

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

S

M

DISCHARGE DOCUMENTS

R. O. No.....
H. Q. No.....

55042

T

Name, *Butler Nathan*
 Regt, No, *414983* Rank, *Pfc*
 Corps, *40th Bn*
 Name, *16-9-16*

KILLED IN ACTION

Change of Address
H

403265

26-12
4-12
6-12

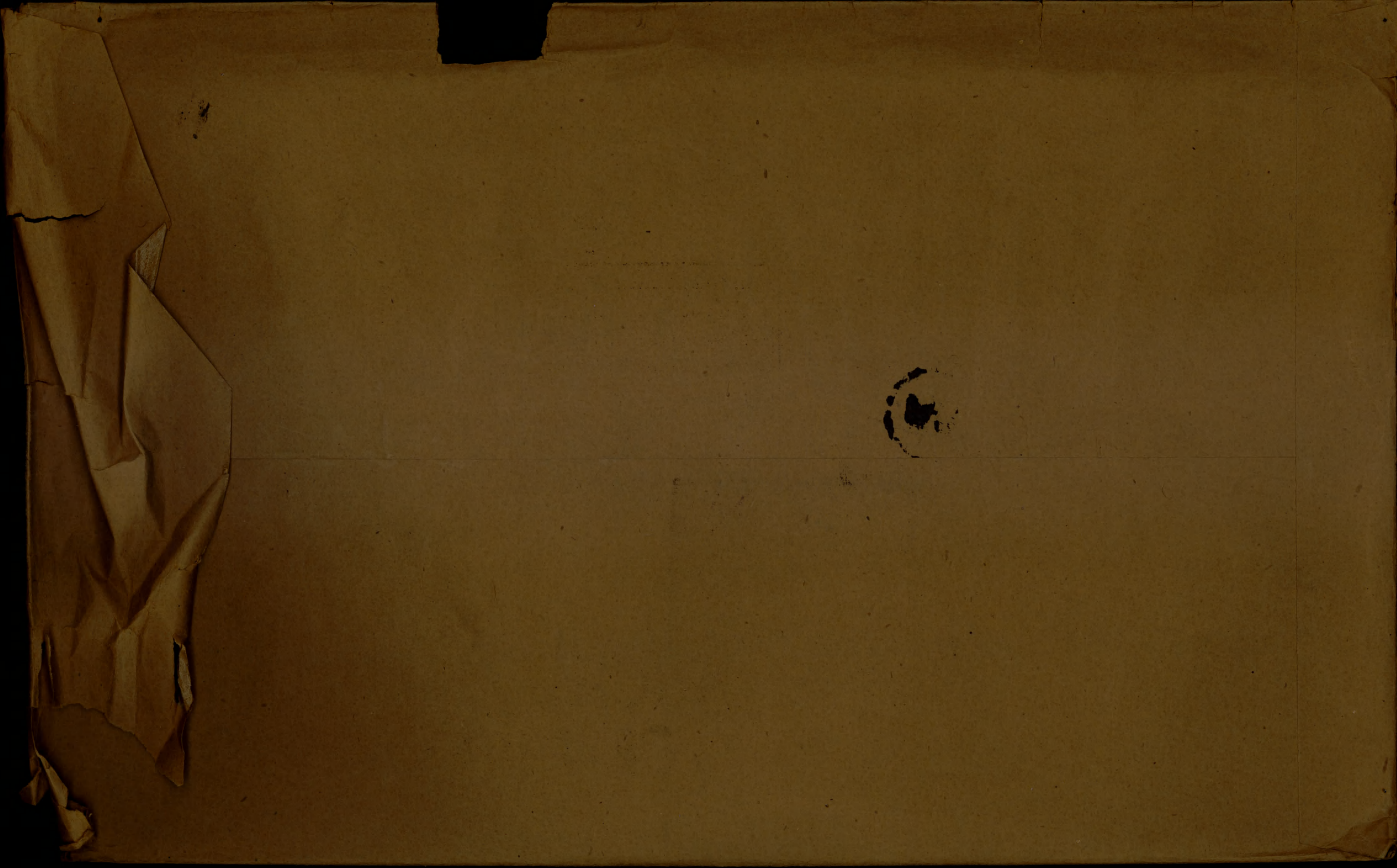
APB 127
APB 178
R. - 149 - 1

Car card
Paybook
copy
R 122

M. F. W. 62.
50m.-9-15.
H. Q. 1772-39-935.

**PUBLIC ARCHIVES
RECORDS CENTRE**

9M
3-2-21
9M



ATTESTATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

No. 14983
Folio. 4

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *Butler Nathan*
2. In what Town, Township, or Parish, and in what Country were you born? *Cubits Nfld.*
3. What is the name of your next-of-kin? *Mrs Abigail Butler*
4. What is the address of your next-of-kin? *Cubits Nfld.*
5. What is the date of your birth? *30 Jan 1893*
6. What is your trade or calling? *Cheerist*
7. Are you married? *M.*
8. Are you willing to be vaccinated or re-vaccinated? *yes*
9. Do you now belong to the Active Militia? *no*
10. Have you ever served in any Military Force?
If so, state particulars of former Service. *no*
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*

Nathan Butler (Signature of Man.)
A. S. Hodge (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Nathan Butler*, 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 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 *AUG 13 1915* 191 . *Nathan Butler* (Signature of Recruit.)
A. S. Hodge (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Nathan 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 *AUG 13 1915* 191 . *Nathan Butler* (Signature of Recruit.)
A. S. Hodge (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 *SYDNEY, N. S.* this *AUG 13 1915* day of *AUG 13 1915* 191 .

W. G. McFar (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Herbert Marshall (Approving Officer.)

Original

Cubits Newfoundland
Mrs Abigail Butler post office

DESCRIPTION OF

Nathan Butler

ON ENLISTMENT.

