



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5285 Name Daniel Norris Corps R.C.

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Daniel Norris
2. What is your full Address? 2. Charles Cove
P.O.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 Years Months
5. What is your Trade or Calling? 5. Fisherman
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, Daniel Norris 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.

Daniel Norris SIGNATURE OF RECRUIT.
Joseph P. Thomas Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Daniel Norris 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 Charles Cove on this 22 day of May 1915

Signature of Attesting Officer W. J. Richards Lieut.

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 1915 }
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5285

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

Name Samuel Morris

Apparent age 23 years 0 months. Height 5 feet 9 1/4 inches

Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry J. Morris
Grates Cove R.O.V. | 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	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>22-5-18</u>									
Joined at <u>St. John's</u> on <u>Nov 22-1918</u>									
<u>Embarked St. John's N.S. to St. John's N.S. 22-7-18</u>									
<u>Left for demobilization 24-6-19.</u>									
<u>Arrived home Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's</u>									
<u>4-8-1919</u>									

Total Service forfeited as above _____

Total Service towards Engagement to 4-8-1919 [date of discharge] 1 years 75 days

Pensions _____

C.R.

5285

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

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

#5285 Pte. Manl. Norris.

C.R. 5285

Extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
4-8-19.

5285, Pte. D. Norris.

C.R. 5285

extract from Daily orders part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilization has
been APPROVED by C.C. Discharge Depot with effect from
the following date 21-7-19.

5285, Pte. D. Norris.

Copy for Original
see file 5315

C.R. 5285

April 24th., 1919.

Hon. J. C. Crosbie.

Minister of Shipping.

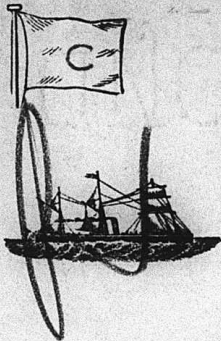
Dear Sir:-

I am in receipt of your letter of April 22nd., dealing with the matter of repatriation of No. 5285 Private. Daniel Norris, and No. 5315 Pte. John Walsh.

A number of applications have been received by this Department to have men repatriated for the purpose of prosecuting the fishery. My letter to Mr. Peters will explain it to you the difficulties under which we are laboring in the matter. I am afraid that the draft leaving on the 20th. May will be the earliest opportunity for repatriating these men.

Yours faithfully,

Minister of Militia.



CORRESPONDENTS
MESSRS. HOLMWOOD & HOLMWOOD
17, BRACECHURCH STREET
LONDON, E.C., ENGLAND

C.R. 5285
CABLE ADDRESS

"CROSMORE"
SAINT JOHN'S

CROSBIE & Co.

SHIP OWNERS,
AGENTS, ETC.

CODES USED:
A.B.C., 4TH & 5TH AND
WESTERN UNION

P. O. BOX 264

Saint John's, Newfoundland
22nd. April, 1919

Hon. J. R. Bennett,
Minister of Militia,
City.

Sir,

Since Mr Peters wrote you this morning, I have received similar applications re 5285 Daniel Norris and 5315 John Welsh. These men with 5997 Patrick Howard referred to in Mr Peters letter - their people are very anxious to get out to prosecute the fishery. I would suggest that you kindly wire England and find out what the prospects are of getting them out and would appreciate a reply as soon as possible.

Yours very truly,

John C. Crosbie

1 Copy Please

J.P./J.H

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

#5285 Pte. Daniel Norris.

Attested for General Service with the Royal Mfld.Regt.
from 22.5.18

C.R. 5285

Extract from Daily Orders Battalion Unit The Royal Wfld.
Regt. St. John's; July 22, 1919.

5285 Pte. D. Norris

Reported at Headquarters 1-7-19 on "Cassanera" which
sailed Glasgow June 24th, 1919.

L Morris

C.R. 5285

1890

No. 2920/413.

N.F.P./79.

067466

FROM: NEWFOUNDLAND CONTINGENT

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

To: Office Commanding.
2nd Bn. Ryl Nfld Regt.
Winchester.

19th February 1919

February 21 1919

Pte Norris.D. 5285.

Receipt hereunder.

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

Kern
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt n.

"Pay to- 5285. Norris.

£6.0.0.

Received the sum of Six pounds

Cheque £6.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

in respect of telegraphic remittance from the Minister of Militia.

A. S. Munroe Maj.
Chief Paymaster & O. i/c Records.

W. Norris
No. 5285 Rank Private

Witness M. Rockett

Rolfe & Co.

(W. A. ROLFE).

Telegrams:

"Rolfe," Leadenhall, London.

Telephone:

Avenue 7048.

West India House,
96/98, Leadenhall Street,
London, E. C. 3.

17th. April 1919.

THE NEWFOUNDLAND PAY & RECORD OFFICE.

53, Victoria Street. E.C. 3.

