



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4813

Name Spurgeon Harris Corps Kelt

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Spurgeon Harris</u> |
| 2. What is your full Address? | 2. <u>10 South Street</u>
<u>B.P.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Tradesman</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, Spurgeon 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.

1-5-15

Spurgeon Harris
J. J. ...

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Spurgeon 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 1 day of May 1915.

Signature of Attesting Officer W. M. Churchill

†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 each will be attached to the original attestation.

Date May 15 1915
Place St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Spencer Harris
 Apparent age 24 years months. Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 34 inches
 { Range of expansion 2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Giles Harris
Bromato Bay | Relationship Brother
P.M. 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>British</u> engagement reckons from <u>1-5-1918</u>									
Joined at <u>St John's</u> on <u>Monday 1-1-1918</u>									
Discharged <u>July 11/1919</u>									
(2)									
Countersigned <u>St John's train to Halifax N.S. 11-6-1918</u> Countersigned for <u>St John's</u> <u>26-10-18</u>									
Resent in <u>France 26-10-1918</u> joined <u>Battle 3-11-1918</u>									
transferred to <u>Lower 22-11-19</u> arrived <u>New Brunswick 22-11-19</u>									
1. <u>Discharged for demobilization 22-5-1919</u> arrived <u>Halifax 1-6-1919</u>									
Demobilization <u>St John's 4-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-7-1919</u> (date of discharge) <u>1</u> years <u>65</u> days									
Pensions									



M.P.A.3

C.R. 4813

DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND.

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

JULY 12s.t 1919.

RECEIVED FROM THE DEPARTMENT OF MILITIA.

One parcel containing some effects belonging to No.4813 Pte.

S. Harris.

Signed *Pte Spurgeon Harris*

Date *July 25/19*

No. 676
Received from

Inspected a Registered Postal Packet as on the reverse form bearing the same No.

Office Stamp

A REGISTERED POSTAL PACKET

Addressed—

*Spartan News
Bona Vista
La*

JUL 22 1919

M.F.A.3

JULY 12s.t 1919.

RECEIVED FROM THE DEPARTMENT OF MILITIA.

One parcel containing some effects belonging to No.4813 Pte.

S. Harris.

Signed *W. S. Spurgeon Harris*

Date *July 25/19*

C.R. 4813

July 21st. 1919.

To: 4813 Ex-Pte. S. Harris.
Bonavista.

From: Casualty Officer.
Department of Militia.

I am forwarding you by registered mail, one parcel containing some effects, addressed to you which arrived by the S.S. Sachem on July 10th.

I enclose herewith receipt, will you kindly sign same, and return to this Department at your earliest convenience.

Yours faithfully.

Casualty Officer.

C.R. 4813-

extract from daily orders Part II Royal Newfoundland Regt.
Depot St. John's dated July 8th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c records from noted date
4-7-19.

4813, rte. Spurgeon Harris.

C.R. 4813

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. John's, (Depot) June 10th, 1919.

The discharge of the undernoted on demobilization has
been APPROVED by C.O. Discharge Depot, with effect from
20-6-19.

4813 Pte. S. Harris.

C.R. 4813

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

Date 9-6-19.

4813 Pte. S. Harris

Reported at Headquarters 1-6-19. by "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4813

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

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

#4813 Pte. S. Harris.

C.R. 4813

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt
By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Battn
3-11-18.

The following joined the Battn. 3-11-18.

4813 Pte. S. Harris.

B Coy.

C.R. 4813

Extract from Serial 2011 re-interview Staff No. 25, Suburban Folkestone
26/10/19, from 2nd Batta, Royal Southwales Regiment, Havelock Barracks,
Winchester, to 1st Batta, Royal Southwales Regiment, B.L.F.

4813 Pte. Harris, D.

MR.

STANDARD QUALITY

C.R. 4813

Extract from Daily Orders Part 11. from Unit The Royal Nfld.
Regiment, St. John's, dated June 14th 1918.

