



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3341 Name Samuel Morris Corps CofE

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Samuel Morris</u> |
| 2. What is your full Address? | 2. <u>4000 Ave</u>
<u>St B</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Barber</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Samuel 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.

8 Dec 16/16 Samuel Morris SIGNATURE OF RECRUIT.
Harold Knight Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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 at St John's on this 16 day of December 1916.

Signature of Attesting Officer* C. Watson

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:

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

Date.....191..... } 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).....



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3341 Name Samuel Morris, Corps CofE

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Samuel Morris
- 2. What is your full Address? 2. Chase Lane
LB
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years 10 Months
- 5. What is your Trade or Calling? 5. Sailor
- 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 } II. Yes
to be signed by you if you are accepted?

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Date 1916
Place } Approving Officer.

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This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Samuel Morris*

aged *18 years 11 months* conducted at

Date: *Dec 15th 1916* Recruiting Officer: *C L B*

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no* *no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *of both*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

3341

- 33 *no*
- 34 *5' 3 1/2"*
- 35 *120 lbs*
- 36 *31.35*

37 *4 1/2 months*
38 *father's name William Morris Trinity Gosport*

39 *no*

Geo Borden

Signature of Medical Examiner:

JM

C.R. 3341

Extract from Daily Orders Part II Unit The Royal Welch
Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer I-C Records from 7-7-19.

3341 Pte. Samuel Morris.

Extract from Daily Orders Part 11. Depot, ~~St. John's~~, **CR 3341**

Date 12-6-19.

3341 Pte. S. Morris

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

C.R. 3341

Extract from Daily Orders Part II Unit Royal Wfld. Regt., Depot
St. John's dated June 18th 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 25/6/19.

3341, Pte. S. Morris.

C.R.

3341

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 26/4/19 and reached
Hazeley Down Camp 28/4/19.

#3341 Pte. S. Morris.

C.R. 3341.

Extract from War Office List.No. H.A.. 5015.

Dis. to Camp. Adjutant ex 1 Sty. Hospital Rouen 21st. Feb. 1919.

3341 Pte. S. Norris.

Stomatitis. N.V.

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

C.R. 3341



DUBLIN - RECORD OFFICE.

LIST NO. H.A. 34791.

42184 Pte. Blackley E. 15/R. I.R. Rifs. NAD..... Dis. to Duty ex 39 Sty. H. Lille 23 Jan. 19.

SOUTH AFRICAN - RECORD OFFICE.

LIST NO. H.A. 34791.

15591 Pte. Anderson W. 1/SAI. VDG. Mild..... Dis. to Camp Adj. ex 1 Sty. H. Rouen 8 Feb. 19.
 13865 Pte. McInery T. 4/SAI. -do- Dis. to Camp Adj. ex 1 Sty. H. Rouen 8 Feb. 19.
 2350 Gnr. Hastings J. E. SAHA 75 Bn. 50 Old Frac. Skull. Adm. 1 S. Afr. Gen. H. Abbeville 3 Feb. 19.
 Bde.

NEW FOUNDLAND CONTINGENT.

LIST NO. H.A. 34791.

3341 Pte. Marris S. 1 R. Newfld. Murcurial Adm. 1 Sty. H. Rouen 8 Feb. 19.
 Stomatitis.

MACHINE GUN GUARDS.

LIST NO. H.A. 34791.

3857 Trp. Ward H. 1/Life Gd. Bn. MGB. ICT. Head Md. Adm. 39 Sty. H. Lille 23 Jan. 19.

MILITARY POLICE.

LIST NO. H.A. 34791.

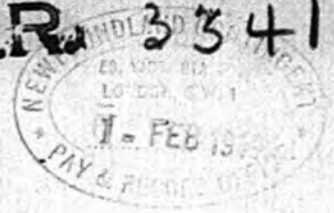
P. 6780 L/C. Hark J. MPP. att V. Army. Scabies..... Trans to 15 Skin Centre ex 39 Sty. H. Lille 22 Jan. 19.

TANK CORPS.

LIST NO. H.A. 34791.

