



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 119

Name in full Stanley Robert Morgan Age 20
 Address South River, Clark's Beach, Conception Bay
 Married _____ Height 5.8 1/2 Weight 148 lbs.
 Single _____
 Color Dark Hair Black Eyes Brown
 Other distinguishing marks none
 Nearest relative Benjamin Morgan (Father)
 Address as above
 Dependents none
 Occupation Fisherman Present Wage 75 per month
 Previous service none
 Decorations none
 General Remarks _____

Date of Enlistment December 14th 1914

Stanley Robert Morgan do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Stanley Robert Morgan
Witness
 Stanley
 Robert Morgan

Declared before me this 14th day of December 1914

Decommissioned Surgeon General

R. Morgan

719.

P. & R. O.



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 119

Name in full Robert Morgan Stanley Age 20 ¹³
 Address South Cove, Clark's Beach, Conception
 Married Single Height 5' 8 1/2 Weight 148 lbs.
 Color Dark Hair Black Eyes Brown
 Other distinguishing marks none
 Nearest relative Benjamin Morgan (Father)
 Address as above
 Dependents none
 Occupation Fisherman Present Wage 75 per month
 Previous service none
 Decorations none
 General Remarks _____
 Date of Enlistment December 14th 1914

I, Robert Morgan Stanley do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Robert Morgan Stanley
Witness
Stanley
Robert Morgan

Declared before me this 14th day
 of December 1914

Arthur Shyne

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 719

Name Robert Stanley Morgan

Apparent age 20 years months. Height 5 feet 8 1/2 inches.

Chest measurement { Girth when fully expanded inches.
Range of expansion inches.

Distinctive marks Color: Dark, Hair: Black, Eyes: Brown

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Benjamin Morgan, South River, Clarke Beach,
Conception Bay, Nfld. Relationship Father

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 | Regt. or Depot | Promotions, 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>14/12/14</u> | | | | | | | | | |
| Joined at <u>St. John's</u> on <u>14th December '14</u> | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Service forfeited as above | | | | | | | | | |
| Total Service towards Engagement to (date of discharge) | | | | | | | | | |
| " " " Pension | | | | | | | | | |

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 719

Name Robert Stanley Morgan

Apparent age 30 years _____ months. Height 5 feet 8 1/2 inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks Color: Dark, Hair: Black, Eyes: Brown

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Benjamin Morgan, South River, Clarks Beach, Conception Bay, Nfld. Relationship Father

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 | Regt. or Depot | Promotions, 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>14/12/14</u> | | | | | | | | | |
| Joined at <u>St. John's</u> on <u>14th December '14</u> | | | | | | | | | |
| <i>Died of Wounds Oct 10/17</i> | | | | | | | | | |
| <i>Embarked S.S. Dominion Station 5/15. Embarked N.C.F. 20/8. Disembarked Mex. and entrained for Cairo 31/8. Embarked for Gallipoli 13/9. Disembarked Suez Canal night of 19-20 September 1915. December 1915 to February 16. Western frontier Egypt. Embarked for Suez N.C.F. 2/16. Disembarked Hamilton 8/16. With Battalion 11/16. L. Gt. 5/16. With Battalion 23/17. Promoted Capt. 8/17</i> | | | | | | | | | |
| <i>Died of Wounds 10-10-17</i> | | | | | | | | | |
| Total Service forfeited as above | | | | | | | | | |

Total Service towards Engagement to 10-10-17 (date of discharge) 2 years 300 days.
" " " Pension " " " " " " " " " " " "

R. Morgan

719.

P. R. O.

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

MEDICAL HISTORY

Surname Morgan OF Christian Name Robert

Table 1.—GENERAL TABLE.