Apparent Age *22* years *5* months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height *5* ft. *7 1/2* ins.

Chest measurement { Girth when fully expanded *37 1/2* ins.
 Range of expansion *1 1/2* ins.

Complexion *Dark*
 Eyes *Brown*
 Hair *Dark Brown*

*Warty mole left side neck.
 Tattooed heart.
 * Cross ~~left~~ right forearm.*

Religious Denominations { Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants *Methodist*
(Denomination to be stated.)
 Roman Catholic
 Jewish

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 *August 12* 191*5*

James Bruce Hume

Place *Sydney*

W.D. Egan
 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

Nathan 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.

Date *Aug 16* 191*5*

[Signature] **LIEUT. COL.** (Signature of Officer.)
COM. 40th. BATTN. C. E. F.

No. 415983, Pte. Nathan Butler, 40th Bn.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 415983

Name Pte Nathan Butler

Unit 40th Batt

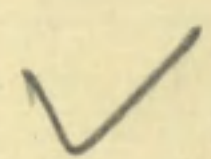
Military Will.

In the event of my death I give the whole of my effects and property to my mother Mrs Abigail Butler Cupids of No 1 J St

Signature Pte N Butler

Rank and Regt. 40th Batt

Date 25th 10/1916





649-13-6203.

CARD NO.

NAME. *Butler.*

CHRISTIAN NAMES *Nathan*

REGL. No. *414983*

RANK *Pte.*

UNIT *40th*

Batt.

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL *Butler, Mrs Abegine*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *Cubits, Concep. Bay, Nfld.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Newfoundland, Cubits.*

DATE *Jan 30th 1893*

PLACE OF ATTESTATION *Sydney, N.S.*

DATE *Aug 13th 1915*

*Sailed 18-10-15 "Saxonia"
Quebec*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Chemist

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

22

YEARS

5

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

37 1/2

INCHES

EXPANSION

1 1/2

INCHES

COMPLEXION

D

ark

EYES

Brown

HAIR

Dk. Brown

DISTINGUISHING MARKS

*Warty mole left side of neck
Tattoos, heart, dagger, & cross right-
forearm.*

MEDICAL EXAMINATION.