304914 Gnr. Sayer H. T. 17/Bn. Tank Cps. DAH Mild..... Dis. to Duty ex 39 Sty. H. Lille 22 Jan. 19.
 Armoured Cars.

C.R. 3341



WOUNDED AND SICK N.C.O.s. AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

QUEEN MARY'S ARMY AUXILIARY CORPS

LIST NO H.A. 34479

ADMITTED 10 CAN. STY. HOS. CALAIS 25 JAN. 19.

6085 Wkr. Ramsey G.H. QMAAC. Sick NYD. Mild.
31834 Wkr. Brailey G.S. -do- -do-

ADMITTED 5 STY. HOS. DIEPPE 26 JAN. 19.

25870 Wkr. Cregg B.M. QMAAC. Hostel 1. Bronc. Catarrh Mild.
3634 Wkr. Roberts E. WMAAC. Bak. Camp. Bronchitis Mild.
11493 Wkr. Patterson G. -do- Anaemia Mild.
6619 Wkr. Boardley K. QMAAC. Bak. Camp. Neurasthenia Mild. ... Trans. to 3 Gen. H. Le Treport ex 5 Sty. H. Dieppe 26 Jan. 19.

ADMIRALTY

LIST NO H.A. 34479

12416 Pte. Davis W. R.M.L.C. Br. Pneumonia. Mild. Adm. 5 Sty. H. Dieppe 26 Jan. 19.

BOARD OF TRADE

LIST NO H.A. 34479

Stoker Nassan J. SS. Fanebone Abbu. NYD. Chest Mild. Adm. 5 Sty. H. Dieppe 26 Jan. 19.

SOUTH AFRICAN - RECORD OFFICE

LIST NO H.A. 34479

381 Sjt. Milne W.G. 1/S.A. Gen. H. VDS. Dis. to Camp Adj. ex 1 Sty. H. Rouen 26 Jan. 19.
16065 Pte. Ferguson G.H. 4/S.A. Inf. VDG. Mild. Dis. to Camp ex 1 Sty. H. Rouen 26 Jan. 19.

NEWFOUNDLAND CONTINGENT

LIST NO H.A. 34479

3341 Pte. Morris S. 1/R. Newfld. Rgt. VDS. Dis. to Camp Adj. ex 1 Sty. H. Rouen 26 Jan. 19.

ARTILLERY - ROYAL HORSE & ROYAL FIELD

LIST NO H.A. 34479

42437 Dvr. Tori RFA. 30 DAC. Scabies. Dis. to Dtls. St. Omer ex 4 Sty. H. 26 Jan. 19.
3654 Dvr. Johnson, ... RFA. B/148B Bde. VDG. Adm. 4 Sty. Hos. Longuenesse 26 Jan. 19.

144A



C.R. 3341

Extract from Casualties List No. 32657.

3341 Pte. S. Harris.

Ad. 1 Sty H. Rouen 3 Dec.1918.

C.R. 3341

Extract from Casualties List No. H.A. 31814.

3341 Pte. S. Morris.

Dis. to Base Dep. Rouen "Fit" Ex 1 Con. Dep. 16 Nov'18.

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3341

NO RECORD OFFICE EXETER

No. H.A. 30173

Trans to 5 Rest Camp ex 7 Con Dep Boulogne 11 Oct '18

35381 L/C Reynolds S.....15 Hants.....Fit.

Adm 1 Con Dep Boulogne 11 Oct '18

22608	Pte Matthews E.....	1 Wilts.....	Wounded.
42364	" Palmer H.E.	2 Hants	Sick
28549	" Williams W.H.	15 "	Wounded,
48049	L/C Lawford F.	6 Wilts.	Sick



NO TWO RECORD OFFICE EXETER

No. H.A. 30173

Trans to 5 Rest Camp ex 1 Con Dep Boulogne 11 Oct '18

37407 Pte Heard H..... 12 Som L.I.....Unfit.

Adm 1 Con Dep Boulogne 11 Oct '18

51311 Bgr Stables H.....11 Som L.I.....Sick.

Adm 15 Con Dep Trouville 9 Oct '18

37362	Pte King S.....	12 Som L.I.....	GSW Thigh L.
40098	" Mitchell F.	7 " " "	ICT Legs.
37312	" Tedstone W.	12 " " "	Spr Ankle L.
20276	" Short W.E.	5 Dorsets	SW Thigh R.