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|--------------------------------|-------------------|---------------|------------------|
| | on | day of | on | day of |
| Examined | 10 th | Dec | | |
| | 1914 | | | 191 |
| | at <u>St John's</u> | | at | |
| Declared Age | 27 ⁰ | years | | |
| Trade or Occupation | <u>Fisherman</u> | | years | days |
| Height | 5 | feet | | |
| | | | | |
| Weight | 133 | lbs. | | |
| Chest Measurement | 35 | inches | | |
| | | | | |
| Physical Development | | | | |
| | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | | | | |
| When Vaccinated | <u>Never</u> | | | |
| Vision | R. E.—V== | <u>W</u> | R. E.—V== | |
| | L. E.—V== | | L. E.—V== | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | <u>W</u> | (a) | |
| (b) Slight defects but not sufficient to Cause Rejection | (b) | | (b) | |
| Approved by (Signature) | <u>Cluny Macpherson</u> | | | |
| (Rank) | <u>Capt.</u> | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at <u>St John's</u> | | at | |
| | on <u>14th</u> | day of <u>Dec</u> | on | day of |
| | | 1914 | | 191 |
| Joined on Enlistment | <u>1st Nfd Regt</u> | <u>719</u> | | |
| Transferred to | | | | |
| Became non-effective by | | | | |
| | on | day of | on | day of |
| | | 191 | | 191 |
| (Signature) | | | | |
| (Rank) | | | | |

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

| Date | Brief Details, and Signature |
|--------------------|---|
| | <i>J. V</i> |
| 23.4.15 16.8.15 | <i>Vac. Fit for foreign service</i> |

TABLE IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation. | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|------------------------|--------------------------------|--------------------------------------|----------------------|--------------------------------|-------------------------------------|
| <i>St Johns</i> | <i>Dec. 14/15</i> | <i>Feb 7/15</i> | | | |
| <i>72. "Dominion"</i> | <i>Feb. 5/15</i> | <i>" 16/15</i> | | | |
| <i>Edinburgh Contd</i> | <i>" 16/15</i> | | | | |

Office Copy.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps Royal Newfoundland

No. 719 Rank Corporal

Name Morgan R.S.

Died (a) Intestate at France

on the 10th of October 1917.

Deserted at

on the of 191..

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|-----|----|----|--|-----|----|----|
| | Balance Dr. last month | | | | Balance Cr. last month <u>10...10...14</u> | 21 | 0 | 10 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | |
| | | £ | s. | d. | Proficiency, Service or good conduct pay days at from to | | | |
| | 191 | | | | Messing allowance days at from to | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | Consolidated stoppage | | | | Amount of Savings Bank balance, including interest (if no balance, to be so stated) | | | |
| | | | | | Deferred Pay or Gratuity | | | |
| | Balance due by the Paymaster | 21 | 0 | 10 | Balance due to the Paymaster | | | |
| | | £21 | 0 | 10 | | £21 | 0 | 10 |

CHECKED.
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 21 0 10 is chargeable against the Public^(b).

Dated at

this

day of



191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office under Army Form B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

ORIGINAL.

REGIMENT OR CORPS } Newfoundland Regiment. Squadron, Troop, Battery or Company } C. Coy.

Regimental No. 719 Rank Corporal.

Surname Morgan. Christian Names R.

Died { Date 10/10/17. Place France or Belgium.

Cause of Death* Died of Wounds received in Action.

Nature and Date of Report Letter from O.C. 87th. F.A. 10/10/17.

By whom made O.C. 14th. C.M.D.S. for O.C. 87th. F.A.

DUPLICATE
 COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 21 DEC 1917

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____
 By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 6) Not received (b) in Small Book (if at Base) Not received
 (c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H.Q. 3rd. Echelon. Signature of Officer in charge of Section G. Heany. 2nd. Lt. for Major
19/10/17. Adjutant-General's Office at the Base
Officer of No. 1 Infantry Section.

25th March

8

4642/1/B&E

Miss Margaret Duff,

65, Thistle Street,
Edinburgh.

719, Cpl. R. Morgan, (Deceased)

With reference to your letter 19/3/18 (2701):-
Effects of Deceased Officers and Men of the Newfoundland
Contingent, are usually sent by this Office to Head-
quarters, St. John's, for disposal to the persons entitled
to receive them.

If you will forward anything you have to this
Office, such will be dealt with as customary, please.

| | | |
|--|-------------|----|
| NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE, | | |
| Ref. Nos. IN | 2401 | |
| Rec'd | 21 MAR 1918 | |
| Ack'd | Ans'd | |
| Ref. Nos. OUT | 4642/1 | |
| ACTED UPON | | |
| BRANCH | DATE | BY |
| Comd. | | |
| P. & A. | | Th |
| R. & C. | | |
| B. & E. | | |
| P. S. | | |

4642/1

65 Lister Street
 Falmouth
 Cornwall
 19. 3. 18

Sir

I am in possession
 of Personal Belongings
 of the Late :

Cpl. R. Morgan
 No 419 - C. Coy.
 Newfoundland
 "Transport" Regt.