Dear Sirs,

At the request of the Hon. J. C. Crosbie
of St. John's. N. F. will you kindly
forward to Private D. NORRIS No 5285.
Newfoundland Regiment. Hazeley Down
Camp. Winchester, or present address, the
sum of £5. (Five Pounds). enclosed
herewith. Thanking you in anticipation.

Yours very truly,

Recd
17 April
1919
F. J. W.

Yours truly
J. C. Rolfe
No 2/2c

17th April.

9

Messrs. Rolfe & Co.,
West India House,
96/98, Leadenhall Street,
LONDON. E.C.3.

Dear Sirs:-

I beg to acknowledge receipt of your letter
of the 17th instant enclosing £5:0:0: (five pounds) *fm.*
transmission to 5285 Pte. D. Norris, Royal Newfoundland
Regiment, Hazeley Down Camp, Winchester, forwarded by
you at the request of the Hon. J. C. Crosbie, St. John's,
Newfoundland.

Yours faithfully,

Capt.
Asst. Chief Paymaster.
For Chief Paymaster & O.i/c.Recds.

FM/FK.

B
No. 8727/1635

From: NEWFOUNDLAND CONTINGENT

100210
N.F.P. / 70.

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

100210
To: Officer Commanding,
2nd Batt. Ryl. Wild. Regiment

Winchester. Hants.

17th June 1919

18th June 1919

5285 Pte. D. Norris

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / 19 (239):

P. K...
LIEUT. COLONEL
COMMANDING 2ND BATT. RYL. WILD. REGT.

"Pay to- 5285 D. Norris

£2. 0. 0.

R. C. R.

Received the sum of Two Pounds.

Cheque £ 2. 0. 0. is enclosed
for payment to this Soldier.

Kindly obtain his receipt
hereon.

in respect of
telegraphic remittance from the
Minister of Militia.

R. A. Minnie
Chief Paymaster & O. i/c Records.

W Morris
No 5285 Rank Pte

Witness: W R Hodges

Army Book 57.

Station

N. H. L. ...

Date

May 19 79

RECEIVED of*

O. C. Bay

the sum of

Five pounds

in respect of

Cheque from Cashier

£

5 : 0 : 0
D Morris

*Insert the designation of the
Officer making the payment.

Forms
O. 248
388

ENCLOSURE

FILE

5381/867/P.&.A

MEMORANDUM.

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.
From NEWFOUNDLAND CONTINGENT,
53, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

From Officer Commanding,
2nd Bn. Royal Newfoundland Rgt.
Hazeley Down Camp.

To The Chief Paymaster,
Royal Newfoundland Regiment,
London, S.W.

To O/C. 2/R.Nfld. Regt.,
Hazeley Down Camp,
WINCHESTER.

WF/FK.

ANSWER.

Pay & Record Office.

14th April 1919

May 3rd 1919

WITHDRAWALS FROM NO. 2. A/C.

With reference to
attached: Amounts of £4:0:0:
and £5:0:0: were forwarded by
Messrs. Rolfe & Co, at the
request of Crosbie & Co., St.
John's, Newfoundland, for
payment to 5315, Pte. J. Walsh
and 5285 Pte. D. Norris re-
spectively.

Amount of £3:0:0:
represents telegraphic remittance
from Newfoundland standing to
the credit of 5439 Pte. H.
Granville.

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.
REF. Nos. 5381/867
Rec'd MAY 1919

Received, herewith
receipt.

F. J. Marshall Capt.
Asst. Chief Paymaster.
For Chief Paymaster & O.i/c. Headquarters

P. Kern LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Lewis, L

5285

Ray Dept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5285 Rank Pte Name Morris D.
 Intended place of residence Gratis Cove
 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

Date JUL 19 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 19 1919

[Signature]
 Signature of soldier
[Signature]
 * Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 19 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No. of days on Military
 Discharged from service JUL 20 1919 Plus 14 days Service 446

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 4/1919

[Signature]
 Officer in Charge of Records
 The Royal Newfoundland Regiment

A.G.B. 2079/3496.

August 4th 1919.

#5285, Pte. D. Norris,
Grate's Cove. B.D.V.

Dear Sir:

Enclosed please find discharge Certificate
3496.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

Class for Demobilization: *16*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *July 18/19*

Regimental No. *5285*

Name *Thomis D.*

Address *Grates Cove*

Present Medical Category *A1*

Recommended for:— (a) Immediate discharge

(b) Standing Medical Board

Members of Board

D. R. Cooper Capt.
O.C. Discharge Depot.

W. Robinson
Senior Medical Officer

W. B. Bence
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 285 Rank Pte Name Norman L.
 Date of Enlistment 21-5-18 Address Quater Lane District B.P.D.
 Occupation Bookman Classification for Discharge 1/1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 18-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Norman L. [Signature]

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 [Signature]

Date 19-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192503..... to his home at Grates Cove and Release Certificate No. 3732 issued.

Date 19-7-19.....

Amelbonth
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 4-8-19

Date 19-7-19.....

H. M. W. A.
Depot Paymaster.

Discharge approved for 21-7-19.....