4813 Pte S. Harris

Embarked for Overseas with draft 11-6-18.

C.R. 4813

Extract from Daily Orders part 11, from Unit The Royal Mfld.
Regt. St. John's, dated May 2nd, 1918.

#4813 Pte. Spurgeon Harris.

Attested for General Service with the Royal Mfld. Regt. from
1/5/18.

S. Harris

C.R.

4813

P. & P. O.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Spurgeon Harris, Regl. No. 4813 hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and 50 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4199	Brother.	Giles Harris Thomas	Boulevard	60
Total Allotment, \$				60

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

Sig.) [Signature]
 Officer Commanding
 A Company
5-6 1918

(S) Spurgeon Harris
 (Rank) PLC

FORM K

No 4431



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Spurgeon Harris, Regl. No. 4813
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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4199	Brother	Giles Harris of Thomas Bonavista		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
A Company
St. John's
5-6 1918

(S) Spurgeon Harris
(Rank) Pte

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 Regt* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4813* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Farris, S.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *25*
6. Posted for duty on *1.5.18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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? }

See
The Complaints 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 ?

See a

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

See c

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 ?

See c

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 ?

See a

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.

Reparation
W. J. P. Brown
J. Smith
A.M.C.

Station *Hazelton Down*

Date *20/4/19*

Medical Officer in charge of case.


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

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4813.	Plt	S Harris J.	\$350	 Spurgeon

I have the honour to be, Sir,
Your obedient Servant.

J Harris

to

July 1/18

Harris, S

4813

Ray Dept.

July 4, 1919

44613 Pte. Spurgeon Harris,
Bonavista.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2401.

Yours truly

Captain,
Paymaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4813 Rank Plt Name Harris J
 Intended place of residence Bonaventure

2. Occupation Tradesman
 Classification of soldier A Medical Category AI

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 JUN 6 1919 J. Harris Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and Date ST. JOHN'S
J. Harris Signature of soldier
M. Johnston Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
J. Harris Signature of soldier
W. J. O'Leary Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service 20-6-19 Plus 14 days Service 430

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S R. H. Lat Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JUN 20 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. Johns, Nfld M. Macoley, Capt
 Officer i/c Records
 The Royal Newfoundland Regiment
 Date July 4/1919

2079/2401

The Royal Newfoundland Regiment

Class for Demobilization:—

F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11-5-19*

Regimental No. ... *4813* ...

Name *Harris Spurgeon* *Plt*

Address *Bonaville*

Present Medical Category *A-1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

S. Paterson
Senior Medical Officer

A.W. Curdall
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 813 Rank Private Name Harris J
 Date of Enlistment 1-5-18 Address Bonaville District Bonaville
 Occupation Postman Classification for Discharge E Medical Category F.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 5-6-19 O. C. Discharge Depot M. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J 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 Handed

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1533 to his home at Bonanza and Release Certificate No. 2359 issued.

Date 6-6-19 Demobilization Officer J.A. Snow Capt

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 20-6-19

Date 20-6-19 Depot Paymaster H. Mews

Discharge approved for.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 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		

2 Form B

Date 6-6-19 Demobilization Officer J.A. Snow Capt

APPROVED.

Documents as above forwarded to—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 20 1919 O. C. Discharge Depot R.H. Sait Capt

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

Date

Civil Re-establishment Committee



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

To resume former occupation

J. Harris

Signature of Man.

Reg. No. 4813

J. H. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

6-6-19

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Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
------------	-------	-----------------------	----------------------

Name Harris J. No. 4813 Rank Pte R. N. R. or Regiment

Home Address Bonaville City Address

Age 25 Height 5 ft. 7 in. Complexion Fair Eyes Brown Hair Black Character

Date of enlistment 1-5-18 Where enlisted St. John's Where seen service France

Ship returned by Comman Date of return JUN 1 1919 How Long 1 year

Birthplace Bonaville Date of discharge 20-6-19 Religion M.H.

Name and address next of kin Burke, Gyles, Bonaville

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board..... Newfoundland Board.....

Probable duration of incapacity.....

Is final disability likely to prevent return to previous occupation?

Recommendation of Newfoundland Board

Members of Board

INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Fisherman

Regular trade or profession

Average earnings previous to enlistment \$ 700.00 Any other income

Name and address of last employer Self

If in receipt of sick benefits or other insurance—name of society Am. per mo. \$

At what age left school? 16 What grade, standard, &c., was he in? 1st Standard

Has he had any further education since leaving school, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

If unable to follow previous occupation, name preference

References W. J. O'Leary Dns I declare that the above statement is correct.

Witness W. J. O'Leary Dns Signature J. Harris

Date JUN 6 1919

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

PENSION—Class..... Amount per month, \$..... Period granted for..... Dating from.....

First Payment date.....

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

MEDICAL HISTORY

Surname Harro

OF

Christian Name Spurgeon

Table I.—GENERAL TABLE.

Birthplace:—Parish BonavistaCounty Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May 1918		191
	at	S. Johns	at	
Declared Age	24	years		days
Traile or Occupation	Fisherman			
Height	5	feet 3		inches
Weight	150	lbs.		lbs.
Chest Measure- ment {	Girth when fully expanded...	34		inches
	Range of Expansion..	2		inches
Physical Development...				
Vaccination Marks {	Right		Right	
	Left		Left	
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Lamm Peterson			
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at	S. Johns	at	
	on	1 day of May 1918	on	day of 191
		Corps		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	The Royal Nfld Regt			
		4873		
Transferred to				
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., 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 Cav.*
2. Regt. No. *4810* 3. Rank *Pte*
4. Name *James* *15*
(Surname) (Christian Names)
5. Age last birthday *25*
6. Posted for duty on *1/5/18* at *St John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman.*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regt. 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
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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?

na.

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 Complainant's 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.

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

na.

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

na.

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na.

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

W.E. Proctor. J. H. H. H. H.

Medical Officer in charge of case.

Station Hazelley, D.A.M.

Date 30/11/19

* 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

July 5, 1919

#4813 Pte. Spurgeon Harris,

Bonavista, B.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster & U.I/c Records.

The Royal Alld. Regiment

DEMOBILIZATION

No. 4813 Rank

Name Norris

Warned for demobilization on

JUN 6 1919

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 23rd. 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..... *Spurgeon* Surname..... *Harris*

S. Rank..... *Plt* Regt. No. *4813*

5. Address in full to which future payments of gratuity are to be forwarded..... *Ronavista, B.B.*

6. Date of enlistment in the Regiment..... *May 1/18*

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

8. Relationship of such dependents.....

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

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From May 1/18 to June 6/19* 1. $\frac{1}{2}$

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? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

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

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

19. Are you now serving in the Res't.? *No* If not give:- (a) date of discharge *June 6/19*

(b) Reason for discharge *Temporary Demoted by order*

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

France, Belgium & Germany from Dec. 28/18 to Apr. 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

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

Spurgeon Harris

Signature of Applicant:

Place of Residence:

Declared before me at:

This

7th

day of

*Bonaville, P. B.
N. John's, field
June 1919....*

19.19....

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

*John W. Anthony
J.P.*

POST DISCHARGE PAY.

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

N^o 4431

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Spurgeon Harris, Regl. No. 4813
 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4199	Brother	Giles Harris & Thomas Bonavista.		60
Total Allotment, \$				60

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

Sig.) J. C. King
Captn.
 Officer Commanding
'A' Company
St. John's.
8-6-1918

(Sig.) Spurgeon Harris
 (Rank) Pte

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.,

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Sept. 3 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

S. Harris

in respect of his service as No. 4813 Rank Pte.

Name S. Harris Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Sept 17 / 21

Signature Surgeon Harris

Date Sept 14 / 21

Address Brnoovice

[P.O.]