I wonder if
 you would be kind
 enough to forward
 to me his home
 address.

Yr Obedient
 Servant
 Margaret Duff.

Morgan, R. S.

719

Lay Dept.

PAY LIST.

to

ORIGINAL.

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **719** Rank **Corporal** Name **Morgan, R.S.**
 Died (a) **Intestate** at **France** on the **10th** of **October**. 191**7**.
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

 { Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|------------|----------|-----------|---|------------|----------|-----------|
| | Balance Dr. last month | | | | Balance Cr. last month 10...10...17 | 21 | 0 | 10 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at from to | | | |
| | 191 | | | | Messing allowance days at from to | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | Consolidated stoppage | | | | | | | |
| | Balance due by the Paymaster | 21 | 0 | 10 | | | | |
| | | £21 | 0 | 10 | | £21 | 0 | 10 |

This account is in accordance with advices received at the Pay & Record Office to **519 118** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

Alb.
 4/9/18

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ **NEWFOUNDLAND CONTINGENT.**

Dated at this day of



[Signature]
 CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS

- (a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL

Army Form O. 1625.

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **719** Rank **Corporal** Name **Morgan, R.S.**
 Died (a) **Intestate** at **France** on the **10th** of **October**. 191**7**.
 Deserted at _____ on the _____ of _____ 191**7**.

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form I.]

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|-----|----|----|---|-----|----|----|
| | Balance Dr. last month | | | | Balance Cr. last month ... | 10 | 10 | 14 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at _____ from _____ to _____ | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at _____ from _____ to _____ | | | |
| | 101 | | | | Messing allowance days at _____ | | | |
| | " | | | | from _____ to _____ | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | Consolidated stoppage | | | | | | | |
| | Balance due by the Paymaster | 21 | 0 | 10 | | | | |
| | | £21 | 0 | 10 | | £21 | 0 | 10 |

This account is in accordance with advices received at the Pay & Record Office to 517/118 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

216
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the **NEWFOUNDLAND CONTINGENT.**

Dated at _____ day of _____ 191**8**



CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps ROYAL NEWFOUNDLAND REGIMENT.

No. 719 Rank Corporal.

Name Morgan. R. S.

Died (a) Intestate at Brance

on the 10th of October. 1917.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|--------------|--|-----|----|----|---|-----|----|----|
| | Balance Dr. last month | | | | Balance Cr. last month ... 10... 10... 17.... | 21 | 0 | 10 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at from to | | | |
| 191 | | | | | Messing allowance days at from to | | | |
| " | | | | | Kit allowance | | | |
| " | | | | | Amount produced by the sale of Effects from Form 2 | | | |
| Consolidated | [REDACTED] | | | | Savings Bank balance, including (if no balance, to be so stated) | | | |
| | | | | | or Gratuity | | | |
| | Balance due by the Paymaster | 21 | 0 | 10 | Balance due to the Paymaster | | | |
| | | £21 | 0 | 10 | | £21 | 0 | 10 |

CHECKED. 26. 4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correctly chargeable against the NEWFOUNDLAND CONTINGENT.

Dated at this day of 4 - SEP 1918 191



Chief Paymaster & Officer in Charge of Records

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1815. (b) Words in Italics to be struck out when there is no debtor balance.

THE BOARD OF PENSION COMMISSIONERS FOR N.F.L.D.

Nov 22 1919

The Paymaster & Officer i/c Records
St. John's Nfld.

Sir:-

No. 719
Rank Cpl.
Name R. S. Morgan

I have the honour by direction, to advise you that the claim for pension on account of the Marginally noted has been considered by the Board, and it has been ordered that if there is an allotment, Separation adnce., or Patriotic Fund adnce., being paid on his account, that it should be cancelled from Nov 1st 1919

Kindly govern yourself accordingly, and advise me of the amount paid by your Det., on this account.

I have the honour to be.,

Sir,

Your obedient servant,

C. J. Oke
Asst. Secretary.

B.F.C. Form 11.

Discontinued
31/10/19

Benjamin Morgan
South River, C.B.

**DUPLICATE
MAIL COPY**

Army Form O. 1625.

PAY LIST.

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **419** Rank **Corporal** Name **Morgan, R. S.**
 Died ^(a) **Intestate** at **France** on the **10th** of **October** 191**7**.
 Deserted at _____ on the _____ of _____ 191 **.**

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|------------|----------|-----------|---|------------|----------|-----------|
| | Balance Dr. last month | | | | Balance Cr. last month 10.10.17 | 21 | 0 | 10 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at _____ from _____ to _____ | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at _____ from _____ to _____ | | | |
| | 191 | | | | Messing allowance days at _____ from _____ to _____ | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | " | | | | | | | |
| | Consolidated stoppage | | | | | | | |
| | Balance due by the Paymaster | 21 | 0 | 10 | | | | |
| | | £21 | 0 | 10 | | £21 | 0 | 10 |

This account is in accordance with advices received at the Pay & Record Office to **5/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.
RLC
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is ~~correctly~~ chargeable against the **NEWFOUNDLAND CONTINGENT**.

Dated at _____ this _____ day of **4 - SEP 1918** .191 . **CHIEF PAYMASTER & OFFICER IN CHARGE**

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the **RECORD OFFICE** Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE MAIL COPY

Army Form O. 1625.

PAY LIST.

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **419** Rank **Corporal** Name **Morgan, R.S.**
 Died (a) **Intestate** at **France** on the **10th** of **October** 191**7**.
 Deserted at _____ on the _____ of _____ 191**7**.

I Certify to the correctness of above in every particular.

(_____)
 Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|------------|----------|-----------|---|------------|----------|-----------|
| | Balance Dr. last month | | | | Balance Cr. last month 10.10.17 | 21 | 0 | 10 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at _____ from _____ to _____ | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at _____ from _____ to _____ | | | |
| | 191 | | | | Messing allowance _____ days at _____ | | | |
| | " | | | | from _____ to _____ | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | Consolidated stoppage | | | | | | | |
| | Balance due by the Paymaster | 21 | 0 | 10 | | | | |
| | | £21 | 0 | 10 | | £21 | 0 | 10 |

This account is in accordance with advices received at the Pay & Record Office to **5/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

8/6
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is ~~correctly~~ chargeable against the **NEWFOUNDLAND CONTINGENT**.

Dated at _____ this _____ day of _____ 191**8** **4 - SEP 1918** CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Paymaster with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE MAIL COPY

Army Form O. 1625.

PAY LIST.

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **719** Rank **Corporal** Name **Morgan, R. S.**
 Died (a) **Intestate** at **France** on the **10th** of **October** 191**7**.
 Deserted at _____ on the _____ of _____ 191**7**.

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|------------|----------|-----------|---|------------|----------|-----------|
| | Balance Dr. last month | | | | Balance Cr. last month 10.10.17 | 21 | 0 | 10 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at _____ from _____ to _____ | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at _____ from _____ to _____ | | | |
| | 191 | | | | Messing allowance _____ days at _____ from _____ to _____ | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | " | | | | Savings Bank balance, including (if no balance, to be so stated) | | | |
| | Consolidated [REDACTED] | | | | or Gratuity | | | |
| | Balance due by the Paymaster | 21 | 0 | 10 | Balance due to the Paymaster | | | |
| | | £21 | 0 | 10 | | £21 | 0 | 10 |

CHECKED.
8/6
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public **NEWFOUNDLAND CONTINGENT.**

Dated at _____
 this _____ day of _____ 191**7**

NEWFOUNDLAND CONTINGENT
 58, VICTORIA ST.
 LONDON, E.W. 1
4 - SEP 1918

 CHIEF PAYMASTER & OFFICER IN CHARGE
 Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Contingent Paymaster with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Stanley Morgan, Regl. No. 719
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
40 Dollars and 40 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.:

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-----------------|------------------------------|----------------------|
| 690 | Father | Benjamin Morgan | Smith River Clark's Beach | 40¢ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | |

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.) E. S. [Signature]
 Officer Commanding
 Company

(Sig.) Robert Stanley Morgan
 (Rank) Private

[Signature]
 Jan 29th 1915



1st. Newfoundland Regiment

St. John's, Nfld., March 6 1915

Mrs. Selma J. Shepherd.

Dear Madam

The amount ~~800~~ ⁸⁰⁰ owed you by
Pte R. Morgan will be paid if you apply to Mr
Geo. Russell, Deputy Paymaster of the Regiment. This office
is the Treasury Office, Custom House. You can
obtain same this morning if you call.

Yours very truly

Eric S. Lloyd

This is to certify that Private
Robert Morgan has paid
his board up to Monday the
18th January.

He now owes from that date
to the present time of leaving
St John's \$8.00

(Mrs) S. J. Shepherd

27 Hutchings St

St John's

1 Platoon

709

J.B.H.

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,
St. John's.

July 26th 1921
RECEIVED
JUL 27 1921

I beg to acknowledge receipt of 27
Memorial Plaque issued in respect of services of
the late No. 719 Rank *Cpl.*
Name *Robert S. Morgan*
Royal Newfoundland Regt.

Benjamin Morgan (Sgd.)
Father Relationship.

Address *Southview, 6 Lorlus Beh*

RECEIPT.

C.R. 719

STAR. I hereby certify that I have received the 1914-1915

STAR.

Benjamin Morgan

No 719 Name B S Morgan

Witness H Morgan

Date Dec. 12. 1919

Place South River

Original in 1243

Copies of Statements regarding the death of ~~the~~ No.
1243 Pte. L. Simms.

(1) On the night 9/10th October, I was one of the Transport men leading pack Cobs up to the Battalion with rations and water when a shell burst near us killing Lieut. Goodyear, Cpl. Morgan, Pte. Lilly, Jones, & Simms. He was killed instantly and was I think buried by some R.E.'s next morning

(Sgd) John J. Ivany.

(2) On the night of the 9/10th October, I was with Pte. L. Simms and some others of the Transport men leading Pack Cobs with rations and water which were being brought up to the Battalion when a shell burst among us and killing Lieut. Goodyear, Cpl. Morgan, Pte. Lilly, Jones & Simms. Pte. Simms was killed instantly.

(Sgd) J.A. Hennebury.

No. 468

A REGISTERED POSTAL PACKET

Received from

Addressed

719



Bay Mountain
South Ham Beach
Mass

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

Received a Registered Postal Packet addressed as above....

Office }
 Stamp }

C.R. 719

Sept 12th, 1918

Mr. Benjamin Morgan
Souty River
Clarke's Beach

Dear Mr. Morgan:-

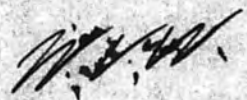
I am writing to inform you that it is my regrettable duty to forward to you one package containing the effects of your late son No. 719, Private Robert Stanley Morgan of the Royal Newfoundland Regiment.

I am enclosing herewith receipt; will you kindly sign same and return at your earliest convenience.

Assuring you of my deepest sympathy in your bereavement and in the grief which the receipt of these effects must entail.

I am,

Yours sincerely,



Lieut

Casualty Officer.

C.R. 719

July 8, 1918

Mr. Benjamin Morgan,
South River,
Clarke's Beach, C.B.

Dear Mr. Morgan:-

I am writing to inform you that it is my regrettable duty to forward to you by "Express" one Kit Bag, which belonged to your son the late #719 L/Cpl. R.S.Morgan of The Royal Newfoundland Regiment.

Assuring you of my deepest sympathy in your bereavement, and in the renewed sorrow which the receipt of these effects must entail.

I am enclosing herewith, receipt, will you kindly sign same and return at your earliest convenience.

Yours sincerely,

Lieut.

for Lieut.Col.C.S.O.

C.R. 719

May 13, 18

Dear Mr. Morgan:-

I am writing to inform you that it is my regrettable duty to forward to you, one package of effects, which belonged to your son, the late #719 L/Corp. R. Morgan of The Royal Newfoundland Regiment.

I am enclosing herewith, receipt. Will you kindly sign same and return at your earliest convenience.

Assuring you of my deepest sympathy in your bereavement, and in the added sorrow which the receipt of these effects must entail

I am,

Yours sincerely,

Captain.