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 30173

Adm 1 Con Dep Boulogne 11 Oct '18

3341 Pte Norris S.....1 Newfoundland.....Wounded.
Morris

1986/1

Extract from General Roll of death No. 31, of Other Banks
from 2/1st. Newfoundland Regiment, Ayr, to 2/1st.
Newfoundland Regiment, B. E. F.
General Thornton, 20/10/18.

3341

45514 Pte. S. Norris ✓

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 forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Cheek

Dated **Oct 8th, 1918**

To **William Morris, Goose Cove, T.B.**

Regret to inform you that Record Office, London,
officially reports **No. 3341, Private Samuel Morris**
at 2nd Canadian Stationary Hospital Outreau Sept 30th
suffering from G.S.W. left leg.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 3341

Extract from Casualties List No. H.A. 29633.

3341 Pte. S. Morris.

Adm. 2 Can. Sty. Hos. Outreau 30th Sept. 1918.

B.W. Leg 1.

M.M.

C.R. 3341

Extract from War Office, List No. G. 1716 dated 18. 10. 18.

#3341 Pte. S. Morris.

WOUNDED 29/9/18.

BC.

C.R. 3341

Extract from Officers and men Embarked St. John's 31-7-17
Sailed Halifax "S. S. NORVELAND" 17-6-17.

#3341 Pte. S. Norris.

C.R. 3341

Extract from Daily Orders Part II Unit The Royal Rifle
Regt., St. John's, Nov. 18/19.

3341 Pte. S. Morris.

Attested this day. posted to "B" Co'y, and assigned
number as shown.

S Morris

C.R. 3341

~~RRD~~

Medical Report on an Invalid.

Station Hazley DownDate 30/2/19

1. Unit Royal Newfoundland 7. Former Trade } Sailor
 or Occupation }
2. Regimental No. 3341
3. Rank Pte
4. Name Thomas S.
5. Age last birthday 21
6. Enlisted { on 16-12-16
 at St John's
- 7A. If with previous service in Army, state—
 (a) Former Unit ;
 (b) Regimental No. ;
 (c) Date of Discharge ;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— nil
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of disability

14. If the disability is an injury, was it caused—

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

~

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

~

16. Was an operation performed? If so, what?

~

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

~

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

~

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

~

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatriciation
MHC
i. H. J. D. D. D.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Down*

Officer in charge of Hospital.

Date *30-4-19.*

*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.

† Delete this word if no exceptions are to be made.



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Morris, Regl. No. 3941, hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Septy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins Feby 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3429	Partner	Mr W Allan Morris	Goose Cove Trinity West T. Bay	50
			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.

<p>(Sig.) <u>Strong H</u> Officer Commanding Company <u>St Johns</u> Jan 5th 1917</p>	<p>(Sig.) <u>Samuel Morris</u> (Rank) <u>3941 Pte</u></p>
--	--

ACTED UPON

BY

Trinity Newfoundland -
 Oct-27th/17

~~Post Record Office.~~

29-12-17 London.

Dear Sirs:-

Among

the parcels that are sent in
 - C/o - your office you will see
 one addressed to Pte -

Frank Morris 2974
 1st Afld Regt

He - my son - has just been
 killed in action. so will
 you kindly readdress the
 parcel to.

Pte Samuel Morris 3341.

1st Afld Regt

B. E. J. France.

Ref. No. V 7080

Rec'd. 21 NOV 1917

Ack'd.

Ans'd.

File No.

Mrs. V. Truly

Mrs. Charles Morris

Harris, S

3341

Jay & Sept

July 8, 1919

#3341 Pte Samuel Morris,

Trinity.

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 & v.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..... *Samuel* 2. Surname..... *Morris*

3. Rank..... *Pte* 4. Regtl. No..... *334*

5. Address in full to which future payments of gratuity are to be forwarded..... *Junby*

6. Date of enlistment in the Regiment..... *December 17th 1916*

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..... *Thirty months*

..... *and nine days* 1. ³

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.