PLACE

Sydney, N.S.

DATE

Aug 12, 1915

Present Address, Not Stated.

REGT'L NO 414983³
 H. Q. FILE NO. 649-

NAME Butler Nathan

RANK AND CORPS Pte. 60th Buff form 40th

FOLLOWS No.
FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
01741	29-9-16	Killed in action Sept. 16th 1916. ✓
A. B. 2090 A		" " " " " "
Rauen	25-9-14	

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A160 Reptd from Base

16-9-16

Killed in action

No. 14983 RANK Plt.

NAME Butler Nathan

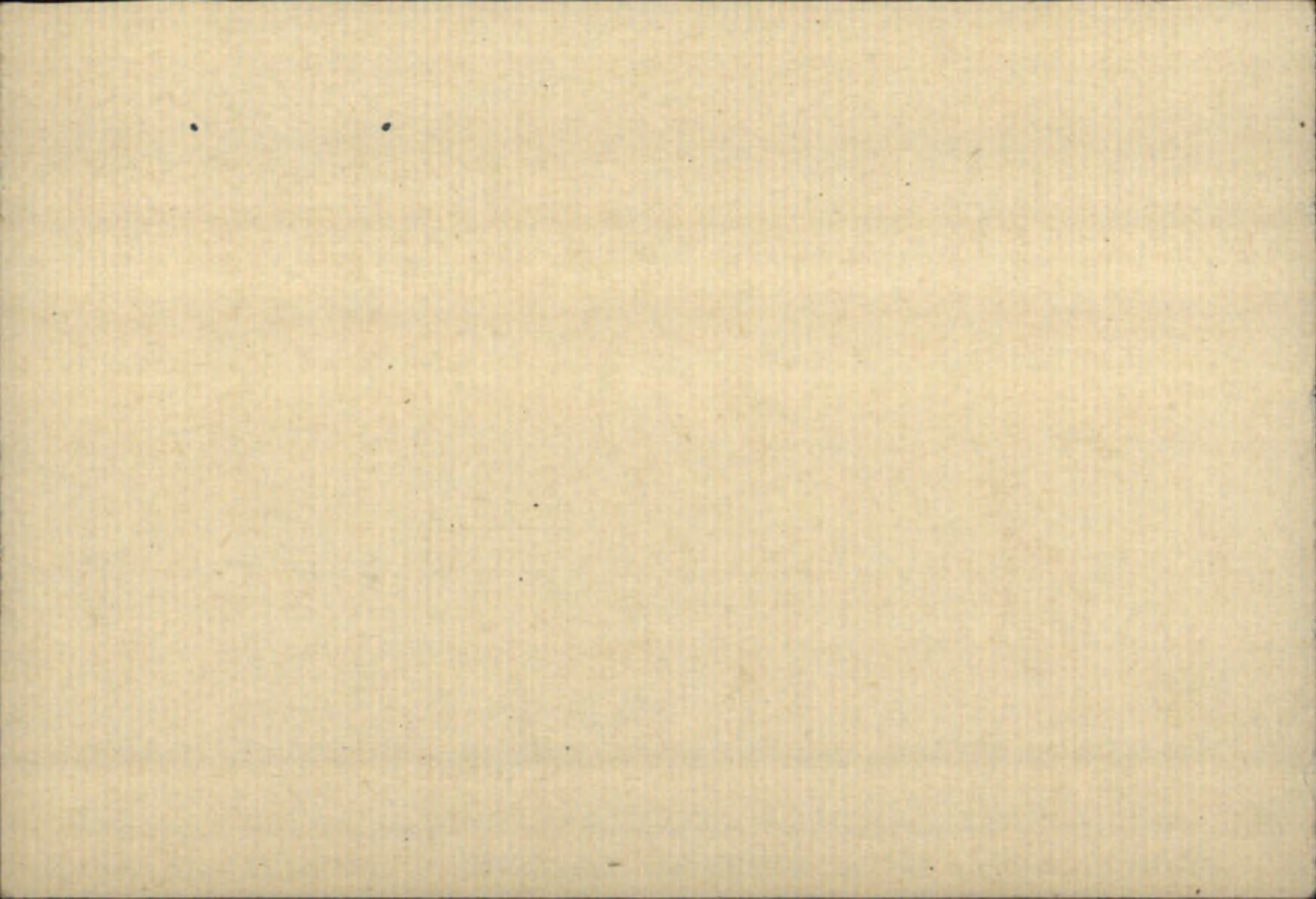
T. O. S. 2-8-15
(DO 133 of 17-8-15)

UNIT 40th Battalion C. E. F.

M. D. 67al

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Aug 2	1915- Aug 31	✓		
Sep.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		

UNIT SAILED
OCT 18 1915



Name BUTLER Rank Pte.

Reg. No. 414983.

Unit Nathan
60th. Batt.

25-B-2044

Next of Kin Newfoundland.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16-9.	REPORTED FROM BASE. (B.C.J. 153,	25-9-16)	<u>KILLED IN ACTION.</u>	A160. ²	0	1741. 29/9

H.Q. 649-B-6203

✓ ✓ ✓ ✓
BUTLER, Pte. Nathan, #414983,

40th Bn.

60th Bn

form

M

Med & D

(Mother)

Mrs. A. Butler,
South Side,
Cupids, Nfld.

P & S

(Mother)

Address as above.

(Ser. # 765234)

Scroll Desp.

JUN 1 1914

Regn. No. 2 47029

Mem Cross

(Mother)

Address as above.

Plaque Desp.

Regn No

P. 6929

not-elig for 1914-15 star

& M.

B. & M.

SEP 15 1914

6416

M to S

746

M 44731 FEB 10 1921

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

DESP. JAN 17 1923
REG. NO. 14330

CR
Number 414983 Rank Pte

Surname BUTLER

Christian Name Nathan

Units 60th Bn. Com. Inf. Theatre of War France

Date of Service 23-4-16

Remarks (M) Mrs. J. Butler,

Latest Address South Side

Cupids, 11/18
Page 214/4

Roll No.

Surname

Christian Name or Names

Reg. No.

Butler

N

44983

Rank

Unit

Co.

Troop

Batty.

A-

60 Batt

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Killed in Action 16.9.16

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

Ch. 90.9.16 2160

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

Regiment or Corps 40th Battalion C.E.F.

Regimental No. 414983 Rank Private Name Butler, Nathan

Enlisted (a) 13/8/15 Terms of Service (a) D.O.W. Service reckons from (a) 13.8.15

Date of promotion } _____ Date of appointment } _____ Numerical position on }
to 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				
					<i>Drafted to 60th Overseas Batt 21-4-16 immediately</i>
					<i>Ob 40th Embarked for France, 60th Bn 23.4.16 Pt II D.O. 110</i>
					<i>EMBARKED FOR FRANCE. 23 4/16 Troopers/1002. a.g. 2 a.</i>
24.4.16	C.B.D.	Landed in France & taken on strength 60th Can.Bn.	C.B.D.	24.4.16	101/BD/3/294. Pt.11 D/O. No. 9 d/30/4/16.
		<i>Left C.B.D. to join unit.</i>	<i>Field.</i>	<i>13.5.16</i>	<i>Nom. Roll. D.L. 53</i>
20.9.16	O.C.Bn.	KILLED IN ACTION	Field.	16.9.16	DEES.12 ^U . AAG'S K.I.137/1282. DCS.153 d/24'9/16. Pt.2 D/O 48 d/25'9/16.
		<i>Lieut. for Lieut.Col. A.A.G.</i>			

CORRECTED OFFICE
 War Office
 Warminster House,
 7, Millbank, S.W.

(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.