Mr. Benjamin Morgan,
South River, C.B.

Enc'l 1.

PERSONAL EFFECTS.

Received from Militia Department

Package of effects of the late

R. S. Morgan

Signed

Benj Morgan

Date *May 15 1918*

Despatching
Office
Stamp

ST. JOHNS. EAST
MAY 14
18
NEWFID

Arrival
Office
Stamp

No. 213

From Ant to apt

Registered Letter Addressed—

Benny Morgan
South River
Freehan

Received by _____

April 5th, 18.

Mr. Benjamin Morgan,
South River,
Clarke's Beach, C.B.

Sir:-

The following ~~communication~~ of Grave Site, has
been received from the Pay & Record Office,
London of:-

"#719 Cpl. R.S. Morgan, (Report
"Brielen. 24.I.). Place of Grave
"Solferino Farm British Cemetery
of
"2 miles N.W. /Ypres! Reported by
Graves Registration Units,

I have the honour to be,

Sir,

Your obedient servant.

W. F. Rendell

Major Chief Staff Officer.

C.R. 719

April 3rd, 18.

Mr. Benjamin Morgan,
South River,
Clarke's Beach, C.B.

Sir:-

The following description of Grave Site,
has been received from the Pay & Record
Office, London, of:-

"#719 Cpl. R.S. Morgan, (Report
"Brienlen 24.1) Place of Grave
"Solferino Farm British Cemetery
"2 miles N.W. of Ypres. Reported
"by Graves Registration Units."

I have the honour to be,

Sir,

Your obedient servant.

W. T. Wendell

Major Chief Staff Officer.

of Paper 966

PERSONAL EFFECTS.

Name Morgan R. No. 719
 Rank 1/1st Lt. Regiment 1st Regt.

| Article | Where stored | Notified by |
|------------------------------|----------------|-------------|
| 1 Cotton bag Containing:- | Final disposal | |
| Letters | | |
| Photos | | |
| Cards | | |
| Purse | | |
| Cap Badge | | |
| Whistle | | |
| Memorial | | |
| Pencil | | |
| Leather Belt with Badges | | |
| 5 Coins | | |

Remarks: Casualty Advice: - D of W 10-10-17
Next of Kin: - Ben Morgan
South River.
C.B.

No. of Paper 1090

PERSONAL EFFECTS.

Name Morgan P. O. No. 719
 Rank Cpl - Regiment THE ROYAL NEWFOUNDLAND REGT.

| Article | Where stored | Notified by |
|-----------------|----------------|----------------------------|
| <u>Kit Bag.</u> | | |
| | Final disposal | |
| | | shipped from Depot. |

Remarks :— D. of W.


Mat of Kivi - Flather. - Ben Morgan

D. P. Riser
Clarke Beach

No. of Paper 1328.

PERSONAL EFFECTS.

Name Morgan R
 No. 719 Rank Cpl
 Regiment R Newfoundland

| Article | Where stored | Notified by |
|---|---|-------------------------|
| 1 Package - Containing 1 Shaving Brush 1 Razor 1 Electric Torch 1 Book |  | SEIFFERT & NEWFOUNDLAND |
| | Final Disposal | |
| | | |

Remarks: - D.O.W!

Next of Kin -
 Benj. Morgan
 South River.
 Clarks Beach

C.R. 719

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS } Newfoundland Regiment. Squadron, Troop, Battery or Company } C. Coy.

Regimental No. 719 Rank Corporal.

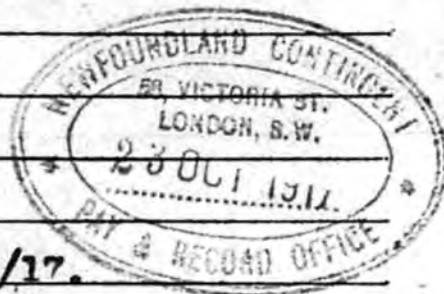
Surname Morgan. Christian Names R.

Died { Date 10/10/17. Place France or Belgium.

Cause of Death* Died of Wounds received in Action.

Nature and Date of Report Letter from O.C. 87th. F.A. 10/10/17.

By whom made O.C. 14th. C.M.D.S. for O.C. 87th. F.A.



* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____
By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received
(c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H. 3rd Echelon Signature of Officer in charge of Section J. Neany 2nd Lt. for Major
Adjutant-General's Office at the Base

Officer of No. 1 Infantry Section.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be transmitted according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line
Number _____

Rcd _____

By _____

Sent _____

by _____

Check _____

Dated

October 20, 1917.

To

Mr. Benjamin Morgan,

South River, C.B.

Regret to inform you Record Office, London, today reports No. 719, Corporal Robert S. Morgan, died of wounds in eightyseventh Field Ambulance October tenth.

R.A. SQUIRES

Colonial Secretary

NOTE FOR OPERATOR

This message is not to be sent until receiving office notifies that message to Rev. Mr. Caldwell, Brigus, has been delivered and acted upon.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be transmitted according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender *J. J. G. Jones* Address _____

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated October 20, 1917.

To ~~Rev. E. K. H. Caldwell,~~ *Rev. J. Severn,*
~~Brigade~~ *Salmon Cove.*

Regret to inform you Record Office, London, today reports No. 719, Corporal Robert S. Morgan, son of Benjamin Morgan, South River, died of wounds in eightyseventh Field Ambulance October tenth.

Please inform relatives.

R.A. SQUIRES

Colonial Secretary

C.R. 4645

No. 719 Cpl. Morgan.

Extract of casualty list received from the Pay & Record Office,
London, dated Oct 20th.

"Died of wounds 87th field ambulance Oct. 10th."

C.R. 719

Extract of Daily Orders part 11, by Lieut. Col.

A.L. Hadow, C.M.G., Commanding Newfoundland Regiment,
dated June 14, 1917.

#719 Cpl. M. Collins, C. Co.,
to be Sergeant. ✓

C.R. 719

Extract of Daily Orders part 11, from Unit Newfoundland
Regiment, 3rd Echelon G.H.Q., May 19, 1917.

#719 L/Cpl. R. Morgan.

Promoted Corporal 8/5/17. ✓

C.R. 719

Extract of Daily Orders part 11, ~~by~~ Lieut.Col. A.L.Hadow,
C.M.G., Commanding Newfoundland Regiment, 8/5/17.

PROMOTION

#719 L/Cpl. Morgan, C.Co.,

To be Corporal.


✓

C.R. 719

Extract of Daily Orders part 11, from Unit 1st Wfid.
Regiment, 3rd Echelon, B.E.F., dated November 25, 1916.

#719 Pte. R. Morgan, C.Co.,

Promoted Lance Corporal, 5/11/16.



C.R. 719

Extract from List of Officers N.C. O's and men of the Newfoundland Regiment who were employed as Transport to the 1st., 2nd., 3rd., Composite Battalions, engaged on the Western frontier in Egypt.

#719 Pte. R. Morgan.

The above man did not embark for Gallipoli but was left behind at Alexandria when the Battalion sailed on Sept. 13, 1915.

22/4/16.

C.R. 719

Extract from Nominal Roll of Co. 1st Bn. New Zealand Regt.
Embarked at Devenport for Active Service 20-8-15.

719 Pte. R. Morgan.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli
13-9-15.

C.R. 719

Extract from Nominal Roll Embarked St. John's, per S.S. "Dominion"
"C" Company Feb. 2nd, 1915.

719 Pte. Morgan R.

CR 719

Robert S. Morgan was attested for General service
with the NEWFOUNDLAND REGIMENT on ~~Dec. 14th. 1914.~~
Regimental No 719 was allotted to Pte. R.S. Morgan.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

FIELD SERVICE.

C.R. 719
Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT } Newfoundland Regiment. Squadron, Troop, }
OR CORPS } Battery or Company } C. Coy.

Regimental No. 719 Rank Corporal.

Surname Morgan. Christian Names R.

Died { Date 10/10/17. Place France or Belgium.

Cause of Death* Died of wounds received in action.

Nature and Date of Report Letter from O.C. 87th P.A. 10/10/17.

By whom made O.C. 1st C.M.D.S. for O.C. 87th P.A.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____

By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received
(c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date G.H. 3rd Echelon 10/10/17. Signature of Officer in charge of Section [Signature] Adjutant-General's Office at the Base 2nd Lt. for Major
Officer o/c No. 1 Infantry Section.

