



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5438 Name John Higgins Corps 6th E.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Higgins
2. What is your full Address? 2. Shannon Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years None Months
5. What is your Trade or Calling? 5. None
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. Rank Private 6th E.
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, John Higgins 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.

John Higgins SIGNATURE OF RECRUIT.
John Higgins Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Higgins 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 Shannon Bay on this 11th day of May 1915.

Signature of Attesting Officer W. D. Keene

† 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 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

5438

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

Name John Higgins
 Apparent age 21 years 0 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Reuben Higgins, 39
Shawards Bay, LaB | 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 L'epot	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>24-5-18</u>									
Joined at <u>Meles</u> on <u>Friday 24-1918</u>									
<u>Discharged July 7/19</u>									
<u>Embarked Meles S.S. Columbus to Halifax N.S. 22-1-18</u>									
<u>Embarked for B.C. 23-11-18</u>									<u>Disembarked France 25-11-18.</u>
<u>Joined Butler 5-1-19</u>									<u>Admitted to The Depot Queen's Rifles 18-7-19.</u>
<u>Discharged to base 25-7-19</u>									<u>Rejoined unit 25-7-19</u>
<u>Arrived Newcastle 20-7-19</u>									<u>Transfer for Queen 22-7-19</u>
<u>Arrived to Newfoundland 1-6-1919</u>									<u>to Rtd for demobilization 22-5-19.</u>
Total Service forfeited as above.....									<u>Demobilization Meles 2-7-1919</u>
Total Service towards Engagement to <u>2-7-1919</u>									
					(date of discharge)				<u>1</u> years <u>30</u> days
Pensions									

C.R. 5438

Extract from Daily Orders part II, Unit the Royal Wfld.
Regiment dated 8-7-19.

The discharge of the undersigned on demobilization has been
confirmed by C. C. Discharge Depot on noted date.

#5438 Pte. John Higgins.

8-7-19.

C.R. 5438

Extract from Memorial 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.

#5438 Pte. J. Higgins.

C.R. 5438

Extract from Nominal Roll of Draft No. 26 of the 8th
Battalion of the Newfoundland Regiment to the 1st
Battalion, N. S. F., Embarked Southampton 23/11/16.

#5438 Pte. J. Higgins.

C.R. 5438

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, June 20th 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 18-6-19.

5438 Pte. John Higgins.

C.R. 5438

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

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

#5438 Pte. John Higgins.

C.R. 5438

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

Date June 18th 1919.

5438, Pte. J. Higgins.

Reported at Headquarters 1/6/19.

on "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5438

Extract from War Office List No. H.A . 35229..

5438 Pte. J. Higgins

Deblity.

Dis. to Newfoundland Base Dep. ex 6 Gen. H. 25th. Feb. 1919

C.R. 5438

Extract of War Office List No. H.A. 35116 from
Pay & Record Office, London, dated Feb. 28th/19

Admitted to 6 General Hospital Rouen Feb. 18th/19

INFLUENZA SEVERE.

#5438 Pte. A. Higgins.

C.R. 5438

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 27th, 1918.

#5438 Pte. J. Higgans.

Attested for General Service with the Royal Nfld. Regt.
from 24.5.18

J. Higgins

5438

P. S. P. B

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Miner*
2. Regt. No. *5438* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Higgins J* (Surname) *J* (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday *29*
6. Posted for duty on *23/5/18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(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 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*

He states that he was three years in the R.N.V.R. on transport and transports prior to entering into the Royal Regt.

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 invaded at Foreign Stations.

Repatriation
opt W E Roccini
not
Capt Ramm

Station .. *Hazley Down*

Medical Officer in charge of case.

Date .. *28/1/19*

* 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

D/
No. 16863/1839

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd Bn Royal Nfld. Regt.
Winchester.

21st October 1918

Oct 22 1918

Subject: 5438, Pte. J. Higgins,

With reference to the following telegram (9011) from the Hon. Minister of Militia, received

Pay to 5438 Higgins £2:1:0

Draft £ 2:1:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. J. [Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Okam [Signature]
LIEUT. COLONEL.
~~COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.~~
Officer Commandg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of Two Pounds
One Shilling on account of
cable remittance from Newfoundland.

J. Higgins
No. 5438 Rank Private

Witness: J. Murphy Pte

Higgins, J

5438

Hay Dept.

July 2, 1919

#5438 Pte. John Higgins.

Spaniards Bay.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2574.

Yours truly

Paymaster & C. i/ c Records. Captain.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5438 Rank. Pvt Name Higgins J
 Intended place of residence. Spanners Bay

2. Occupation Miner
 Classification of soldier. E Medical Category A 1

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 18 1919

J. M. H.
 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

J. Higgins
 Signature of soldier

J. A. [unclear]
 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 18-6-19

J. Higgins
 Signature of soldier

James O. Newman
 Signature of witness
Spl

STATEMENT OF SERVICE

7. Enlisted for service. 24-3-18 No. of days on Military
 Discharged from service. 18-6-19 Plus 14 days Service. 405

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date

Reddest Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 2/1919

A. Howley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

a 482079/2574

The Royal Newfoundland Regiment

Class for Demobilization:—

Ri

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *18.6.19*

Regimental No *545F*

Name *Higgins John*

Rank

Address *37 maine Bay*

Present Medical Category *A1*

Recommended for:— (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R.A. Gait Major

O.C. Discharge Depot.