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	1/2 Form B
R 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 19-7-19.....

Amelbonth
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 JUL 21 1919.....

L. R. COOPER, 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.

Daniel Morris

Signature of Man.

Amblawick Reg. No. 6286

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **19 7 19.** 191

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

MEDICAL HISTORY

Surname Harris OF Christian Name Daniel

Table I.—GENERAL TABLE.

Birthplace:—Parish Grates Cove, Bideford County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	21 st	May		191
at	St. John's		at	
Declared Age	23	years		days
Trade or Occupation	Fisherman			
Height	5	feet 9 ⁴		inches
Weight	155	lbs.		lbs.
Chest Measurement	Girth when fully expanded	39		inches
	Range of Expansion	5		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/60?	R.E.—V=	
	L.E.—V=	6/60?	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>[Signature]</u>			
(Rank)	Major			
Enlisted	at	St. John's, Nfld.	at	
	on	2 nd day of May	on	
Joined on Enlistment	Corps.	Royal Nfld. Regiment	Corps.	
	Regtl. No.	5285	Regtl. No.	
Transferred to				
Became non-effective by				
(Signature)				
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class 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 Horse Artillery* 7. Former Trade or Occupation } *Insufficient*
2. Regtl. No. *5285* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *C. Norris* *Seamster* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *24*
6. Posted for duty on..... at.....
 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 ? } ✓

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

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

No complaint of no sensibility

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.

Repatriation

W.E. Prosser, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hazleypton*

Date *2/4/19*

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 *Daniel Morris*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5285-*

Intended address *Grates Cove*

Height on discharge *5* Feet *10*

Color of hair on discharge *black*

Complexion *black*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Henry Thomas*

Christian name of Mother *Anastasia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Grates Cove 19-8-Sept. 25-1894*

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) *Daniel Morris*

(Rank) *GT*

Station **ST. JOHN'S.**

Date *July 17th 1919.*

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

August 12, 1919

Mr. Daniel Morris,
Grates Cove, B.D.V.

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.

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 *Maice* 2. Surname *Morris*

3. Rank *Pte* 4. Regtl. No. *5285*

5. Address in full to which future payments of gratuity are to be forwarded. *Grates Cove, District of Bay de Verde*

6. Date of enlistment in the Regiment. *May 21/18*

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

8. Relationship of such dependents.

9. Address in full of such dependents.

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

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

12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *From May 21/18*

To July 19/19 1. ²

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

..... *No*

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

.....

15. Have you been issued with a War Service Badge?..... *No*

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

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

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

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

19. Are you now serving in the Res?..... If not give? - (a) Date of discharge..... *No*

(b) Reason for discharge..... *Temporary*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service..... *No*

.....

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

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

-3- Daniel Morris.

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*Gracie Ave, Bay Shore,
St. Joseph, N.Y.,
19th day of July 1949
John M. Caspary*

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 Continuity.	Net amount due
.....
.....
.....
Certified correct.			Paymaster

Clifton House
Grates Cove June 21st 1909

5540

Cap Burne or sect

Dear sir you
must excuse me in the way that
I am addressing you for I am
not quite sure where I am right
But please excuse me

Dear sir I havent
received my money that my son
leaved for allotment for last
month. you may recollect me
a few days ago when I went to
pay for money sent across
to my son £2.85 & welches
money I thought that my
money was ^{sent} home. But when
I arrived home there was no
money arrived. If I knowed
that at the time of speaking to
you I would have asked
about it. will you kindly see
where there is any mistake and
let me know. H. J. Norris
Grates Cove Clifton House

Cheque for \$15⁵⁰
sent to Grates Cove. G. B.
C. B. H.

15285

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2222 Rank Plt Name Norris
 Date of Enlistment 21-5-18 Address Coates Ave District B.27
 Occupation Postman Classification for Discharge 4 Medical Category Hi
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 18-7-19 O. C. Discharge Depot Mt St

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Daniel Norris

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 19-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192505 to his home at Grates Cove and Release Certificate No. 3732 issued.

Date 14-7-19 Demobilization Officer Amblin

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 4-6-19

Date 14-7-19 Depot Paymaster H. M. St.

Discharge approved for 21-7-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	<u>L. Fumb</u>
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 14-7-19 Demobilization Officer Amblin

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919 L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 11/19

Reg. No. 5285 Rank 1st Lt Name Worris Dan
Attested Address Gracie Cove
Allotment Allottee ..
Date of Allotment Returned from Overseas JUL 1 1919
Returned on S S Cassandra Cause Discharge

1919
21 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

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 Coy* } Former Trade } *Fisherman*
or Occupation }
2. Regtl. No. *5285* 3. Rank. *Pls* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Norris Daniel*
(Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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 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 is 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 ? }
The complainant of no disability

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.)

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.

Repatriation

W. E. Proemin *Capt. Ramo*
 Medical Officer in charge of case.

Station *Hazleydown*

Date *7/14/19*

* 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