Receipt for Army Book 64

No. 4813 Name *Harris S.*

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

Date. *Aug 7 1920*

Place. *Bonaville*

Name. *S. Harris*

WZ

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

Casualty Form—Active Service.

Regiment or Corps 11th ROYAL NEWFOUNDLAND REGT.Rank WO Surname Harris Christian Name SpurgeonReligion meth Age on Enlistment 24 years monthsEnlisted (a) 1/17/18 Terms of Service (a) Duration Service reckons from (a) 1/17/18Date of promotion to present rank Date of appointment to lance rank Extended () Re-engaged () Qualification (b)
or Corps Trade and rate Occupation Internals for a business Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, No., dating active service, as reported on Army Form B 215, Army Form A. 36, or in other official documents. The authority to be quoted in such case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 215, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked ...	26 OCT 1918	
			Disembarked	7 NOV 1918	
			Joined Battalion	3 NOV 1918	
			Arrived in UK	23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing Smith, etc.

7 5327—M 3003 1000m 7/18 (25398) C. P. & S., Ltd., Forms B. 103 B/1555.

[P.T.O.]

Next of Kin Brother, Giles Harris, Bonaville, St. John's, Newfoundland.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 521

Forms
B. 121.
39.

Regiment of Royal Newfoundland

Signature of O. C. Company Wm. Churchill

Regimental Number and Name		Enlistment		Trade
No.	<u>4813 Harris S</u>	Age on	24 years months	<u>Isleman</u>
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion
Joined	Date	Period of	<u>1.5.18</u>	<u>Meth.</u>
Joined	Date		with Colours <u>165</u> years.	Place of Birth
Joined	Date	with Reserve <u>36</u> years.		<u>Bonawaska</u>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>		<u>14</u>	<u>1/19</u>		

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment *D 413*

DEMobilIZATION OF

Reg. No. *413* Rank *Pl* Name *Harris J*
 Date of Enlistment *1-5-78* Address *Bonaville Bonaville* District *Bonaville*
 Occupation *Interpreter* Classification for Discharge *E* Medical Category *A1*
 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	<i>W</i>
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 *5-6-19* O. C. Discharge Depot *J. M. Smith*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J Harris

Particulars passed to Vocational Officer for information and action.

Date *5-6-19*

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *£60.00*

(b) Clothing Supplied *J. M. Smith*

Date *6-6-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2359 to his home at Bonavita and Release Certificate No. 2359 issued

Date 6-6-19

J. J. Snow
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 1-1-19

Date 1-1-19

J. J. Snow
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	<u>1/2 Form B</u>
F 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 100A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 100C	Form K	do 4th	" 5	
B 179b	B 103	M 2		" 6	
B 179c	B 120	M 93			

Date 6-6-19

J. J. Snow
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 20 1919

Date

R. H. Jait
O. C. Discharge Depot.

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

Date June 11, 1919

J. J. Snow

Reg. No. *4413* Rank *Plt* Name *Harris Spurgeon*

Attested Address *Bonauvia*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19*

Returned on S.S. *Loisian* Cause *Discharge*

5-6-19

PASSED TO DEMOBILIZATION OFFICE

20-6-19

DISCHARGE APPROVED ON DEMOBILISATION



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 *Spurgeon Harris*
Regiment from which discharged *Royal Newfoundland*
Regimental number *4813*
Intended address *Bonaville*
Height on discharge *5* Feet *7*
Color of hair on discharge *Black*
Complexion *Fair*
Color of eyes *Brown*
Descriptive Marks —
Figure on discharge *Normal*
Christian name of Father *(Dead)*
Christian name of Mother *(Dead)*
Wife's maiden name in full —
Date and place of marriage —
Christian names of children —

Place and date of soldier's birth *Bonaville, Oct 4, 1896*

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) *Spurgeon Harris* (Rank) *Pte*

Station *St John's Nf* Date *4-6-19*

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

Station

Date