\$ 77.69 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 Regt.? If not give? - (a) date of discharge

June 23/19

No

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 & 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: *J. Morris*
 Place of Residence: *Dunsmuir*
 Declared before me at: *St Johns nfd.*
 This *9th* day of *June* 19*19*.....

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

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

July 7 1919

#3341 Pte. Samuel Morris,

Trinity West, T.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2737.

Yours truly

Captain
Quaymaster " O.I/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3341 Rank Pte. Name Morris S.

Intended place of residence Trinity

2. Occupation Fisherman

Classification of soldier E 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 JUN 9 1919 J.A. Snow Capt.

Date JUN 9 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 9 1919 S. Morris

ST. JOHN'S JUN 9 1919

Signature of soldier

J.A. Snow Capt.
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S JUN 9 1919 S. Morris

ST. JOHN'S JUN 9 1919

Signature of soldier

W. J. Beaton
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-12-16 No of days on Military

Discharged from service JUN 23 1919 Plus 14 days Service 934

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S JUN 23 1919 R.H. Last Capt.

JUN 23 1919

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's July 7/1919 M. Bowley Capt.

Date July 7/1919 Officer i/c Records
The Royal Newfoundland Regiment

A 28 2079/2734

The Royal Newfoundland Regiment

Class for Demobilization:—

E.J.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *3341*

Name *Thomas Samuel*

Address *Lowley West. S.B.*

Present Medical Category *A.I.*

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

Members of Board {

R.H. Lat
O.C. Discharge Depot.

Watson
Senior Medical Officer

J.W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 3341 Rank Pvt. Name Morris James
 Date of Enlistment 16.12.16 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge H Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	5
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 7-6-19 O. C. Discharge Depot Morris

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

J. Morris

Particulars passed to Vocational Officer for information and action.

Date ~~11.11.1919~~

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied None

Date 9-6-19 O. i. c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B. 1701 to his home at Trinity and Release Certificate No. 2518 issued.

Date 9-6-19 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 7-16-19

Date 9-6-19 J.A. Snow Capt
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	/	N.F. Med.	D.F. 1	/	
F 178	W 3494	B 122		Board 1st	" 2	/	
F 178a	D 400A	B 1915	/	do 2nd	" 3	2	Form B
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 9-6-19 J.A. Snow Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 23 1919 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

S. Harris.

Signature of Man.

Reg. No. 3341

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place

St. Johns

JUN 9 1919.

Date

191

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

MEDICAL HISTORY

OF

Christian Name



Surname Morris

Table 1.—GENERAL TABLE.

Birthplace:—Parish.....		County.....			
		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <u>16</u> day of <u>Dec</u> 191 <u>6</u>	on	day of	191	
	at <u>St. John's</u>	at			
Declared Age.....	<u>18</u> years <u>10</u> days	years	days		
Trade or Occupation.....	<u>fisherman</u>				
Height	<u>5</u> feet <u>3 1/2</u> inches	feet	inches		
Weight	<u>150</u> lbs.	lbs.			
Chest Measurement {	Girth when fully expanded... <u>35</u> inches		inches		
	Range of expansion... <u>f</u> inches		inches		
Physical Development... ..					
Vaccination Marks {	Right	Left	Right	Left	
	Arm				
Number					
When Vaccinated					
Vision	R.E.—V= <u>6/6</u>	R.E.—V=			
	L.E.—V= <u>6/6</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>Lammie Latorion</u>				
(Rank)	<u>major</u>	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's Nfld</u>	at			
	on <u>16</u> day of <u>Dec</u> 191 <u>6</u>	on	day of	191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.	
	<u>Nflds Pgt</u>	<u>3341</u>			
Transferred to.. ..					
Became non-effective by.					
	on	day of	191	on	day of
(Signature)					
(Rank)					

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, ac.: 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
Jan 5/17.	Vaccination LP
10-1-17	} TAB LP
17-1-17	} 3 LP
24-1-17	} " LP
<p>It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as <u>2</u> for Discharge or Demobilisation. Medical category <u>AT</u></p> <p><u>7.6.19</u> Date of Table <u>[Signature]</u> Surgeon</p>	

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
Sgt. Glunzel Wunser Ks.	31-1-17	3-2-17			
	3-2-17				

Medical Report on an Invalid.