Casualty Form—Active Service.

573

Regiment or Corps Newfoundland
 Regimental No. C.R. 719 Rank Pvt Name R. Morgan
 Enlisted (a) 14/12/14 Terms of Service (a) one year Service reckons from (a) _____
 Date of promotion to present rank } 8.5.17 Date of appointment to lance rank } 5.11.16 Numerical position on roll of N.C.Os. } _____
 Extended _____ Re-engaged 15/8/17 Qualification (b) _____

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|--------|--------------------|--|--------------------------|-----------------|--|
| Date | From whom received | | | | |
| | | Embarked St. John's, NFLD. | | 3.2.15 | |
| | | Disembarked Alexandria | | 1.9.15 | |
| | | <u>Capt Haid</u> | | 2.3.16 | |
| | | <u>Dis Marseilles</u> | | 10.3.16 | |
| | | <u>Unit War Battalion</u> | <u>France</u> | 4.4.16 | <u>B 213.</u> |
| | | <u>Pro of Cpl</u> | " | 5.11.16 | <u>O 1810 42 B</u> |
| | | <u>Do. Promoted Corporal</u> | <u>In the Field</u> | <u>8.5.17</u> | <u>O 1810, 22 C.</u> |
| | | <u>877A Died of Wounds.</u> | <u>France</u> | <u>10-10-17</u> | <u>Letter from O 1810 CM.SS.</u> |
| | | <u>G.H.Q. 3rd. Echelon. B.E.F.</u> | <u>Belgium</u> | | <u>for of 877A</u> |
| | | <u>October 19th. 1917.</u> | <u>Officer i/c No. 1</u> | | <u>2nd Lt. for Major, Infantry Section.</u> |



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

Casualty Form - Active Service.

Regiment or Corps Newfoundland

Rank Sgt Surname Morgan Christian Name John

Religion Anglican Age on Enlistment 21 years 0 months

Enlisted (a) 14.12.14 Terms of Service (a) One year Service reckons from 14.12.14

Date of promotion to present rank 8.5.17 Date of appointment to lance rank 8.5.17

Extended { } Re-engaged { 15/8/15 } Qualification (b) 22 C
or Corps Trade and rate 22 C

Occupation Private Signature of Officer L. Heary



CERTIFIED TRUE COPY

| 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 | St John's <u>offed</u> | 3.2.15 | |
| | | Disembarked | Alexandria | 1.9.15 | |
| | | Embarked | Port Said | 2.3.16 | |
| | | Disembarked | Marseilles | 10.3.16 | |
| | Unit | With Battalion | France | 4.7.16 | B 213 |
| | " | Pro. L. Cpl | " | 5.11.16 | MS 10 42 B |
| | " | Corpl | in the Field | 8.5.17 | .. 22 C |
| | | With Batta | " | 23.1.17 | |
| | <u>87 P.A.</u> | Died of Wounds | France or Belgium | 10.10.17 | Letter from OC 87 P.A. (Chd) S. |
| | <u>2nd Bn</u> | <u>Belg.</u> | <u>L. Heary</u> | <u>22.10.17</u> | <u>for OC 87 P.A.</u> |

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4
 [533] W18871/604 400m 3/15x-1 53 56

Forms
B. 121.
39.

Number of Sheet one

Regiment of 1st Newfoundland

Signature of O. C. Company _____

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service Pay or Proficiency Pay |
|----------------------------|-------------------|--|--|------------------------------------|---|
| No. <u>719</u> | <u>Morgan. R.</u> | Age on <u>20</u> years — months | | <u>Teacher</u> | |
| Joined _____ Date _____ | | Place and Date of Enlistment) <u>St John's</u> | | Religion <u>C of E.</u> | |
| Joined _____ Date _____ | | | | | |
| Joined _____ Date _____ | | Period of $\left\{ \begin{array}{l} \text{with Colours } \underline{2300} \text{ years.} \\ \text{with Reserve } \underline{365} \text{ years.} \end{array} \right.$ | | Place of Birth <u>Newfoundland</u> | |
| Joined _____ Date _____ | | | | | |

| 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>Died of Wounds.</u> | <u>10 10/17</u> | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | To be carried over | | | | | |