



3980

# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3980 Name Narry Morris Corps Inf.

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

1. What is your name? ..... 1. Narry Morris
2. What is your full Address? ..... 2. 63 Hill St.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 18 Years 9 Months
5. What is your Trade or Calling? ..... 5. Labourer
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. Yes
9. Are you willing to be enlisted for General Service? ..... } 9. Yes
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. Yes

I, Narry Morris 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.

9/16-10-17 Narry Morris SIGNATURE OF RECRUIT.  
R. Edward Signature of Witness.

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

I, Narry Morris 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 on this 16 day of October 1911

Signature of Attesting Officer W. H. ...

### 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 1st Regiment Inf.

If enlisted by special authority, such will be attached to the original attestation.

Date ..... 1911 } Approving Officer.  
Place .....

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Harry Morris  
 Apparent age 18 years 9 months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Madam Morris  
63 Field Street | Relationship Father  
Johns. 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 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>16-10-17</u>									
Joined at <u>Johns</u> on <u>October 16-17</u>									
<u>Discharged June 29/1919</u>									
<u>Embarked St. Johns St. Michael's 11<sup>12</sup> 17</u>									
<u>Disembarked Rouen 27-5-18. Joins Battalion 31-5-18.</u>									<u>Admitted 26<sup>th</sup> Gen</u>
<u>Hospital 1st Lt. H.M. 12<sup>6</sup> 18</u>									<u>Regiment unit 30<sup>th</sup> 18.</u>
<u>Transferred from Rouen 22<sup>4</sup> 19</u>									<u>1<sup>st</sup> Lt. for</u>
<u>demobilized 23-5-19. Arrives Newfoundland 1-6-1919.</u>									
<u>Demobilized at Johns 29-6-19</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 29-6-19 [date of discharge] 1 years 257 days

" " Pensions " " " " " " " " " " " "

Reg. No. 2980 Rank Pl Name Morris H.  
Attested 16-10-17 Address Fried St. St. Johns  
Allotment 60¢ Allottee Mrs. Jordan Morris (Mother)  
Date of Allotment 1-11-17 Returned from Overseas \_\_\_\_\_  
Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

Impr. 1st 19-10-17 2<sup>nd</sup> 29-10-17  
St. J. 4-12-17 to 7-12-17 Rtd 7-12-17

Vac 6-11-17

C.R. 3980

Extract from Daily Orders Part II Unit The  
Royal 2214, Regt. St. John's, June 20-2219.

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

3980 Pte. Harry Morris.



C.R. 3980

Extract from Daily Orders Part 11 Unit The Royal Rifles,  
Regt. St. John's, June 16th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 15-6-19.

3980 Pte. Harry Morris.

C.R. 3980

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, June 14-6-19.

3980 Pte. Harry Morris.

Reported at Headquarters 1-6-19. Ex "Cobsican" which sailed  
Liverpool 22-5-19.

C.R. 3980

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

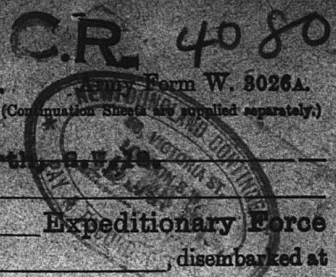
The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#3980 Pte. H Morris.

**C. 2.—Casualties.**

**COLONIAL CONTINGENTS ONLY.**

Form W. 8026A.  
(Continuation Sheets are supplied separately.)



**3rd London General Hospital**, at **Wandsworth, S.W. 18**,  
affiliated to \_\_\_\_\_

NOMINAL ROLL of Sick and Wounded from the \* **France** Expeditionary Force  
admitted on **January 4th 1919** from Hospital Ship \_\_\_\_\_, disembarked at \_\_\_\_\_  
\* Here insert which Expeditionary Force.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission :

- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**
- (ii) The other direct to the O. I/c of Records of the Colonial Contingent concerned.

\* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases :

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
  - (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.
- If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty * (See note in large type above).
4080	Pte	Garter, C.	Royal Wfld.	Influenza
		(sd)	E.H.Bingley, Capt. R.A.M.C. Registrar, R.A.M.C.T. 3rd London General Hospital, Wandsworth, S. W. 18.	



Extract from Casualties received from Pay & Record  
Office, London, Oct. 19th, 1918.

Admitted 3rd London General Hospital.

3580 Pte. H. Sparks.

G.S.W. Head.

C.R. 3980

WOUNDED & SICK N.C.O'S & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

MACHINE GUN CORPS & TANK CORPS.

LIST NO.H.A.25753.

ADMITTED 6 CON. DEP. STAPLES 29TH JUNE, 1918.

141296 Pte. McGléne, J. .... 15/MGC Corps. .... PUO.

DISCHARGED TO BASE DEP. CLASS A. EX 6 CON. DEP. STAPLES 29TH JUNE, 1918.

152808 Pte. Smith, E.W. .... MGCps. 3/Dep. late 8/SLI. .... Abscess Btck.

145007 Pte. Gardner, H. .... MGC. Depot. .... PUO.

144025 Pte. Palmer, H.J. .... MGC. Dep. 4/Hants. .... PUO.

90384 Pte. Booth, G. .... 52/MGC. 3/N. & D.R. .... -do-

69672 Pte. White, J. .... 6/Tank Corps. .... Influenza.

31820 Pte. Bullers, J. .... 9/MGCps. 12/Woro. R. .... PUO.

145608 Pte. Phipps, C. .... MGC. Dep. 3/Suss. R. .... PUO.

8989 Pte. Cook, G. .... 56/MGCps. 3/North'n R. .... PUO. TF.

55622 Pte. Beech, A.T. .... MGC. Dep. 10/R. Suds. R. .... PUO.

118043 L/C. Clelland, G. .... MGC. Dep. 3/W. Rid. R. .... PUO.

200690 Gnr. Dreesse, L. .... 3/Tank 36/MGCps. .... Influenza.

146295 L/C. Dornan, J. .... MGC. Dep. 12/R. Ir. R. .... PUO.

144725 Pte. Parsons, W. .... MGC. 4/R. W. Fus. .... PUO.

145645 Pte. Tomlinson, C. .... MGC. Dep. 6/North'n R. .... PUO.

140958 Pte. Danby, J. .... 11/MGC Corps. .... Constipation.

69830 Gnr. Hilton, M. .... 7/Tank Corps. .... Influenza.

144987 Pte. Weaterall, T. .... MGC. Dep. 1/L. N. Lan. R. .... PUO.

144954 Pte. Lee, R.C. .... MGC. Dep. 2/6 W. Yorks. R. .... PUO.

309008 Pte. Carter, E. .... 4/Btn. Tank Corps. .... Influenza.

127829 Pte. Melville, J. .... MGC. Dep. 3/R. Scots. .... PUO.

78014 S/C. Howard, C. .... 9/Tank Corps. .... Influenza.

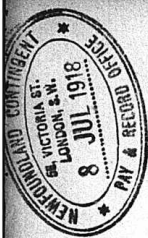
154067 Pte. Hughes, F. .... MGCps. 6/Lan. Fus. .... PUO.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO.H.A.25753.

DISCHARGED TO BASE DEP. EX 6 CON. DEP. STAPLES 29TH JUNE, 1918.

3980 Pte. Morris, H. .... 1/Newf'd R. att. GHQ. .... Influenza.



1444

C.R. 3980

Extract from Casualties received from the Pay and Record Office  
List # H. A. 25153 JUNE 24th 1918.

#3980 PTE. MORRIS H.

Admitted to 6 CONF. DEP. ETAPLES 16 JUNE 1918.:- I N F L U E N Z A.

C.R. 3980

Extract from Casualties received from P. A. R. O. JUNE 18th 1918.

#3980 Pte. H. Morris..

ADMITTED 26th GENERAL HOSPITAL STAPLES 18th JUNE 1918.



C.R. 3980

Extract from Nominal Roll of Nfld. Regt. Draft 46 From  
2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Folkestone,  
25-5-18.

3980 Pte. H. Morris.

C.R. 3980

Extract from Medical Roll Subscribed. John's Bro Overseas,  
Per S.S. "Florinal" Dec. 11, 1917.

#3980 Pte. H. Morris.

C.R. 3980

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Oct.16th, 1917.

3980 Pte. H. Morris.

Attested for General Service with the Nfld. Regt., ~~with~~  
posted to "G" Company with effect from Oct.16th, 1917.

A. Morris

CR. 3980.

P. R. O.



**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 Artillery* 7. Former Trade or Occupation } *Fisher*
2. Regtl. No. *3980* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Morris* (Surname) *St.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *20*
6. Posted for duty on *16/10/17* 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;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (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 s (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 ? .. .. .

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.

*Preparation.*  
*W. B. ...*  
*led by*  
*Capt. Paine*

Station *Stagley Down.*

Date *29/4/19...*

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 Mr. Jordan  
9. Morris.

63. Field Street

St. John's

Newfoundland.

Cable five pounds  
through utilities.

3980. Pte. H. Morris

214

No. 5859/290

N.F.P./80.

From: NEWFOUNDLAND

CONTINGENT

Chief Paymaster & O.i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

To: Officer Commanding,  
1st Batt. Ryl. Nfld. Regiment  
B.E.F.

15th April 1919

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3980 Pte. H. Morris

With reference to the following telegram from the Minister of Militia, / / ( 134)

"Pay to **3980 Pte H. Morris**

**£4. 10. 0.**

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*A. A. Munnell*  
Chief Paymaster & O. i/c Records

*Deposited*









Morris, H

3980

May Sept.



June 29, 1919

#3980 Pte. Harry Morris,  
#63 Field St.,  
City

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2443.

Yours truly

Paymaster & C. i/ c Records. Captain.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3980 Rank Private Name Morris Harry  
 Intended place of residence 63 Field St. St. John's  
 Occupation Labourer  
 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 12 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 and date ST. JOHN'S  
JUN 12 1919  
 Signature of soldier H. Morris  
 Signature of witness J. A. [unclear]

### 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  
JUN 12 1919  
 Signature of soldier H. Morris  
 Signature of witness W. J. [unclear]

### STATEMENT OF SERVICE

7. Enlisted for service 16-9-17 No of days on Military  
 Discharged from service JUN 15 1919 Plus 14 days Service 652

### 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  
JUN 15 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 Med  
 Date June 29/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

2013 2079/2443

11  
20  
31  
31  
31  
31  
20  
31  
19  
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# The Royal Newfoundland Regiment

Class for Demobilization:

*E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10-6-19

Regimental No 3980

Name Morris H. Rank Pt.

Address 63 Field St.

Present Medical Category A1

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

Members of Board

*R. H. East Capt*  
O.C. Discharge Depot.

*L. Paterson*  
Senior Medical Officer

*S. W. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3980 Rank Pvt Name Morris Harry  
 Date of Enlistment 16-9-17 Address 65 Galsport District St. John's  
 Occupation Laborer Classification for Discharge G Medical Category HI  
 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 11-6-19 for Assistant O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

H. Morris

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 \_\_\_\_\_

Assistant

Date 12-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at 639 1/2 1st St. S. N. P. 136 and Release Certificate No. 2629 issued.

Date 12-6-19 *J.A. Brown Capt.*  
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 29-1-19

Date 12-6-19 *J.A. Brown Capt.*  
Depot Paymaster

Discharge approved for 15-6-19  
Forwarded with following documents to O. C. Discharge Depot.

N.F. P136	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 12-6-19 *J.A. Brown Capt.*  
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**

JUN 15 1919

Date \_\_\_\_\_ *R.H. Sait Capt.*  
O. C. Discharge Depot.

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*

*H. Morris*

Signature of Man.

