



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5303 Name Henry Morgan Corps Cof E.

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Henry Morgan</u>             |
| 2. What is your full Address? .....  | 2. <u>Seal Cove C.B.</u>           |
| 3. Are you a British Subject? .....  | 3. <u>Yes!</u>                     |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Ironer!</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>Not 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, Henry Morgan 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.

22/5/18 Henry Morgan SIGNATURE OF RECRUIT.  
W. R. Howe Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Henry Morgan 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 22 day of May 1918.  
 Signature of Attesting Officer Edwards 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 .....  
 I enlisted by special authority, such will be attached to the original attestation.  
 Date May 22 1918 } Approving Officer.  
 Place St. John's

† 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

5303

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

Name Henry Morgan  
 Apparent age 21 years 0 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Morgan  
Sal Cove Relationship Father  
C. B. 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 enrv.

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Regt. or Depot	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 limited engagement reckons from <u>22-5-18</u>									
Joined at <u>St. Albans</u> on <u>May 22 1918</u>									
Discharged <u>July 10 1918</u>									
Embarked <u>St. Albans S.S. Columella</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
Embarked for <u>B.C.F.</u> <u>23-11-18</u> Re-embarked <u>France</u> <u>25-11-18</u>									
Joined <u>Batt. 5-1-19</u> transferred from <u>Rowen</u> <u>22-2-19</u> Arrived <u>Verdun</u> <u>23-4-19</u>									
Transferred for demobilization <u>22-5-19</u> Arrived <u>Le Mans</u> <u>1-6-19</u>									
Demobilization <u>St. Albans</u> <u>10-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 10-7-1919 [date of discharge] 1 years 50 days  
 " " Pensions " [ " " ] " " "

C.R. 5303

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c Records from 10-7-19.

5303 Pte. Henry Morgan.

C.R.

5303

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
St. John's, June 26th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by G.O. Discharge Depot with effect from 26-6-1919

5303 Pte. H.Morgan.

C.R. 5303

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

Date

June 18th 1919.

5303, Pte. H. Morgan.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R.

5303

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  
Razeley Down Camp 23/4/19.

#5303 Pte. H. Morgan.

C.R. 5303

Extract from Nominal Roll of Draft No, 56, of the 2nd.,  
Battalion of the Regiment at Winchester to the 1st.,  
Battalion, B. E. F., Embarked Southampton 23/11/18.

#5303 Pte. H. *Morgan*  
~~Horgan~~

C.R. 5303

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

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

#5303 Pte. Henry Morgan.



Extract from Daily Orders part 11, from Unit The Royal  
Nfld.Regt.St.John's, dated May 23rd, 1918.

#5303 Pte. Henry Morgan.

Attested ~~for~~ General Service with the Royal Nfld.Regt.  
from 22.5.18

*A Morgan*

C.R. 5303

*11/10*

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* 7. Former Trade or Occupation } *Miner*  
2. Regtl. Nos. *5303* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Morgan, S.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.  
5. Age last birthday *22*  
6. Posted for duty on *20.5.18* 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 (b) Date of Discharge;  
(c) on duty (d) off duty? (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? } .. .. .

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

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

*He complains of no 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 ?

*no*  
*no*  
*no*  
*no*

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. H. Stewart*  
*Capt. Carrie*  
 Medical Officer in charge of case.

Station *Hazley Camp*  
 Date *29. 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





To. Mr John Morgan  
I seal some  
Kelligrews  
New York.

Cable seven pounds  
through Militeria

5303. Pl. H. Morgan

242





Morgan, H

5303

Ray Dept

July 12, 1919

#5303 Pte. Henry Morgan,

Seal Cove, C.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 & Officer i/c Records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name, *Henry* ..... 2. Surname, *Morgan* .....
- 3. Rank, *Private* ..... 4. Payroll No. *5303* .....
- 5. Address in full to which future payments of gratuity are to be forwarded, *Henry Morgan, Seal Cove, Harbour Main, District 3, Conception Bay* .....
- 6. Date of enlistment in the Regiment, *20 May 1918* .....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge, *John Morgan* .....
- 8. Relationship of such dependents, *Father* .....
- 9. Address in full of such dependents, *John Morgan Seal Cove, District Harbour Main - C.B.* .....
- 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 His Majesty's Forces, if so, give dates and particulars of such service, *England, France, Germany* .....
- 12. Give total length of time which you served on active service, whether in His Majesty's Forces or otherwise, *From 20 May 1918 to 27 June 1919* .....

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

no

.....

no  
no

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

no

no

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

no

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

no

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

no

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

no

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

not applicable

19. Are you now serving in the Rest? If not give - (a) date of discharge

25<sup>th</sup> June 19

Demobilization

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.

no

no

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.

Signature of Applicant: *Henry Morgan*  
 Place of Residence: *Seal Cove Harbor Main District*  
 Declared before me at: *St Johns*  
 This *25<sup>th</sup>* day of *June* 19.*19*...

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

*Wm James*

POST DISCHARGE PAY.				Net amount due
Date paid	Amount paid	War Service Classify.	Soldier. Dependents.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

July 10, 1919

#5303 Pte. Henry Morgan,

Seal Cove,

Hr. Main Dist.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2907.

Yours truly

Captain  
Paymaster & O. I/c Records

The Royal Wld. Regiment

DEMOBILIZATION

No. 5303 Rank \_\_\_\_\_

Name Morgan H

Warned for demobilization on

JUN 25 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5303 Rank. Pte Name. Morgan, H.  
 Intended place of residence. Seal Cove, St. John's
2. Occupation Miner  
 Classification of soldier. I Medical Category. A.F.
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 25 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 JUN 25 1919 .....  
 Signature of soldier  
 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, ST. JOHN'S .....  
 Date JUN 25 1919 .....  
 Signature of soldier  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service. 22-5-18 ..... No. of days on Military  
 Discharged from service. 26-6-19 ..... Plus 14 days Service. 415

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S .....  
 Date JUN 26 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 July 10/1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

*A.B. 2079/3907*



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5303 Rank PIE Name Walter J. ...  
 Date of Enlistment 22.5.18 Address Sea View District St. John's  
 Occupation Mural Classification for Discharge E Medical Category AI  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	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 24.6.19 O. C. Discharge Depot. H. Maynard

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

H. Maynard

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.50
- (b) Clothing Supplied Ch. Johnston

Date 25-6-19 O. i. c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R 1956 to his home at Deal Cove and Release Certificate No. 3012 issued.

Date 25-6-19 *J.A. Snowball*  
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 10-7-19

Date 25-6-19 *J.A. Snowball*  
Depot Paymaster.

Discharged approved for 26-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 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
B179c	B 120	M 93		

*2 Form B*

Date 25-6-19 *J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-  
Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 26 1919 *R.H. Jait* MAJOR  
O. C. Discharge Depot.

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

Date .....

# The Royal Newfoundland Regiment

Class for Demobilization: —

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 26.11.19

Regimental No. 5303

Name George Henry Rank Private

Address Sea View W. Main

Present Medical Category A1

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

Members of Board {

R. H. East Major  
O. C. Discharge Depot.

H. Peterson  
Senior Medical Officer

S. W. Burdett  
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.

*H. Morgan*

Signature of Man.

Reg. No. 5203.

*J. H. Snowball*

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date 25-6-18.

191

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

# MEDICAL HISTORY

Surname Morgan OF Christian Name Henry

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Me.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	22 <sup>nd</sup>	May	1918	191
Declared Age	21	years		days
Trade or Occupation	Miner.			
Height	5	feet	5	inches
Weight	132	lbs.		lbs.
Chest Measurement	36			inches
	2.			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	1 Scar.			
When Vaccinated	1 year ago.			
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)	<u>Samuel Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>Sejochus</u>	at	
	on	22 <sup>nd</sup> day of <u>May</u>	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	<u>Royal Nfld</u>			
	<u>Regiment.</u>			
		<u>5303.</u>		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191





## 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 *Morgan, Henry*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5303*

Intended address *Seal Cove St John's*

Height on discharge *5* Feet *5*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Seal Cove 26 6 - 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) *Henry Morgan* *H*  
(Rank)

Station \_\_\_\_\_ Date *73619*

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.