Station Hazeley Down Camp
 Date 30. 11. 19

- 1. Unit Loyal Newfid.
- 2. Regimental No. 3341
- 3. Rank Pte
- 4. Name Marion S.
- 5. Age last birthday 21
- 6. Enlisted { on 16. 12. 16.
 at St John

- 7. Former Trade } Sailor
 or Occupation }
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

he complains of no disability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

na

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

na

16. Was an operation performed? If so, what?

na

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

no

Major S. D. D.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *N. D. Camp*

Officer in charge of Hospital.

Date *30 H 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.

† Delete this word if no exceptions are to be made.



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 *Samuel Morris*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3341*

Intended address *Trinity West. N.B.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks _____

Figure on discharge *Short*

Christian name of Father *William*

Christian name of Mother *Elizabeth*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Trinity West, 28 Feb. 1898*

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) *Samuel Morris*

Station *ST. JOHN'S.*

Date *5-6-19*

(Rank) *Pte*

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

Station

Date



No 3263



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Morris, Regl. No. 3341

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins Feby 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3429	Father	Mr William Morris	Bone Cove Trinity Wat D. Bay	60
			Total Allotment, \$	

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

(Sig.) A Strong Lt.
for Officer Commanding
D. Company
St Johns
Jan 5th 1917

(Sig.) Samuel Morris.
(Rank) 3341 Pte

Casualty Form - Active Service.

Regiment or Corps... 1st Newfoundland
 Rank... Pte Surname... Morris Christian Name... Saunders ✓
 Religion... C of E Age on Enlistment... 18 years 09 months
 Enlisted (a) 16-12-16 Terms of Service (a) Duration Service reckons from (a) 16-12-16
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 Occupation... Sailor or Corps Trade and Rate... CS Troop Signature of Officer... [Signature]

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 ...	<u>Southampton</u>	<u>18 OCT 1917</u>	
		Disembarked...	<u>Naval</u>	<u>20 OCT 1917</u>	
		<u>Joined Base Depot</u>	<u>Rouen</u>	<u>3 OCT 1917</u>	
<u>2/11/17</u>	<u>1 Staff Sq</u>	<u>Advt G (used)</u>	" "	<u>23/11/17</u>	<u>HA 4569</u>
<u>4/5/18</u>	<u>56 C.C.S.</u>	<u>" "</u>	" "	<u>16/4/17</u>	<u>ED 3628</u>
		<u>To duty Base Depot</u>		<u>4.5.18</u>	<u>ED 1917</u>
<u>19/5/18</u>	<u>D.L.B.S.</u>	<u>garrison</u>	<u>Rouen</u>	<u>9.5.18</u>	<u>Loc.</u>
		<u>Wounded in action</u>	<u>15-5-18</u>		
			<u>29-9-18</u>		
	<u>36 C.C.S.</u>	<u>Ad Bwhey</u>	" "	<u>80 7947</u>	
	<u>2 Can Staff Sq</u>	<u>Ad Bwhey</u>	<u>Outreau</u>	<u>30/9/18</u>	<u>HA 29633</u>
	<u>1 Can Sq</u>		<u>Boulogne</u>	<u>11/10/18</u>	<u>HA 30173</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.

(b) Signaller, Shoeing-Smith, &c.

3341 Pte S. Morris

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				
	S. 4/20	Arrived	RAM	17/11/18	Kaw
		Joined	Field	26/11/18	B. 21
	444 CCS	Ad. Post Chance		28/11/18	G.S. 9929
	10th Coy Inf	V.D.S.	Kaw	3/12/18	No 32657
	S. 9/25	Arrived	Kaw	26/1/19	Kaw
		Discharged Sep 23/11/15	B.213	1/2/19	
	10th Coy H.	Adm. Meritorious Promotions	8/12/15	No 3279	
		Discharged from Sep.	22/2/19	B.213	1-5-19
		Arrived in UK		9/3/19.	

M

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
If 121.
30A.