Reg. No. *3988*

*J. D. Snowlett*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date *12-6-19*

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

# MEDICAL HISTORY

OF

Surname Morris Christian Name Harry

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns. County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	16	day of <u>October</u> 1911	_____	day of _____ 1911
Declared Age	18	years <u>9 1/2</u> days	_____	years _____ days
Trade or Occupation	<u>Labourer.</u>		_____	_____
Height	5	feet <u>9.</u> inches	_____	feet _____ inches
Weight	<u>129.</u> lbs.		_____	_____ lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches		_____	_____ inches
	Range of Expansion... <u>3</u> inches		_____	_____ inches
Physical Development	_____		_____	_____
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>2 scars</u>	_____	_____
When Vaccinated	_____		_____	_____
Vision	R.E.—V=	<u>4/9</u>	R.E.—V=	_____
	L.E.—V=	<u>6/9</u>	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>Laminus Peterson</u>		_____	_____
(Rank)	<u>major</u>		_____	_____
Enlisted	at	<u>St Johns</u>	at	_____
	on	<u>16</u> day of <u>October</u> 1911	on	_____ day of _____ 1911
Joined on Enlistment	Corps.	_____	Corps.	_____
	Regtl. No.	<u>41 K. 110 3980.</u>	Regtl. No.	_____
Transferred to	_____		_____	_____
Became non-effective by	on	_____ day of _____ 1911	on	_____ day of _____ 1911
(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
6-11-17	Vacc. 40
19. 10. 17	T.A.B. } 40
29. 10. 17	0° } 3 LP
3-11-17	" } 2 LP

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as*  
*\_\_\_\_\_ for Discharge on Demobilisation. Medical category \_\_\_\_\_*

*10-6-19*  
 Date of T.M.B. *[Signature]*  
 Discharge Officer - New Zealand

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

The Royal Mtd. Regiment

DEMOBILIZATION

No. *3980* Rank

Name *Howe A*

Warned for demobilization on

JUN 12 1919

**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 } *Fisherman*
2. Regtl. No. *2980*... 3. Rank *Pte*... 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
4. Name *Masnie, S.*...  
(Surname) (Christian Names)
5. Age last birthday... *20*...
6. Posted for duty on *6. 10. 17* 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  
(b) Where (if any)  
(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? } na.

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.)*

Re complains of no 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.

Re-patriation

W.S. Premier

Capt. [Signature]

Station Haywards Camp

Medical Officer in charge of case.

Date 29.4.19

\* 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





## 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

*Harry Morris*

Regiment from which discharged

**Royal Newfoundland**

Regimental number

*3980*

Intended address

*63 Field St. St Johns.*

Height on discharge

*5* Feet *10*

Color of hair on discharge

*Dark*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

Figure on discharge

*Tall*

Christian name of Father

*Jordan*

Christian name of Mother

*Amelia*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

*St Johns 16<sup>th</sup> Jan 1899*

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)

*Harry Morris*

*Pte*  
(Rank)

Station

Date

*10/6/19*

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.

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

Station

Date

## Casualty Form - Active Service.

Regiment or Corps *1st Royal Newfoundland*Rank *Pte*..... Surname *Morris*..... Christian Name *ARMY*.....Religion *Meth*..... Age on Enlistment *18*..... years *9*..... monthsEnlisted (a) *16.10.17*..... Terms of Service (a) *Duration* service reckons from (a) *16.10.17*.....

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

Extended (.....)

Re-engaged (.....)

Qualification (b).....

or Corps Trade and rate \*.....

Occupation *Labourer*.....Signature of Officer *J. M. Evers*

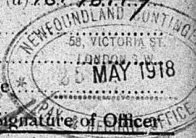
Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
	From whom received	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.			
			Embarked	<i>25-5-18</i>	
			Disembarked	<i>27-5-18</i>	
			Joined Battalion	<i>31-5-18</i>	
	<i>26 Jan 18</i>	<i>Ad. priv.</i>	<i>Trapes</i>	<i>12-6-18</i>	<i>Na. 21837</i>
	<i>6 Jan 18</i>	<i>Influenza</i>	<i>-</i>	<i>16-6-18</i>	<i>Na. 2553</i>
	<i>Jan 18</i>	<i>Discharged</i>	<i>Trapes</i>	<i>30-6-18</i>	<i>B.213 9418</i>
		<i>Arrived in N.Y.</i>		<i>23/4/19</i>	

(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, &amp;c.

W 9225 312733 20-001 9/17 (35-11), C. P. &amp; S., Ltd., Form B./103 E/1007.

P.T.O.



*DM*

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..... *Harvey* ..... 2. Surname..... *Morris* .....

3. Rank..... *Pte* ..... 4. Regtl. No..... *39th* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *63 Fied St. Cny* .....

6. Date of enlistment in the Regiment..... *Dec 16/17* .....

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

*Not applicable*

8. Relationship of such dependents..... *Do* .....

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

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

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

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

*and 10 days!*

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

*Not applicable*

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.

*\$68.79 Clothing, Etc*

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?

*No*

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

*June 26/19*

*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.

*France, Belgium and Germany*

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

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



Signature of Applicant: *Harry Morris*  
 Place of Residence: *63 Inala Street. City*  
 Declared before me at: *St. John's Nfld.*  
 This *13<sup>th</sup>* day of *June* 19*19*....

*Harry Morris*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Legis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

*John M. Carthy*

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

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This day of 19....

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

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

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This day of 19....

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





DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

Aug 29 19 19

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. W.L.G.  
balance

H. Morris

Ch. No.	8556	Initials	EW
Pay Ledger	193	Initials	W
Gen. Ledger		Initials	

Regtl. No. 3980 Rank Pte

J.C.R.

No. 3980 Rank: Pt

Name H Morris

Aug 26/19

Dear Sir,

As I am about to leave Newfoundland, I would like for you to settle up my account, I would be leaving on this Sunday's Express. I have my uncle come down from Boston and he wants me to go with him. I have been home since the 1<sup>st</sup> of June, and work is very slack with me here, so I am going to Boston to get work.

yours truly  
Harry Morris

No. 3980 Pte Harry Morris  
Royal N.F.S. & M. Regt  
63 Field St.  
City.

PM

Two ②

28/8/19

payments authorized  
W. J. G.

ST. JOHN'S, JUN 13 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Mrs. Morris

Billeting Soldiers as undermentioned

from June 6<sup>th</sup> /19 to June 15<sup>th</sup> /19

2980 - H. H. Morris 9 40

ACCOUNT	<u>B. H. Morris</u>
CH. NO.	<u>23198</u>
IND. LEGAL	<u>2</u>
PAY LEGAL	
GEN. LEGAL	

Certified correct for \$ 9.40

J. A. Knowlton  
Billeting Officer.

H. Morris





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3988 Rank Plt Name Morris Harry  
 Date of Enlistment 16-9-17 Address 65 Treadwell District St. John's  
 Occupation Laborer Classification for Discharge E7 Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P136	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 108	ME 2		" 6
B 179c	B 120	M 93		

Date 11-6-19 for H. Morris  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

H. Morris

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 65.00
- (b) Clothing Supplied \_\_\_\_\_

Date 12-6-19

O i.c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 2029 to his home at Asst J. H. and Release Certificate No. 2029 issued.

Date 12-6-19 J. A. Snow Capt.  
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 12-1-19.

Date 12-1-19 J. A. Snow Capt.  
Depot Paymaster.

Discharge approved for 15-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	1 Form B
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			

Date 12-6-19 J. A. Snow Capt.  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Charge Records.  
Board of Pension Commissioners.  
with following additional documents.

JUN 15 1919 Eligible for War Service Gratuity  
R. J. Saut Capt.

Date June 20 1919 R. J. Saut Capt.  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date June 20 1919 R. J. Saut Capt.

Reg. No. *3980.* Rank *1st* Name *Morris H.*  
Attested ..... Address *63 7th St.*  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas *29. 1. 19.*  
Returned on S.S. *Loisican* Cause *Discharge*

*11-6-19*  
*15-6-19*

**RESERVED TO DEMOBILIZATION OFFICERS**  
**DISCHARGE APPROVED ON DEMOBILISATION.**