



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5907 Name Abraham Morgan Corps CofC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Abraham Morgan
2. What is your full Address? 2. North River St
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 27 Years Months
5. What is your Trade or Calling? 5. Fireman
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, Abraham Morgan 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.

Abraham Morgan SIGNATURE OF RECRUIT.

5/8/18 C. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Abraham Morgan 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 fully answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 8 day of Aug 1918.

Signature of Attesting Officer [Signature]

† 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 6-8-18 1918 } Approving Officer.
Place [Signature]

† 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

5907

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

Name Abraham Morgan
 Apparent age 21 years 0 months Height 5 feet 9 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Morgan
North River Ct | 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>5-8-18</u>									
Joined at <u>St. John's</u> on <u>August 5-1918</u>									
Embarked <u>St. John's train to Halifax N.S.</u> <u>22-9-18</u>									
To <u>Leopoldsdorf</u> for demobilization <u>24-6-19</u>									
Arrived <u>Leopoldsdorf</u> <u>1-7-1919</u>									
<u>Demobilization</u> <u>St. John's</u> <u>4-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge)									
" " Pensions " " " " " "									

} years 360 days

C.R. 5907

**Extract from Daily Orders By Major H.S. Sullivan, Commanding
Forestry Companies 26-11-18.**

**The undernoted having arrived from 2nd Bn. Royal Nfld.
Regt. is attached to the strength from this date and posted
to "B" Company for rations**

5907 Pte. A.Morgan

C.R. 5907

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

The discharge of the undernoted on demobilisation has been
RENEWED by C.C. Discharge Depot with effect from following
date

21-7-19
~~19-7-19~~

5907, Pte. A. Morgan.

C.R. 5907

Extract from Nominal Roll Entitled St. John's for Overseas

Sept. 22, 1918. "M"

5907 Pte. Morgan Abraham.

C.R. 5907

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, dated August 23, 1918.

5907 Pte. A. Morgan,

Granted leave from 22-8-18 tp 31-8-18.

C.R. 5907

**Extract from Daily Orders part 11 from Unit The Royal
Nfld. Regt., St. John's, dated August 9, 1918.**

5907, Pte. Abraham Morgan.

A

**Attested for General service with the Royal Nfld. Regt,
from 5-8-18.**

C.R. 5907

Extract from Daily Orders Part II Royal Newfoundland
Regiment. Depot St. John's dated 4-8-19.

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

5907, Pte. A. Morgan.

C.R. 5907

Extract from Daily Orders Part III Unit: The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5907 Pte. A. Morgan.

Reported at Headquarters 2-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

A. Morgan

C.R. 5907

~~1410~~

SM
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 } *Professional*
 2. Regtl. No. *5907* 3. Rank. *plie* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Morgan* *Abraham* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday *22*
 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? }

No Complaints of no disability

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.)

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. Proctor, Capt. R.M.C.

Medical Officer in charge of case.

Station *Wazeley Brown*

Date *9/1/19*

* 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

No. 6237/910

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

*P.D. 0991919
23/4/1919*
23rd April 1919

April 28th 1919

5907 Pte. Morgan A.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (148)

"Pay to- 5907 Morgan

£2. 1. 0.

Cheque £2. 1. 0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

g Seymour
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £2.1.0

Two pounds one. in respect of telegraphic remittance from the Minister of Militia.

J. H. Marshall
Chief Paymaster & C. i/c Records.

Abram Morgan
No. 5907 Rank Pl

Witness Geo. Perry

No. 6700/1051

PD. 099637

N.F. 1919

FROM: NEWFOUNDLAND CONTINGENT

8.5

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester

3rd May 1919

May 25th 1919

5907 Pte. A. Morgan

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (162).

J. Seymour for. LIEUT. COLONEL.
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5907 A. Morgan
£2-1-0

Received the sum of £2-1-0

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

Two pound one in respect of telegraphic remittance from the Minister of Militia.

A. D. Minors

Abram Morgan

Chief Paymaster & O. i/c Records.

No. 5907 Rank PLi

Witness Geo Perry

e

Morgan, A

5907

Ray sept.

August 4th 1919.

#5907, Pte. A. Morgan,
North river.

Dear Sir:

Enclosed please find Discharge Certificate
3500.

Yours truly,

RS).

Capt. & Paymaster.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5907* 3. Rank *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Morgan* *Abraham*
(Surname) (Christian Names)
- (a) Former Regts. or Corps ;
with Regtl. Nos.
5. Age last birthday *22*
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
(b) Where
(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. *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.)

He complains of no disability

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W. S. Premier

G. H. Lane

Medical Officer in charge of case.

Station *Wazeley Down*

Date *9/14/19*

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

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

MEDICAL HISTORY

Surname

Morgan

Christian Name

Abraham

Table I—GENERAL TABLE

Birthplace:—Parish

North River County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>5</i> day of <i>Aug</i> 191 <i>6</i>	on	day of	191
	at <i>St Johns</i>	at		
Declared Age	<i>21</i> years	days	years	days
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i> feet	<i>9 1/2</i> inches	feet	inches
Weight	<i>143</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>38</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches

Physical Development

Vaccination Marks	Arm	Right	Left	Right	Left
	Number				

When Vaccinated

Vision	R.E.—V= <i>6/24</i>	R.E.—V=
	L.E.—V= <i>6/12</i>	L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

Lamm Parsons

(Rank)

Medical Officer

Medical Officer

Enlisted

St Johns

at

on *5* day of *Aug* 191*6*

on day of 191

Joined on Enlistment

Corps	Regtl. No.	Corps	Regtl. No.
<i>Royal</i>	<i>5907</i>		
<i>Regt</i>			

Transferred to

Became non-effective by

on day of 191 on day of 191

(Signature)

(Rank)

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5907, Rank Pte, Name Morgan A
 Intended place of residence North River

2. Occupation Disturberman
 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

J. Must
 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

A. Morgan
 Signature of soldier
W. J. Beaton
 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

Abram Morgan
 Signature of soldier
W. J. Beaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 5.8.18 No. of days on Military
 Discharged from service JUL 21 1919 Plus 14 days Service 365

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

N. R. Coope Capt
 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

A. Rowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

A. B. 2079/3500

The Royal Newfoundland Regiment

Class for Demobilization:—

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No.

5907

Name

Morgan, A

Address

North River, P. S.

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

A. N. Lodge Capt.
O.C. Discharge Depot.

P. Dawson
Senior Medical Officer

J. W. Sinden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 9907 Rank Pvt. Name Morgan A
 Date of Enlistment 5.8.18 Address North River District Pt. G
 Occupation Stevedore Classification for Discharge E Medical Category A1
 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	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 18.7.19

O. C. Discharge Depot.

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~~

Date 19.7.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2505 to his home
 at North River and Release Certificate No. 3731 issued

Date 19-7-19

Amble Conster
 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

1 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
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		

2 Form B

Date 19-7-19

Amble Conster
 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.

Albert Morgan

Signature of Man.

W. M. Cloush

Reg. No. 57407

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

19-7-19.

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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 *Abraham Morgan*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5907*

Intended address *North River, P. d. 4*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *James*

Christian name of Mother *Siriak*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *North River, Nov 26th, 1896*

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) *Abraham Morgan* *Pte*
(Rank)

Station *ST. JOHN'S.* Date *17-7-19*

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



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

Date

August 12, 1919

Mr. Abram Morgan,
North River, W.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.

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..... *Abraham* 2. Surname..... *Morgan*
3. Rank..... *Pte* 4. Regtl. No..... *5907*
5. Address in full to which future payments of gratuity are to be forwarded..... *North River. C.B.*
6. Date of enlistment in the Regiment..... *August 6/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
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..... *Eleven months and Ten days Seven days* 1.2

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

.....
.....

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?.....

16. Have you, during the present war, served in the Imperial Forces?..

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.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(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 *Aug 2/19* (b) Reason for discharge *Remob*

.....

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.....
England

.....

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: *Abraham Morgan*
 Place of Residence: *North River, C.B.*
 Declared before me at: *St John's*
 This *19* day of *July*, 19*19*...

Signature of Barrister of the *John McCarty*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland Regt

Number of Sheet One

Signature of O. C. Company C. D. Stukel

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Abraham Morgan</u>	Age on <u>21</u> years <u> </u> months		<u>Fisher</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>St John's Aug. 5/15</u>		<u>C. P.</u>	
Joined	Date	Period of } with Colours <u>1 year</u> years.	Place of Birth		
Joined	Date	} with Reserve <u> </u> years.	<u>North River C.B.</u>		

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
				<u>Demobilized</u>	<u>St John's</u>	<u>H</u>	<u>8</u>		<u>19</u>

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5907 Rank Pvt Name Morgan A
 Date of Enlistment 5-8-18 Address North Bay District P.Q.
 Occupation Fisherman Classification for Discharge F Medical Category A.I.
 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	2 D 400A	B 1915	1	do 2nd	" 3.	1
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 18-7-19

R. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Alvan Morgan

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. B2505 to his home at North River and Release Certificate No. 3731 issued.

Date 19-7-19

Alvin Conster
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 14-7-19

W. H. H. H.
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
E 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		

2 Form B

Date 19-7-19

Alvin Conster
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 Aug 1/19

[Signature]