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				

Rank *Pte.* Name **BUTLER, Nathan.** Reg'l No. **414983.**
 Unit **40th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Sydney N.S. Aug 13th, 1915.** Place of Birth **Cubits Nfld.**
 Name and Address, Next-of-Kin **Mrs A. Butler,**

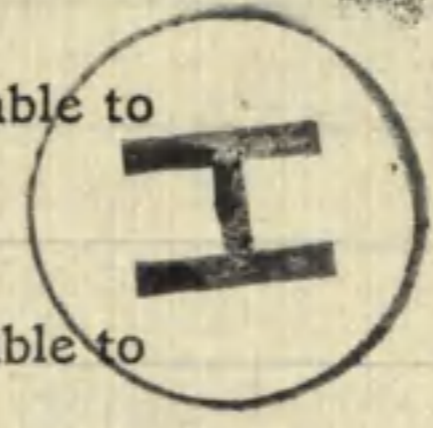
P.O. **Cubits, Newfoundland.**

Relation **Mother.**



Assigned Pay Monthly \$

Payable to



Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason *25 B 2044* Character

M 4
3-2-21
M 43

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				
		<i>Arrived in England.</i>		28 OCT. 1915	
<i>23.4.16.</i>	<i>O.C. 40th</i>	<i>Embarked for France 60th Battalion</i>	<i>23.4.16.</i>	<i>23.4.16.</i>	<i>Part # O. 110.</i>
<i>30.4.16.</i>	<i>o.c. 60th B.</i>	<i>Taken on strength.</i>	<i>Field</i>	<i>24.4.16</i>	<i>" 9.-</i>
<i>25.9.16</i>	<i>"</i>	<i>Killed in action</i>	<i>"</i>	<i>16.9.16</i>	<i>" 47-</i>
<i>29.9.16</i>	<i>"</i>	<i>Do</i>	<i>"</i>	<i>16.9.16</i>	<i>c.l. a 160 o.n.</i>

414983

ORIGINAL MEDICAL HISTORY SHEET.

Surname Butter Christian Name Nathan

Examined { on 12 day of Aug 1915 at Sydney N.S.
Birthplace { City or Town C. White County W. of S.

Approved by E. Douglas
Rank Leapt. M.O.

Apparent age 29
Trade or occupation Chemist
Height 5 Feet 7 1/2 Inches
Weight _____ Lbs.
Chest measurement { Minimum 35 1/2 inches
Maximum expansion 37 1/2 inches
Physical development _____
Small-Pox Marks _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm _____ Right _____ Left _____
Number _____
When Vaccinated last _____
(a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	VACCINATIONS.
<u>25/2/16</u>		<u>E. Douglas</u> Capt. C. A. M. C.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/9/15</u>		<u>E. Douglas</u>
<u>11/9/15</u>		<u>E. Douglas</u>

Enlisted on 12 day of Aug 1915 at Sydney N.S.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>HOBn. C. W. Y.</u>	<u>414983</u>		<u>12/8/15</u>
Transferred to.. ..	<u>60th Batta.</u>			

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.

EW

2nd Contingent

62

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Mother

To Whom *Mrs. Abigail Butler*

By Whom Assigned

Butler, Nathan.

Address

*Cupids,
Conception Bay,
Nfld.*

Regtl. No.

414983

Rank

Pte.

Corps

"C" Co. 40th Batta. C.E.S.

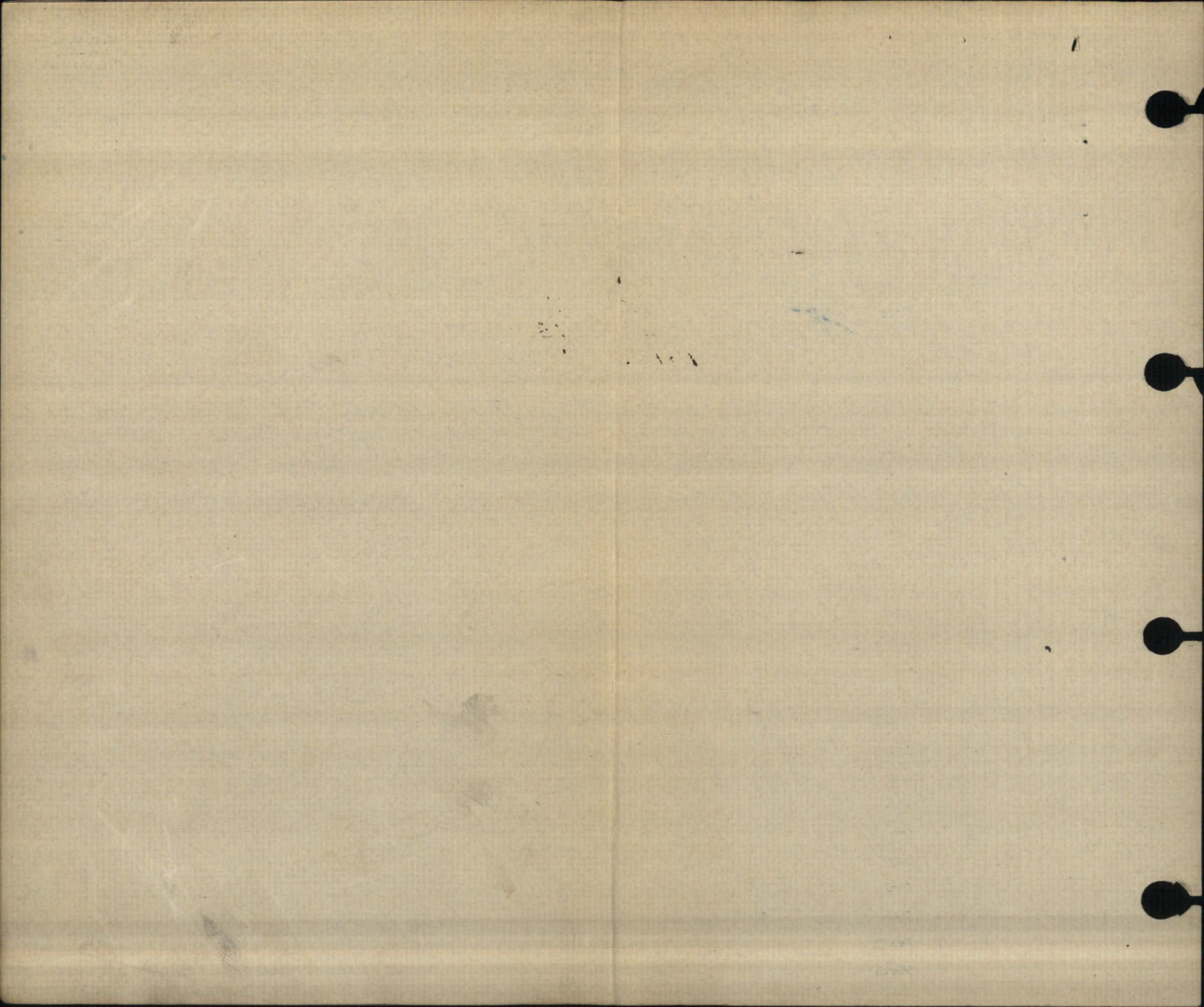
Rate

\$15.00

Oct 1 - 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 10px; display: inline-block;"> <i>Casualties</i> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				<i>Killed in action Sept 16-16 bl (39) 29-9-16</i> <i>Stop payment Nov 1-16</i> <i>3 M Oct. 3/16</i> <i>JM</i>
Sept.				
Oct.				
Nov.		<i>43919</i>	<i>30</i>	
Dec.		<i>Z 5785</i>	<i>15</i>	
Jan.	1916	<i>Z 10746</i>	<i>15</i>	
Feb.		<i>K 13806</i>	<i>15</i>	
March		<i>O 15955</i>	<i>15</i>	



MILITIA AND DEFENCE
ASSIGNED PAY

63 M. F. W. 12a.
 60m.-12-15.
 1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2.

L-1. Job 8902.-Req. 6213.

Mrs. Abigail Butler

PAYMENTS.

Name of Soldier *Butler, Nathan*
414983
\$15.00
Pte. Co 40th Batt.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	M 858	15	
May		N 4043	15	
June		O 7989	15	
July		P 7065	15	
Aug.		F 11228	15	
Sept.		V 16720	15	
Oct.		V 21558	15	
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Cancelled

Account closed, bas.

*Please issue cheque
 for Oct. adjustment
 as per 3rd M
 180.00 E BX 21 5/17*

Casualties

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

Rank *Pte* Name **BUTLER, Nathan.** Reg'l No. **414983.**
 Unit *6th* **10th Bn.** If in perm. Corps, What Unit? Married or Single **Single.**
 Place and Date of Enlistment **Sydney N.S. Aug 13th, 1915.** Place of Birth **Cubits Nfld.**
 Name and Address, Next-of-Kin **Mrs A. Butler,** Relationship **Mother.**
Cubits, Newfoundland.
 Assigned Pay Monthly \$ **15.00** Payable to *Mrs Abigail Butler* Relationship
Cubits, Newfoundland.
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place **16.9.16** Reason *Kia* Character *Cha 16* ^{29/9/16}



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
11/1/15	11/30/15	30	1.00	30 00	30	.10	3 00	10 00	43 00			12 16	15 00		27 16	15 84	Clothing Cr.
12/1/15	12/31/15	31		31 00	31		3 10	15 84	49 94			24 33	15 00		39 33	10 61	
1/1/16	1/31/16	31		31 00	31		3 10	10 61	44 71			17 04	15 00	49	32 53	12 18	Repayment Voucher
Feb 1	Feb 29	29		29 00	29		2 90	12 18	44 08			4 87	15 00		34 47	9 61	
Mar 1	31	31		31 00	31		3 10	48 63	151 73	356		4 87	15 00	49	133 49	4/8 24	Drawn to B Am 1/10/16
				152 00					1520 10 00	177 20			87 60	75 00	49 163 09 14 11		

Checked *W.P.H.*

BALANCE TRANSFERRED TO NEW LEDGER.

Cash found in effects *N.R.*

Statement of
 MAR 6 1917
 Account rendered

Settled

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Cupids Newfoundland*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs. A. Butler*
Cupids Newfoundland
 RELATIONSHIP OF NEXT OF KIN *Mother*
 NAME AND ADDRESS OF NEXT OF KIN

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in Action</i>	<i>16/9/16</i>	<i>CLA 160 2/9/16</i>

REG'L No *414983* RANK *Pte.* NAME *Butler, Nathan* ✓
 IF IN PERM. CORPS WHAT UNIT *40th BATTN.* TRANSFERRED TO *60th BATTN.* DATE *1/4/16* AUTHORITY *B.O.#110*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Non-eff.* DATE *17/9/16* AUTHORITY *LA 160 2/9/16*
 PLACE OF ATTESTATION *Sydney, N.S.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *Aug. 13/15.* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY *\$15.00* DATE EFFECTIVE
 PAYABLE TO *Mrs. Margaret Butler Cupids Newfoundland* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *3/10/16* EFFECTIVE *4/1/16* REASON *Killed in Action 14/9/16 CLA 160 2/9/16*
 DISCHARGE DATE AND PLACE *16/9/16 Field* REASON AND AUTHORITY *Killed in Action 14/9/16 CLA 160 2/9/16*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *12/1/16* *17.9.16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				1	2	3	4	1	2	3	4				CREDIT	DEBIT								
<i>17/6</i>											<i>177 20</i>																						
<i>15/6</i>	<i>15</i>	<i>1.00</i>	<i>15</i>	<i>15</i>	<i>.10</i>	<i>150</i>					<i>16 50</i>	<i>18</i>	<i>15/6</i>					<i>4 87</i>		<i>15</i>		<i>19 87</i>		<i>14 11</i>									
<i>14-30/6</i>	<i>15</i>	<i>1.00</i>	<i>1500</i>	<i>15</i>	<i>.10</i>	<i>150</i>					<i>16 50</i>											<i>27 24</i>									<i>Transf. from 40th BATTN.</i>		
<i>1/5-31/5/16</i>	<i>31</i>	<i>1.00</i>	<i>3100</i>	<i>31</i>	<i>.10</i>	<i>310</i>					<i>34 10</i>	<i>268</i>	<i>19/6</i>	<i>297</i>	<i>4/16</i>			<i>2 55</i>	<i>4 25</i>	<i>15 00</i>		<i>21 80</i>		<i>34 54</i>									
<i>1/6-30/6/16</i>	<i>30</i>	<i>1.00</i>	<i>3000</i>	<i>30</i>	<i>.10</i>	<i>300</i>					<i>33 00</i>	<i>280</i>	<i>18/6</i>					<i>5 11</i>		<i>15 00</i>	<i>20 7</i>	<i>22 18</i>		<i>50 36</i>						<i>Issue on repayment.</i>			
<i>1/7-31/7/16</i>	<i>31</i>	<i>1.00</i>	<i>3100</i>	<i>31</i>	<i>.10</i>	<i>310</i>					<i>34 10</i>	<i>350</i>	<i>30/6</i>	<i>415</i>	<i>18/6</i>			<i>2 55</i>	<i>2 62</i>	<i>15 00</i>	<i>20 17</i>	<i>20 17</i>		<i>64 29</i>									
<i>1-3/8</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>3 10</i>						<i>34 10</i>	<i>465</i>	<i>31/6</i>					<i>2 61</i>		<i>15 00</i>		<i>17 61</i>		<i>80 78</i>									
<i>1/9-30/9/16</i>	<i>30</i>	<i>1.00</i>	<i>3000</i>	<i>30</i>	<i>.10</i>	<i>300</i>					<i>33 00</i>	<i>538</i>	<i>19/8</i>					<i>2 62</i>		<i>15 00</i>		<i>22 84</i>		<i>90 94</i>						<i>Killed in Action 14/9/16 CLA 160 2/9/16</i>			
<i>Oct.</i>											<i>37 80</i>	<i>580</i>	<i>20/8</i>	<i>633</i>	<i>14/9</i>			<i>2 61</i>	<i>2 61</i>	<i>15 00</i>		<i>15 40</i>	<i>30 40</i>	<i>60 54</i>						<i>Dr. 14 days for Sept. 30/16 1/16</i>			
																					<i>15</i>	<i>15 40</i>	<i>30 40</i>	<i>60 54</i>						<i>Trans to Non Effectives 14.9.16</i>			
																								<i>60 54</i>							<i>60 54</i>	<i>60 54</i>	<i>Balance transferred to N. E. Branch.</i>
																																<i>60 54</i>	

Checked *W.P. Hill*

April 1917

Statement of
 MAR 6 1917
 Account rendered

Cash found in effects *N.R.*

S.L.S.

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

Date	Brief details, and signature
25.2.16.	Vacc. E.Douglas.Capt.
2.9.15.	Inoc. do.
11.9.15.	

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

MH ^{n/e}
Quebec

DUPLICATE.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178^a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

Butler

MEDICAL HISTORY of

Surname BUTTER Christian Name Nathan

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Cubits County Newfoundland

Examined... on 12th day of August 1915
at Sydney. N.S.

Declared Age ... 22 years ... days.

Trade or occupation ... Chemist

Height ... 5 feet 7½ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 37½ inches.
Range of Expansion 2 inches.

Physical Development ...

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

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

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

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

Approved by (Signature) E. Douglas.
(Rank) Capt. *Medical Officer.*

Enlisted ... at Sydney. N.S.
on 12th day of August 1915.

Corps.	Regtl. No.
<u>40th Battn. CEF.</u>	<u>414983</u>
<u>60th Battn.</u>	

Transferred to ...

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

(Signature) Nathan Butler
(Rank)

