



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5260

Name

Nicholas Harris Coffe

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Nicholas Harris</u> |
| 2. What is your full Address? | 2. <u>St. Grace C.P.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>25</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Blacksmith</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, Nicholas Harris 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.

Nicholas Harris SIGNATURE OF RECRUIT.

J. P. Pittman Signature of Witness.

Nicholas Harris OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Nicholas Harris 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 21 day of May 1915

Signature of Attesting Officer C. P. Dicks Lieut.

† 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 1915 } Approving Officer.

Place

† 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)

DESCRIPTIVE REPORT ON ENLISTMENT

5260

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Nicholas Harris

Apparent age 25 years 5 months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin C. B. Base Harris for Grace
C. B. | Relationship Mother

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <u>United States</u> engagement reckons from <u>21-5-18</u>									<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> M </div>
Joined at <u>St John's</u> on <u>MOAY 21-1918</u>									
<u>Discharged August 11 1919</u>									
<u>Reported for duty 6-6-1918</u>									
<u>Embarked St John's train to Halifax N.S. 22-9-18</u>									
<u>Left for demobilization 24-6-19. Arrived Hqs. 1-7-1919</u>									
<u>Demobilization St John's 1-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>1-8-1919</u> [date of discharge]									
Pensions " " " " " " " " " " " "									

E. Harris

C.R. 5260

S.H.C.

C.R. 5260

Extract from Daily Orders by Major M.S.Sullivan, Commanding
Hfld. Horestry Companies 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Hfld.
Regt is attached to the strength and posted to "G" Company
for rations from this date.

5260 Pte. N.Harris.

C.R. 5260

Extract from Nominal Roll Entrained at St. John's for
Overseas Sept. 22, 1918. "H"

5260 Pte. Harris Nicholas.

C.R. 5260

Extract from Daily Orders part 11 Depot, St. John's dated Sept. 18/1918.

#5260 Pte. N. Harris.

C.R. 5260

Extract from Daily Orders part 11 Depot St. John's dated 12/9/18.

#5260 Pte. N. Harris.

The above mentioned soldier proceeded on Special Duty to R. N. Co
Dry Dock, 9-9-18.

5260
C.R. ~~5260~~

Extract from Daily Orders Part 11 Depot St. John's September 12th 1918.

#5260 Pte. N. Harris/.

THE ABOVE MENTIONED SOLDIER PROCEEDED ON SPECIAL DUTY TO REID NEWFOUNDLAND
COMPANY'S DRY DOCK 9-9-18..

Susie Harris, H¹ Grace C.B.



M.F.A.2.

C.F. 5260

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

From Officer Commanding,
Depot

June 14th, 1918

To D. O. C., Newfoundland,
Militia Department

SIR:-

#5260 Pte. Nicholas Harris


Above noted man is sole support of widowed mother in Harbour Grace, although he has four married brothers and one married sister living at that place.

He has an allotment current of 60¢ per day in favour of his mother and has made application for separation allowance on her account.

I have the honour to be,

Sir,

Your obedient servant


Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

C.R. 5260

June 7, 1918.

Officer Commanding Depot.

City.

I am directed by the D.O.C. to request that you furnish him with report on Nicholas Harris age 25, of Hr. Grace.

He is claimed to be the sole support of his mother, (a widow). He worked at Sydney where he had brain fever which left him unwell.

Clerk to D.O.C.

C.R. 5260

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
1-8-19.

5260, Pte. N. Harris.

C.R. 5260

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

The discharge of the undermentioned on demobilisation has been
APPROVED by C. O. Discharge Depot on noted date.

#5260 Pte. N. Harris. 20-7-19.

C.R. 5260

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 31st 1919.

5260 Pte. N.Harris.

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

C.R. 5260

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 22, 1918.

#5260 Pte. Nicholas Harris.

Attested for General Service with the Royal Nfld. Regt.
from 21~~5~~5/18 to report 26.5.18.

"Copy"

N.F.P./11.

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 1260 (Rank) Pte (Name) Nicholas Harris

hereby agree, until further notification by me, and in required form, to make an Allotment of _____ dollars and Sixty cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person)	
			\$	c
Mother	Jessie Harris	Harvey Street Harbour Grace		60
				60

This Allotment to take effect from and including June 8th 1918

NOTE:- This Form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. C.L. 10, 9/12/16.

(Sig.) (Sgd) W. G. James 2/14
Officer Commanding,
"D" Company.

Dated at St Johns
8-6-1918

(Sig.) (Sgd) Nicholas Harris
Allotter.
Pte

3678/571

2nd. Batt. Ryl. Nfld. Regt.
Winchester.

March 7th.

9

5260 Pte. Harris. N.

67

5260 Harris.

£ 6 - 0 - 0

6. 0. 0.

Harris, R

5260

Ray sept.

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

Notice:

THIS STATUTORY DECLARATION is to be filled in correctly in every detail and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

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

1. Name in full of soldier. Rank. Regt. or Unit. Regt. No.
Nicholas Harris Private Regd. H.A. Reg. 8260

2. Age of soldier. Married or single.
25 years 7 mo, 10/1918 — *Single* —

3. Name in full of mother. Age. Occupation. Permanent address
Susannah Harris 66 - Housewife *Harry St. Nicholas Harker Bress*

4. Give name of your husband. Age. Occupation. Where employed.
Nicholas Harris *decd about 17 1/2 years*

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

allowment connected for 50 cents per diem commencing June 8/18

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

7. If you are a widow, state date and place of death of your husband. *Oct. 26th 1900*

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

9. Names of your other children. Address in full. Age. Occupation, married or single.
William Harris — *Harry St. Nicholas 38 Black Point (his family)*
Fanny Brown — *Bresh Bress 36 - Housewife - Married*
George Harris — *Harry St. Nicholas 34 - Black Point - Married (his family)*
Joseph Harris — *Sydney, N.S. 32 - Labour - Single*
Jessie Macworth — *Harker Bress South 30 - Married*
Arthur Harris — *" " 28 Labour - Married (his family)*

10. State amount earned by (a) Yourself Nil
(b) Your husband Nil

11. State amount and source of any other income. Received about 20% from Joseph & about 10% from all other except Nil

12. State value of real property belonging to you and your husband Duelling, about 300/-

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

14. If husband is dead state value of real and personal property left by him. About 300/-

15. Actual amount contributed by soldier during the year prior to enlistment About 200/-

16. Was this amount contributed weekly or monthly Weekly & 1/2 Monthly

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

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

19. State amount of his wages per week. Average about 12/-

20. State name and address of his last employer The MFL Shipbuilding Co., M. S. S. S.

21. State amount of monthly support from son since enlistment Nil

22. State amount of allotment received by you from son monthly. Nil

23. State from what date did you receive allotment Nil

24. Actual amount contributed by other children. Weekly. monthly
(Answered in No 11 - these amounts given about 1/2 times)

25. Are any of these children in the employ of you or husband. Nil

26. If not receiving support from other children, state cause. Explain fully. Married children have families & support

27. With whom are you residing at present.

In my own home

28. Have you made a previous claim for separation allowance? If not, why? Give particulars.

Am volunteered about a month ago

29. Are you already in receipt of Separation Allowance from any source, if so, how much?

No

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much

No

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government

No

32. In what capacity and in what place.

33. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt. If so, How much?

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under oath and in virtue of the Evidence Act.

Signature of the Applicant..... *Susanne Harris*

Place of residence..... *Harbor Street, Harbor Base*

Declared and subscribed before me at *Harbor Base*

this..... *17th*..... day of..... *June*..... 1918 (being first seen *me and explained to the said Susanne Harris*)

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *John Cass, J.P.*

Commissioner Supreme Court

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct and the above soldier first mentioned, is the sole support of the applicant.

Signature of clergyman..... *Edw. Andrews L. J. K.*

Signature of Member of Patriotic Fund Committee..... *Wm Ward J. P.*

August 1st. 1919.

#5260, Pte. N. Harris,

Hr. Grace.

Dear Sir :

Enclosed please find Discharge Certificate

3463.

Yours truly,

Capt. & Gymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5260 Rank. Pvt Name Harris R
 Intended place of residence H^o Grace

2. Occupation Blacksmith
 Classification of soldier E Medical Category A¹

3. The above named man is discharged in consequence of
DEMobilIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S
 Date JUL 18 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S
 Date 18-7-19
 Signature of soldier Harris R.
 Signature of witness M. Clouston

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S
 Date 18-7-19
 Signature of soldier H. Harris
 Signature of witness James O'Sheenan

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No. of days on Military
 Discharged from service 20-7-19 Plus 14 days Service 440
 11
 30
 31
 1

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 14
 Date JUL 20 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S
 Date August 1/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

ADB 207913463

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5260 Rank. Pte Name James D. Harris
 Date of Enlistment. 2.5.18 Address St. George District St. George
 Occupation Blacksmith Classification for Discharge B Medical Category A I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date July 18/19 O. C. Discharge Depot. H. Harris

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

H. Harris

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

(b) Clothing Supplied

Amel Louise

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2476 R to his home at H. Grace and Release Certificate No. 3718 issued [Signature]

Date 18-7-19 [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 1-8-19

Date 18-7-19 [Signature]
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 173	W 3494	B 122		Board 1st.	" 2	1
B 178a	4. D 400A	B 1915		do 2nd.	" 3	2 Form B
B 179	D 400B	Form L		do 3rd.	" 4	
B 179a	1. D 400C	Form K		do 4th.	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 18-7-19 [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 JUL 20 1919 L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No. *5260*

Name

Harris. M.

Address

H. Grace

Present Medical Category

A1

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

D. R. Cooper Capt.

O. C. Discharge Depot.

Members of Board

J. P. Peterson
Senior Medical Officer

J. W. Burdell
M. O. Depot

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.

Harris H.

Signature of Man. *X*

M. Blonson

Reg. No. 3260

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date **18-7-19** 191

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

MEDICAL HISTORY

Surname Harris OF Nicholas Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Grace County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	21	May		191
	at	St. Johns	at	
Declared Age	25	years		days
Trade or Occupation	Blacksmith			
Height	5	feet		inches
Weight	140 lbs.			lbs.
Chest Measurement	Girth when fully expanded		37	inches
	Range of Expansion		3	inches
Physical Development				

Vaccination Marks	Right	Left	Right	Left
	Number	Scar		

When Vaccinated 6 mo 1910

Vision R.E.—V=6/10 L.E.—V=6/10

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lamm Peterson (Rank) Major Medical Officer.

Enlisted at St. Johns on 21 day of May 1918

Joined on Enlistment... Nicholas 1260 Nfld Regt

Became non-effective by on day of 191 on day of 191 (Signature) (Rank)



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Nicholas Harris*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5260*

Intended address *St Grace*

Height on discharge *5* Feet *5*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father _____

Christian name of Mother *Susie*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St Grace, May 1st 1893*

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) *Nicholas Harris*

Pte
(Rank)

Station **ST. JOHN'S.**

Date *17-2-19*

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.



Medical Officer i/c Hospital.
Unit, or Command Depot.

Date

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

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

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

1. Unit and Corps *Royal Newfoundland Land* 7. Former Trade or Occupation } *Blacksmith*
2. Regtl. No. *5360* 3. Rank *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Morris* *Nicholas* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *24*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *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? }

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

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

The Complaints of the disability

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

20. Do you recommend—

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

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

Repatriation

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

Medical Officer in charge of case.

Station *Hazlewood*

Date *9/14/19*

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

August 9th 1919.

Mr. N.Harris,
Hr Grace.C.B.

Dear Sir:

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

Yours truly,

Capt. & Paymaster.

RS/.

5470

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *W* 2. Surname..... *Harris*

3. Rank..... *Pte* 4. Regtl. No. *5260*

5. Address in full to which future payments of gratuity are to be forwarded..... *Harbor Grace CB*

6. Date of enlistment in the Regiment..... *May 7/18*

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..... *Mrs Susie Harris*

9. Address in full of such dependents..... *Har Grace*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*

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

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

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.

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

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

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

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

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

19. Are you now serving in the Reserves? If not give - (a) date of discharge. *July 2/19* (b) Reason for discharge.

Demob

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.

England

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

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

Signature of Applicant: - *Louis K.*
 Place of Residence: *Harbor Grace.*
 Declared before me at: *in place used*
 This *19* day of *July* 19*.69*.....

Signature of Barrister of the *John McLaughlin*
 Supreme Court, Stipendiary Magistrate; Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.				Net amount due
Date paid	Sold	Sold	Wage Service Certainty.	
	Soldier.	Dependent.		
.....
.....
.....
.....
Certified correct.				Paymaster

FORM K

Nº 4648



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Nicholas Harris, Regl. No. 5260
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz. :
 Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4216	Mother	Susie Harris	Harvey Street Harbour Grace	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]
 Officer Commanding
[Signature], Company
St Johns
8-6-18

(S) [Signature]
 (Rank) [Signature]

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Sig.) [Signature]
 Officer Commanding
D Company
St. John's
8-6-1918

(Sig) Nicholas Harris
 (Rank) [Rank]

June, 13th. 1918.

Mrs. Nicholas Harris,
Harvey Street,
Hr. Grace.

Dear Madam:-

Application has been made by your son #5260 Pte. N. Harris, to have Separation Allowance issued to you and I enclose Form of Statutory Declaration which kindly have completed in the presence of your Magistrate or a Justice of the Peace, and return to me at your earliest convenience.

Yours faithfully,

Capt. & Paymaster.
2

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To St. N. Harris

Billeting Soldiers as undermentioned.

from July 1st 1919 to July 16th 1919

A. C. D.

5260. St. N. Harris 16 60

ACCOUNT	<u>B + M</u>
CH. NO.	<u>3357</u>
IND. LEDGER	<u>EW</u>
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 16 60

R-J

M. Blouin

Billeting Officer.

N. Harris

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 121

Regiment of Royal Newfoundland

Signature of O. C. Company C. B. Dickson

[Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5260</u>	Age on	<u>25</u>	<u>Blacksmith</u>	
	<u>Harris, Nicholas</u>	years	months	Religion	
Joined	Date	Place and Date of Enlistment		<u>Catholic</u>	
Joined	Date	Period of } with Colours } with Reserve }	<u>St John's</u>	Place of Birth	
Joined	Date		<u>20/5/11</u>	<u>St John's</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>St John's</u>	<u>19.7.18</u>	<u>Pte.</u>		<u>Absent without Leave when warned for draft from 19.7.18 to 23.7.18</u>	<u>S. Randell</u> <u>Or. Serg.</u>	<u>4 Days</u> <u>Detention</u>	<u>26/7/18</u>	<u>Capt. R. H. Tait</u>	<u>660</u>
				<u>Demobilized St John's 1/8/19</u>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5260 Rank Plt Name Harris T.
 Date of Enlistment 21.5.18 Address H. Grace District H. Grace
 Occupation Blacksmith Classification for Discharge B Medical Category A I
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date July 18/19 O. C. Discharge Depot: H. Harris

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

H. Harris

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 _____

Amlo Constable

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2476 R to his home at His Grace and Release Certificate No. 3718 issued 18-7-19.

Date 18-7-19

Ambleton
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 18-7-19.

Date 18-7-19

Ambleton
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
E 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 18-7-19

Ambleton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Grady

Date JUL 20 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date 18-7-19

Reg. No. *5260* Rank *Plt.* Name *Harris, W.*

Attested Address *H. Guel*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S. *Cassandra* Cause *Discharge*

18 7 19
20 7 A

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

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 Land*
- 2. Regtl. No... *5260* 3. Rank... *Plt*
- 4. Name *Hornio Nicholas*
(Surname) (Christian Names)
- 5. Age last birthday... *25*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Blacksmith*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (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 | | |
| (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? }

He complains of no disability

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

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

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W.E. Proctor *Captn*

Medical Officer in charge of case.

Station *Muzley town*.....

Date *9/4/19*.....

* 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