H. Akram

Senior Medical Officer

W. Burden

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 758 Rank Plt Name Higgins J
 Date of Enlistment 24-3-18 Address Spanish Bay, St. John's
 Occupation Miner Classification for Discharge 17 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 208	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 18-6-19 O. C. Discharge Depot. J. Higgins

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

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~~ none of it

Date 18-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1863 to his home at Spaniards Bay and Release Certificate No. 2914 issued.

Date 18-6-19 J.A. Lawless
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 2-7-19

Date 18-6-19 J.A. Lawless
Depot Paymaster.

Discharged approved for 18-6-19
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 Ist	" 2	2 Form B
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 18-6-19 J.A. Lawless
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date R.H. Jant
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.

John Higgins

Signature of Man.

Reg. No. 5438-

J. A. Snowcraft

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date 18.6.79

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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 *Suggies John*

Regiment from which discharged *Royal Newfoundland*

Regimental number *54 38*

Intended address *Paranards Bay*

Height on discharge *5* Feet *9*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scar*

Figure on discharge *Ball*

Christian name of Father *Keuber*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Paranards Bay, Jan. 1897*

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) *John Suggies*

(Rank) *Plt*

Station *John*

Date *1906-19*

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.

Station

Date



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

MEDICAL HISTORY

OF

Surname Higgins

Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Spaniards Bay CB County Nes.

	SPECIAL RESERVE		REGULAR ARMY			
	on	day of	on	day of		
Examined	at <u>27th</u>	day of <u>May</u>	191 <u>8</u>	at	day of	191
Declared Age	<u>21</u>	years	days	years	days	
Trade or Occupation	<u>miner</u>					
Height	<u>5</u>	feet	<u>8</u>	inches	feet	inches
Weight			<u>139</u>	lbs.		lbs.
Chest Measurement	Girth when fully expanded		<u>37</u>	inches		inches
	Range of Expansion		<u>4</u>	inches		inches
Physical Development						
Vaccination Marks	Right	Left	Right	Left		
	<u>/</u>	<u>2 scars</u>				
When Vaccinated	<u>27 to 29</u>					
Vision	R. E.—V=	<u>66</u>	R. E.—V=			
	L. E.—V=	<u>69</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>Lamm-Balser</u>					
(Rank)	<u>Major</u>		Medical Officer.			Medical Officer.
Enlisted	at <u>St. Johns</u>	on <u>27th</u> day of <u>May</u>	191 <u>8</u>	at	on	day of
Joined on Enlistment	Corps.	Regtl. No.		Corps.	Regtl. No.	
	<u>Royal Nfld.</u>	<u>2428</u>				
	<u>Regiment.</u>					
Transferred to						
Became non-effective by	on	day of	191	on	day of	191
(Signature)						
(Rank)						

THIS TICKET TO BE SHOWN AT THE GANGWAY AND RETAINED BY THE SOLDIER

The Royal Newfoundland Regiment

DISEMBARKATION TICKET

Group No. 2

No. 5938

Rank

PT4

Name

Higgins

Address

Spaniards Bay

PASS. You are granted permission to be absent from Depot

until

JUN 23 1919

on which date you will report

for demobilization, (see over)

EMPIRE BARRACKS

ST. JOHN'S, N.F.

R. H. Stait Capt.

COMMANDING DISCHARGE DEPOT

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*
2. Regtl. No. *5438* 3. Rank. *Plt*
4. Name *Higgins J.* (Surname) (Christian Names)
5. Age last birthday.. *22*
6. Posted for duty on *23. 12. 18* at *St. John's* in category (or grade).....
7. Former Trade or Occupation } *Miner*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Date of Discharge ;
(b) Where (e) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

He states that he was the year in the R.N.V.R. on trawlers and transports prior to enlisting with R.N.V. Regt.

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

no complaint 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? 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 invaded at Foreign Stations.

Repatriation

W. Procimer Capt RMC
 Medical Officer in charge of case.

Station *Harageley A. Camp*
 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

Army Form B. 103.

Regimental Number 5238

Casualty Form Active Service.

Regiment or Corps R. NewfoundlandRank Pte Surname Reiggins Christian Name JReligion C of E Age on Enlistment 21 years — monthsEnlisted (a) 24/5/18 Terms of Service (a) Duration Service reckons from (a) 24/5/18Date of promotion to present rank — Date of appointment to lance rank —Extended — Re-engaged — Qualification (b) —or Corps Trade and Rate —Occupation Miner Signature of Officer M. Lloyd

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked... <u>28 NOV 1918</u>		
			Joined Batt. <u>5 JAN 1919</u>		
	<u>6 Gew.</u>	<u>Adw: Influenza</u>		<u>18-2-19</u>	<u>He 3-576</u>
		<u>Discharged Top 23/2/19</u>		<u>B 213</u>	
	<u>BC Unit</u>	<u>Awarded 10 days FR No. 2 for I Christmas gift of barracks about 2400 hrs 6-3-19 - returning 6:00 on 7-3-19. I. Berings in same and drinking came in barracks.</u>		<u>7.3.19.</u>	<u>ATB 2589</u>
		<u>Arrived in UK.</u>		<u>23/4/19</u>	

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

(b) Signally, Sholing-Smith, & Co

(17591) W. W. 1887-P. 1124. 1,000,000. B. 18. D & S. Form B.103. (B. 1266)

P.T.O.

Next of Kin: Father: Reuben Reiggins; Spaniards Boat; C. Boat; N. d. L. D.

July 3, 1919

#5438 Pte. John Higgins,

Spaniards Bay, C.B.

Dear Sir:-

Referring to your application I enclose cheque
for Seventy dollars (\$70.00), being amount of first
payment due you on account of the War Service Gratuity

Yours truly

Captain,
Paymaster & Officer i/c Records.

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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 20th. 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 OFFICER ST. JOHN'S.

Christian name..... *Robert* 2. Surname..... *Argus*

3. Rank..... *Cpl* 4. Regt. No..... *5248*

5. Address in full to which future payments of gratuity are to be forwarded..... *Spaniards Bay, C. B.*

6. Date of enlistment in the Regiment..... *May 23/18*

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 field, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in field or overseas..... *From May 23/18 to June 18/19*

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

No
Reserve - From Nov. 1914 to Dec. 1915

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 Regt.? *No* If not give? - (a) Date of discharge *June 18/19* (b) Reason for discharge *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 - France Nov. 1918 to April 1919*

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

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

Signature of Applicant:

John Higgins

Place of Residence:

Spangard's Bay, C.B.

Declared before me at:

St. John's, Nfld.

This

18th

day of

June

19.....

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

John Higgins

POST DISCHARGE PAY.

Date paid	Widow	Paid	War Service	Net amount
	Spouse	Dependent	Gratuity.	due
.....
.....
.....
Certified correct.				Paymaster

FORM K

Nº 4666



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Higgins, Regl. No. 5438
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty 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 July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4224	Father	Mr. Rowden Higgins	Spaniards Bay C.B.	60
Total Allotment, \$				60

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.) Watson Lieut
 Officer Commanding
 E Company
St Johns
June 10th 1918

(Sig.) John Higgins
 (Rank) Pvt

ST. JOHN'S, June 19 /19

Royal Newfoundland Regiment.

Billeting Account,

To Plt. J. Higgins

Billeting Soldiers as undermentioned

from June 3rd /19 to June 16th /19

5438. Plt. J. Higgins 13 80

ACCOUNT	<u>S.M.</u>
CH. NO.	<u>23972</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for

J. A. [Signature]
Billeting Officer.
J. Higgins

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland
Signature of O. C. Company *Robt. Dickson*

Number of Sheet *one*

Regimental Number and Name	
No.	<i>5438 Higgins Dr</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<i>21</i> years <i>0</i> months	<i>Mun</i>
Place and Date of Enlistment	<i>St John's</i>	Religion
	<i>24.5.18</i>	<i>C of E</i>
Period of	with Colours <i>1³⁰/₆</i> years.	Place of Birth
	with Reserve <i>0</i> years.	

Good Conduct Badges, Service pay or proficiency pay

Spaniards Day

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>St. Johns</i> <i>Princess Rink</i>	<i>7-7-18</i>	<i>Pte</i>		<i>Absent from 7-7-18 till 9.30pm. 15-7-18</i>	<i>J. G. Burke</i> <i>Acc. O.S.</i>	<i>Forfeits 8 days pay. 3 Days Retention</i>	<i>16/8</i>	<i>Robt. Dickson</i>	<i>ED</i>
				<i>Demobilized St Johns 2/19</i>					

To be carried over.

The Royal Newfoundland Regiment

5438

DEMOBILIZATION OF

Reg. No. 3-1158 Rank Plt Name Higgins, J
 Date of Enlistment 24-5-18 Address St. Marys B. St. John's District St. John's
 Occupation Miner Classification for Discharge Ex Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	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 18-6-19

J. Higgins
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Higgins

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 none cost

Date 18-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1863 to his home at Spinnaker Bay and Release Certificate No. 28707 issued.

Date 18-6-19 *J.A. Snowball*
Demobilization Officer

4. Pay and Allowances.

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

Date 18-1-19 *J.M. 24*
Depot Paymaster.

Discharge approved for 18-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3404	B 122	Board Ist.	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	1/2 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	
B179c	B 120	M 93			

Date 18-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

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

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

Date June 26/19 *J.M. 24*
Records

Reg. No. *5338* Rank *Pte* Name *Higgins John*
Attested Address *Spaniards Bay*
Allotment Allottee
Date of Allotment Returned from Overseas *29-5-19*
Returned on S.S. *Corsican* Cause *Discharge*

18-6-19
18-6-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION