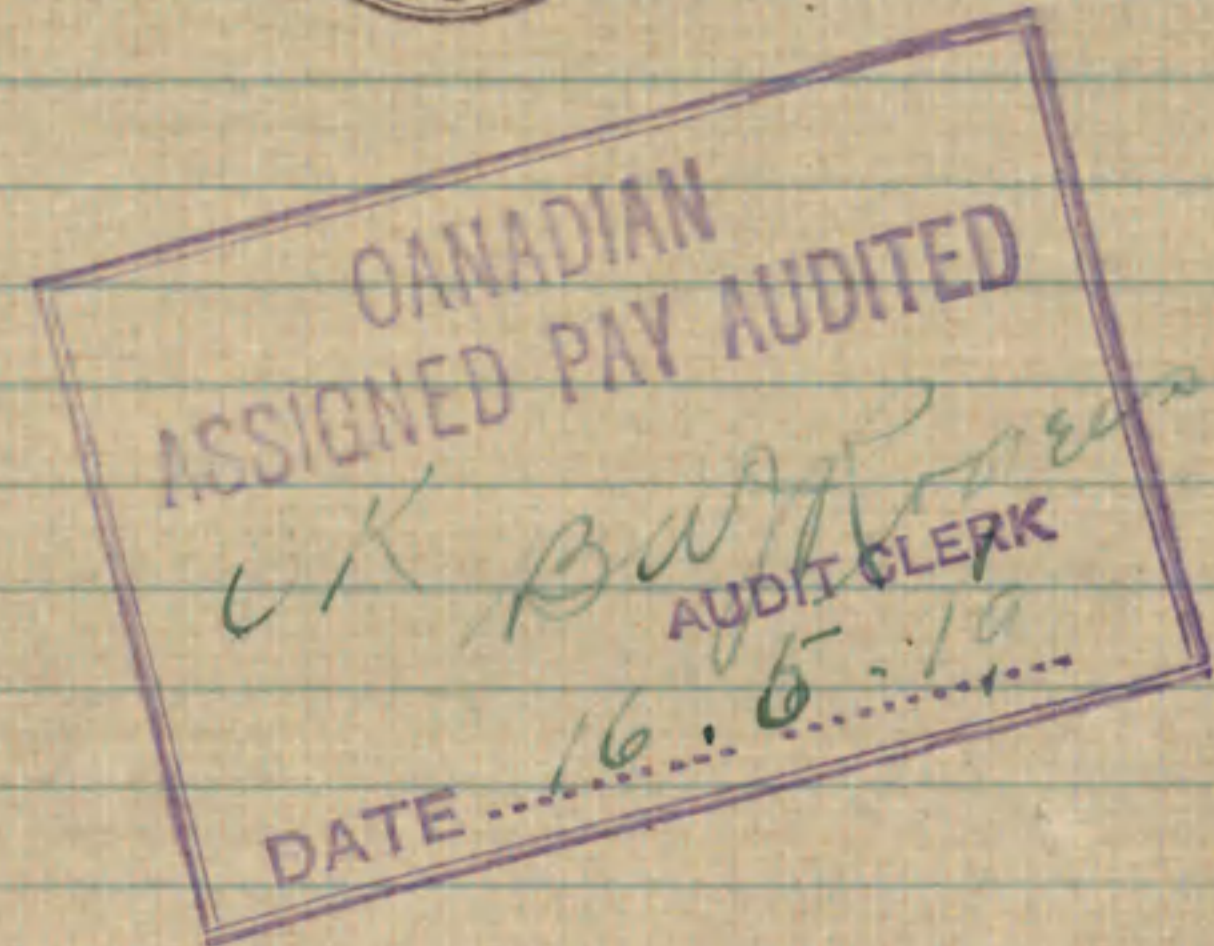
By Whom Assigned *Butler Robert Andrew*  
 Regtl. No. *931305*  
 Rank *Pte*  
 Corps *No 2 const. Bn.*

Rate *15.00*

APR 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



11 2.

A.S. 132

1



Date of Enlistment

6.10.16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

16609

Date of Assignment

Apr 1/17

OVERSEAS CONTINGENTS

B

RATE OF SEPARATION ALLOWANCE

20	1.12.17	30 <sup>00</sup>	
	25-		

P.C. 3257 1.9.18  
P.C. 2753  
MO 40469

RATE OF ASSIGNMENT

15 <sup>00</sup>			
------------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 931305  
 Rank Pte. Promoted Reverted Discharge  
 Soldier's Name Robert Andrew Butler  
 Battalion No 2 Centr. Batty.  
 Beneficiary Mrs Mabel Butler  
 Relationship wife M.F.W. 2554-26/1/18.  
 Address Returned UK 22/1/18

PARTICULARS OF ASSIGNMENT

Name Mrs Mabel Butler (wife)  
 Address Liverpool P. O. Queens Co N. I.  
 Change of Address

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct 31-17		256	105	361 -	
Nov	D 56534	20	15	35	C
Dec.	A 53089	25	15	40	Pro
Jan	E 59780	25	15	40	U
Feb.	C 99725	25	15	40	
Mar	A 106980	25	15	40	✓
April	A 4134	25	15	40	B
May	X 24943	25	15	40	B
June	E 17826	25	15	40	Se
July	V 33457	25	15	40	L
Aug.	E 30307	25	15	40	✓
Sept.	T 44592	25	15	40	✓
Oct	F 48129	25	15	40	✓
Nov	B 59639	25	15	40	✓
Dec.	D 62466	45	15	60	✓
1919 JAN.	H 78133	30	15	45	✓
FEB		651	330	981	

02598-R-14

M. F. W. 128  
400M.-6.17-1772-39-141  
L. L. 22320-M. & D. 4583.

alc Closed 31-1-19.  
 Ret'd per Express of Britain  
 Date 22-1-19 M.F.W. 187 29/1/19 M.D. 6.  
 Clerk J. Goldsmith  
 M.F.W. 213 (63173)

CANADIAN  
 ASSIGNED PAY AUDITED  
 C.K. [Signature]  
 AUDIT CLERK  
 DATE 16-5-19







NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
												98 13		
Oct				P Pay	31/10		Pen 27				15			
							2677 7/10 636 1/2	3 73						
							2929 23/10 ✓	3 73				109 77		
					31/10			7 46			15			
NOV					33		Cal				15	127 77		
							3096 11/11 ✓	3 73				110 98		
							3303 25/11 ✓	13 06				130 08		
					34/10		Cal				15			
							6601 10/11 Base	4 66						
							3565 19/11 22R	9 73				115 69		✓
					6/10			31 18			30			
							27 10/11 Rhye 8/11	9 73				105 96		
								9 73						

S.S. Canada 11/1/19  
 Bo 18 25/1/19 22R

CANADIAN  
 ASSIGNED PAY AUDITED  
 OK  
 R. Beach  
 AUDIT CLERK  
 DATE 16-5-19





PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING  
DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 931305 RANK *pt* NAME (IN FULL) *Butler R.A.*

*copy 2/1/19*

M. OR S. *copy 2/1/19*

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

IS SEPARATION ALLOWANCE PAID *yes* DATE EFFECTIVE *11/2/19*

TO WHOM PAID *Mrs Mabel Butler* RELATIONSHIP \_\_\_\_\_

ADDRESS *Liverpool us*

ORIGINAL UNIT C.E.F. *2nd Coast Bn*

DATE OF ATTESTATION \_\_\_\_\_ PLACE OF ATTESTATION \_\_\_\_\_

DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY \$ *15000* DATE EFFECTIVE *1/2/19*

PAYABLE TO *Mrs Mabel Butler* RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS *Liverpool us*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED \_\_\_\_\_ PLACE \_\_\_\_\_ DATE *20/2/19* REASON \_\_\_\_\_ AUTHORITY *20/2/19* IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE											
<i>1/1/19</i>																							<i>Sub 20 29</i>
<i>20/2/19</i>	<i>51</i>	<i>110</i>	<i>56</i>	<i>10</i>	<i>5109</i>	<i>11/15</i>						<i>157 84</i>							<i>34</i>		<i>253 70 00</i>		
			<i>350</i>		<i>3000</i>							<i>157 84</i>											
	<i>153</i>	<i>280</i>	<i>142</i>									<i>70 00</i>											<i>Mr Lorne Gratitude</i>
									<i>Mar 7/19</i>	<i>145 20 5</i>		<i>70</i>								<i>70</i>			
									<i>17/19</i>	<i>145 20 6</i>		<i>52</i>								<i>210</i>		<i>90</i>	
												<i>70</i>								<i>140</i>		<i>60</i>	<i>155330-155331 24/2/19</i>
												<i>30</i>								<i>70</i>		<i>30</i>	<i>384871-92 13-3-19</i>
												<i>40</i>											
												<i>30</i>											
												<i>70</i>											
												<i>30</i>											<i>598297-8 13-6-19</i>
			<i>55000</i>	<i>14200</i>								<i>492 00</i>								<i>70 00</i>		<i>492 00</i>	

Certified that all payments due on this account have been paid.

*A. Williams*  
For Senior Officer Pay Services, M. D. 6