Station \_\_\_\_\_ 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 New Zealand*
2. Regtl. No. *5203* 3. Rank. *Pte*
4. Name *Morgan* *St.*  
(Surname) (Christian Names)
5. Age last birthday. *29*
6. Posted for duty on. *20-5-18* at *St. John's*  
in category (or grade).....
7. Former Trade or Occupation } *Mines*
- 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?
9. If a Court of Inquiry was held on an injury state:—  
(a) When (b) Date of Discharge;  
(b) Where (c) Cause of Discharge.  
(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 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? } na /

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.)*

*Accomplish his disability.*

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

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.

*Repatrication*

*W. Procunier Capt R.A.M.C.*

Medical Officer in charge of case.

Station *Hazley, Devon*

Date *22-4-19*

\* 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

## Casualty Form—Active Service.

ROYAL NEWFOUNDLAND REG.

Regiment or Corps.....

Rank PR Surname Morgan Christian Name JoReligion C of G Age on Enlistment 21 years — monthsEnlisted (a) 22/5/18 Terms of Service (a) DURATION. Service reckons from (a) 22/5/18

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

Extended {.....} Re-engaged {.....} Qualification (b).....  
or Corps Trade and Rate.....Occupation Miner Signature of Officer. W. Long Capt

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrived in UK		23/4/19	

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

(b) Signaller, Shoosmith, &amp;c.

(17591.) W.L.W. 1887-P.1121. 1,000,000. 6/18. D &amp; S. Form B.103. (2, 1256.)

[P.T.O.]

Next of kin: Father: John Morgan; Deaf love: C. Bay; N. F. L. D.



ST. JOHN'S, JUN 25 191

# Royal Newfoundland Regiment.

Billeting Account,

To Mr. H. Morgan

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 26<sup>th</sup> /19

5303 Mr. H. Morgan 27 10

13 Fwd  
24901 - Cos

Certified correct for \$ 27. 10

A. C. R.

J. H. Shovelap  
Billeting Officer.  
Henry Morgan



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

OCT 15 1921.

The accompanying ~~Victoria Cross~~ British War Medal

is/are forwarded herewith to

Henry Morgan

in respect of his service as No. 5303 Rank Pte.

Name H. Morgan Royal Nfld. Regt.  
~~1st Battalion~~

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Henry Morgan, ex. pte

Date Oct 22nd 1921

Address Seal Cove, Conception Bay

[P.T.O.]



5303

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5303 Rank Pvt Name Morgan A.  
 Date of Enlistment 22.5.18 Address Seal Cove District St. John's  
 Occupation Miner Classification for Discharge 8 Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	✓	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	✓	Board 1st	" 2	
B 178a	D 400A	B 1915	✓	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 24.6.19 \_\_\_\_\_  
 O. C. Discharge Depot. H. Morgan

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

H. Morgan

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £ 6.0.50
- (b) Clothing Supplied \_\_\_\_\_

Date 25-6-19

O i.c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *R1956* to his home at *Small Town* and Release Certificate No. *3012* issued.

Date

*25-6-19**J.A. Snowball*  
Demobilization Officer**4. Pay and Allowances.**

*I* The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *11-7-19*

Date

*25-1-19**J.A. Snowball*  
Depot Paymaster.

Discharge approved for

*26-6-19*

Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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
B179c	B 120	M 93		

*1/2 Form B*

Date

*25-6-19**J.A. Snowball*  
O. C. Discharge Depot.**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

*JUN 26 1919**R.H. Smith*  
O. C. Discharge Depot.

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

Date

*July 10 1919**R.H. Smith*  
for records

Reg. No. *5303* Rank *Pfc* Name *Morgan H.*

Attested ..... Address *Seal Cove,*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29 5-19*

Returned on S.S. *Corsican* Cause *Discharge*

*25 6 19*

**PASSED TO DEMOBILIZATION OFFICER**

*26 6 19*

**DISCHARGE APPROVED ON DEMOBILISATION.**