Regiment of *1st Newfoundland*

Number of Sheet *one*
Signature of O. C. Company *W. H. Aylmer*

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay
No.	<i>3341</i>	Age on	<i>19</i> years <i>10</i> months	<i>Sailor</i>		
Joined _____ Date _____		Place and Date of Enlistment		Religion		
Joined _____ Date _____		Period of { with Colours <i>20 1/2</i> years. with Reserve <i>3 1/2</i> years.		Place of Birth		

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
<i>Barry</i>	<i>30/7/17</i>	<i>Pte.</i>		<i>Absent from tattoo until 10.30 P.M.</i>	<i>Cpl. Jessier</i>	<i>2 days C.B.</i>	<i>31/8/17</i>	<i>Lt. Foot</i>	<i>L.H.</i>
<i>Barry</i>	<i>14-9-17</i>	<i>"</i>		<i>Absent from 6-30am Parade until 8-15 am</i>	<i>Cpl. Jessier</i>	<i>2 days C.B.</i>	<i>14-9-17</i>	<i>Lt. C.S. Foot</i>	<i>L.H.</i>
<i>Demobilized St. John's 7/17</i>									

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3341 Rank Plt. Name Morris, Samuel
 Date of Enlistment 16.12.16 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge F Medical Category A.1.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122	/	Board 1st.	" 2	
B 178a	/ D 400A	/ B 1915	/	do 2nd.	" 3	CU
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 7-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

S. 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~~

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1701* to his home
 at *Trinity* and Release Certificate No. *2518* issued.

Date *9-6-19* *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 *7-6-19*

Date *9-6-19* *J.A. Snow Capt*
 Depot Paymaster.

Discharge approved for *13-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	<i>2 Form B</i>
F 178a	D 400A	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> ME 2		" 6	
B 179c	B 120	M 93			

Date *9-6-19* *J.A. Snow Capt*
 Demobilization Officer.

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 23 1919* *R.H. Sait Capt*
 O. C. Discharge Depot.

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

Date *June 18/19* *J. Melbrath*
 for O.C. Records

Reg. No. *8541* Rank *P6* Name *Morris S.*

Attested Address *Gosse Cove*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-79*

Returned on S.S. *Coriscan* Cause *Discharge*

7.6.19.
23.1.19.

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

DEPARTMENT OF VETERANS AFFAIRS
WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address Ham

The Public Archives Records Centre,
Turney's Pasture,
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section.

For attention of:

Re: MORRIS Samuel

(Surname)

(Christian Names)

Service No. 3341

Veteran is stated to have served during S. African War() World War I (✓)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:
- (a) Royal Nfld Regt. Pte.
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
(If other than CEF please so designate following applicable unit)
- | |
|-----------------------------|
| WAR VETERANS RECORDS CENTRE |
| JAN 14 1965 |
| OTTAWA, ONT., CANADA |

2. THEATRES OF SERVICE

- (a) South African War
Date and port of embarkation _____
- (b) World War I - (If Canada only, state if with territorial limitations).
Canada - Antwerp - France
Date(s) embarked for U.K. _____
- IF CANADA AND U.K. ONLY
Date(s) disembarked in Canada from U.K. _____
Period(s) of desertion in U.K. _____

3. Any other military service. Nil

4. Date and place of all enlistments. 16 Dec 1916 - St Johns, Nfld

5. Date of all discharges and reason. 7 July 1919 - Oemob.

6. Date and place of birth as per attestation paper. 28 Feb 1898 - Trinity West, Nfld.

7. Marital status; If married, name in full of wife. Single


8. Religion. Col E.

9. Decorations, if any. Nil

WVA 18.

Head, Reference Section.

DEPARTMENT OF VETERANS AFFAIRS

To  Copy for H.O. file

P.A.

OTTAWA 4, ONT.,

Date March 14, 1966

Attention of

NAME MORRIS, Samuel

SERVICE 3341 W.W. 1. C.P.C. No. -----

NAVY

NUMBER ROY. NFID. REGT. W.V.A. No. 234585

ARMY X

R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O., D.V.A., Hamilton, Ont., Tel. Memo d/10-3-66

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death 4 March 1966

Cause of Death _____

Place of Death St. Joseph's Hospital, Hamilton, Ont.

Name and Address of next of kin (if known) _____

Copies to: W.S.R.

V. I.

~~BY~~

~~DO~~

H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry