



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5598 Name Morgan Riggs Corps Meth

Questions to be put to the Recruit before Enlistment

1. What is your name? Morgan Riggs
2. What is your full Address? } Marytown P.B.
3. Are you a British Subject? } Yes
4. What is your age? 4. 24 Years Months
5. What is your Trade or Calling? 5. Clerk
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 } Yes
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, Morgan Riggs 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.
4/6/18 SIGNATURE OF RECRUIT.
Pte R Powell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Morgan Riggs do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 4 day of June 1918.
 Signature of Attesting Officer P. Dicks 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
 If enlisted by special authority, such will be attached to the original attestation.
 Date 1918
 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)

A. Riggs

G.R.

5598

~~1110~~

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

MEDICAL HISTORY

OF

Surname

Riggs

Christian Name

Morgan

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. John's, N.B. County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	1918	at	191
Declared Age		years		years
Trade or Occupation		days		days
Height		feet		feet
Weight		lbs.		lbs.
Chest Measurement	Girth when fully expanded	inches		inches
	Range of Expansion	inches		inches
Physical Development				
Vaccination Marks	Right Arm		Right Arm	
	Left Arm		Left Arm	
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>L. M. Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	1918	at	191
	on	day of	on	day of
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment				
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Hazelton DownDate 30-4-19

1. Unit Royal Newfoundland
2. Regimental No. 5598
3. Rank P. Cpl.
4. Name Reggs Rk.
5. Age last birthday 25
6. Enlisted { on 4-6-18
at St John's
7. Former Trade or Occupation } Clerk.
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

nilStatement of Case.

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

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

13. What is his present condition?

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

He complains of general debility

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

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

no

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

If so—(a) When?

- (b) Where?
- (c) Opinion?

no

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

no

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

no

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

no

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

no

20. Do you recommend—

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

Repatriation

W. J. D. D. D.
Major-General

Officer in medical charge of case.

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

Station *Hayley Down*

Officer in charge of Hospital.

Date *30-4-19*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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

C.R. 5598

Extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date ⁴8-7-19.

5598, L/C. Morgan Riggs.

C.R. 5598

Extract from Daily Orders Part II Unit The Royal
Nfld. Regt. Depot St. John's, June 10th, 1919.

The discharge of the following on demobilization
has been APPROVED by D.C. Discharge Depot, with effect
from June 20-6-19.

5598 L/Cpl. Morgan Riggs.

C.R.

5558

Extract from Daily Orders Part A1 Depot, Sp. Johns,

Date June 18th 1919.

5558, Pte. P. Rideout.

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

C.R. 5598

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

The undermentioned of the 1st. Battalion left
Rouen Camps #2/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 26/4/19 and reached
Hazeley Down Camp 23/4/19.

#5598 L/Cpl. M. Riggs.

C.R. 5598

Extract from Nominal Roll of draft No. 56 from the 2nd., Battalion
Winchester to the 1st. Battalion, Royal Newfoundland Regiment
B. E. F., Embarked Southampton 23/11/18.

#5598 Pte. M/ Riggs.

C.R. 5598

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

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

#5598 Pte. Morgan Riggs.

C.R. 5598

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated June 6th, 1918.

#5598 Pte. M. Riggs.

Attested fo General Service with the Royal Mfld. Regt.
from 4.6.18

C.R. 5598

Extract from Daily Orders Part 11 Depot, St. John's,
Date 9-6-19

5598 L/cpl. Morgan Riggs.

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

NR "Corsican"

Reg. No. 5598 Rank Pte Name Riggs M.
Attested 4-6-18 Address Mack's Tavern P.B.
Allotment 50 Allottee Morgan Riggs + for John Riggs (Self)
Date of Allotment 1-8-18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

1st Dec 18, 1st Dec, 2nd Dec 4-7-18 3rd Dec 11-7-18
A.L. 18-6-18-26-6-18. R.L. 28 6/18

FORM K

No 6078



ENTERED
PAY LEDGERS <i>mut</i>
ADM. BOLL. <i>P.L.</i>
ALLOT. IND. X <i>P.L.</i>
REGISTRY <i>P.L.</i>
EXAMINED

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Morgan Kegg, Regl. No 5598

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins August 1st / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4582	Self / or Father	Morgan Kegg + 1/11 / John Kegg	Harvestown P.B.	50
		Royal Bank of Canada	Harvestown P.B.	
Total Allotment, \$				50

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

(Sig.) M.A. James
 Officer Commanding
F. Company
July 2nd 1918

(Sig.) Morgan Kegg
 (Rank) Pte.

Riggs, M

5598

May 20th

July 4, 1919

#5598 L/Compl. Morgan Riggs

Marystown, P.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2399.

Yours truly

Captain,
Paymaster & O. i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5598 Rank _____

Name Reynolds _____

Warned for demobilization on

JUN 6 1919

July 5, 1919

#5598 L/C. Morgan Riggs,

Marystown, P.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
* ymaster & U.i/c records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th, 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian Name... Morgan Rigg
Lance Corp. ... 25198

3. Rank...
4. Address in full to which future payments of gratuity are to be forwarded... Marystown, P. Bay.

6. Date of enlistment in the Regiment... June 4th 1918

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge... Not applicable

8. Relationship of such dependents... Not applicable

9. Address in full of such dependents... Not applicable

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... Not applic.

11. Were you on active service only in Nfld. If so, give dates and particulars of such service... Not applicable

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... 12 1/2 Months

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

not applicable

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

Have received no Post Discharge pay or War Service Gratuity

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.

not applicable

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? *not applicable*

19. Are you now serving in the Regt.? *Yes.* If not give? - (a) Date of discharge. *not applicable* Reason for discharge. *not applicable*

not applicable

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.

Arrived in France aft. Armistice was signed viz. Nov 23rd/18.

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: *Morgan Biggs*
 Place of Residence: *Marystown*
 Declared before me at: *St John's*
 This *6th* day of *June* 19*19*:....

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

John W. Carthy
J.P.

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

The Royal Newfoundland Regiment

Class for Demobilization:—
F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

 Date *11.3.19*

 Regimental No. *5598*

 Name *R. J. ...* *m*

Address

 Present Medical Category *A. i.*

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

Members of Board {

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

S. Paterson
.....
Senior Medical Officer

B. Burden
.....
— M. O. Depot

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

W. Riggs
Signature of Man.

Reg. No. *5398*

J. A. Knowlton Capt.
Signature of the Vocational Officer or his Representative.

Place *at - Johns*

Date *6-6-19.*

191*9.*

Medical Report on an Invalid.

Station Wagleytown Camp
Date 30. 4. 19

1. Unit Royal Newfld
 2. Regimental No. 5598
 3. Rank Sgt
 4. Name Higgs M.
 5. Age last birthday 25
 6. Enlisted { on 4. 6. 18
 at St John
7. Former Trade or Occupation } Clerk.
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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

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

13. What is his present condition?

to complain of no disability

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

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

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

na

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

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

na

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

na

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

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

na

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

na

Repatriation

20. Do you recommend—

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

na

Officer in medical charge of case

Major C. H. King

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

Station *H. D. Camp*

Date *30.4.19*

Officer in charge of Hospital.

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Morgan Riggs, Regl. No. 5598
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.: August 1st/18.
 Allotment begins August 1st/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4582	Self/other	Morgan Riggs +/or John Riggs	Marystown P.B.	50 ^c
		Royal Bank of Canada	Marystown P.B.	
Total Allotment, \$				50 ^c

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.) H. G. James
 Officer Commanding
F. Company
St. John's
July 2nd 1918

(Sig.) Morgan Riggs
 (Rank) Pte

Sept. 26, 1918.

The Manager,
Royal Bank of Canada,
C i t y.

Dear Sir:

With reference to your letter of Sept. 12th. regarding allotment cheque No. 6078 for \$15.50, I beg to inform you that this cheque is for deposit to the credit of No. 5598, Pte. Morgan Riggs, and that since you wrote your letter, we have forwarded an Identity Certificate to your Bank.

Yours truly,

Heut.
For Paymaster

The Royal Bank of Canada

INCORPORATED 1869

PLEASE ADDRESS
ALL COMMUNICATIONS
TO THE MANAGER

Marystown Nfld. September 12/18

CABLE ADDRESS "ROYALBANK"

2690

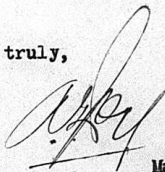
The Paymaster,
Royal Nfld. Regiment,
St. John's Nfld.

Dear Sir:

Will you kindly furnish us with particulars regarding Allotment #6078, under which we have today received from you cheque for \$15.50.

We are of the opinion that this is for account of Pte. Vincent Mitchell, but are not using the cheque until we receive definite advice from you.

Yours truly,



Manager.

Allotment cheque in question is an account of 5598 The Morgan Regt. slanting certificate has been forwarded since

Receipt for Army Book 64

No. *5598* Name *W. Riggs*

To Certify that I have received the AB 64 of the above
named Soldier.

Name *W. Riggs*

Date *Nov 12/21*

Place *Marystown*

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

Wm Armstrong
Nov 17/21

Department of Militia
St Johns
Gentleman

I have a receipt
here you should have had a long
time ago, while looking over some
papers I found this so I thought
I had sent it, sorry that I
kept this so long from you.

yours truly
Wm Riggs



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Morgan Riggs, Regl. No. 5598
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and Fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz :

Allotment begins August 1st /18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4582	Self/relative	Morgan Riggs +/or John Riggs	Marystown P.B.	50
		Royal Bank of Canada	Marystown P.B.	
Total Allotment, \$				50

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.) W.A. James
 Officer Commanding
F. Company
St. Johns
July 2nd 1918

(Sig.) Morgan Riggs
 (Rank) Pte

C.R. 5898

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name..... 5898 S/c W. J. Riggs

Date..... Jan 24/20

Place..... Marytown

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland Signature of O. C. Company C. O. C. [Signature]

Number of Sheet One

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.		Age on	years	months	Religion				
<u>5593</u>	<u>Morgan Riggs</u>		<u>14</u>		<u>Methodist</u>				
Joined	Date	Place and Date of Enlistment			Place of Birth				
Joined	Date	<u>Seymour</u>			<u>Marpleton, P.A.</u>				
Joined	Date	Period of	with Colours						
Joined	Date		<u>1</u>	<u>31</u>		years.			
			with Reserve						
			<u>36</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</u>	<u>4</u>			
						<u>7</u>			
						<u>79</u>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5578 Rank S/C Name Biggs Morgan
 Date of Enlistment 1.6.18 Address Marystown District St. John's
 Occupation Clark Classification for Discharge 1 Medical Category H.1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

M. Biggs

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$160.00

(b) Clothing Supplied _____

Childs

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1485 to his home at Marystown placentre and Release Certificate No. 2340 issued.

Date 6-6-19

J. H. Shaw
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 4-7-19

Date 6-6-19

J. H. Shaw
Depot Paymaster.

Discharge approved for 20-6-19

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 Ist.	" 2.
F 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 6-6-19

J. H. Shaw
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

11/11 20 1919

Date

R. H. Sait
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2398 Rank S/Lt Name Piggs, Morgan
 Date of Enlistment 11-6-18 Address Marystown District Charlottetown
 Occupation Clerk Classification for Discharge 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	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 5-6-19 O. C. Discharge Depot H. Muns H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

H B Piggs

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 _____

W. H. Constan

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1485 to his home at Wilmington and Release Certificate No. 2340 issued.

Date 6-6-19 *J.A. Snow*
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 1-1-19

Date 1-1-19 *J.A. Snow*
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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 6-6-19 *J.A. Snow*
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

JUN 20 1919

Date June 11 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date June 11 1919 *R.H. Sait*

Reg. No. *5098* Rank *PL* Name *Riggs M.*
Attested..... Address *Marystown*
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas *29-5-19*
Returned on S.S. *Corsican* Cause *Discharge*

5-6-19
20-6-19

PASSED TO DEMOBILIZATION
DISCHARGE APPROVED ON DEMOBILIZATION



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. & 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

Riggs, Morgan

Regiment from which discharged

Royal Newfoundland

Regimental number

5398

Intended address

Marystown P.B.

Height on discharge

5 Feet 7

Color of hair on discharge

Dark

Complexion

Dark

Color of eyes

Grey

Descriptive Marks

Figure on discharge

Med.

Christian name of Father

John

Christian name of Mother

Mary

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

St. John's Bank, 1893. 2 Dec.

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)

Morgan Riggs

ST. JOHN'S.

(Rank)

Pvt.

Station

Date

JUN 4 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, General Hospital,
Unit or Command Depot.



Station

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5398 Rank Lt Col Name Riggs Morgan
 Intended place of residence. Marystown Placentia
2. Occupation blank
 Classification of soldier E Medical Category A¹
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 6 1919 *H. 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 and date JUN 6 1919
JUN 6 1919 *Riggs Morgan*
 Signature of soldier
Amble Cruxton
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date ST. JOHN'S
JUN 6 1919 *Riggs Morgan*
 Signature of soldier
James O'Brien
 Signature of witness Sgt

STATEMENT OF SERVICE

7. Enlisted for service 4-6-18 No of days on Military
 Discharged from service. 20-6-19 plus 14 days Service 396

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S *R.H. Lait Capt*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JUN 20 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's, Nfld *M. Bowley Capt*
 Officer i/c Records
 The Royal Newfoundland Regiment
 Date July 4/1919

5207912999

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. FILE

Attention of

NAME RIGGS, Morgan.

Dept. of Veterans Affairs
4400 Avenue Lacombe

DEC 27 1962

referred to

SERVICE 5598 ROY. Nfld. P.C. No.

NUMBER REGT. ~~101~~ WW1 W.V.A. No. 8338

Ottawa Ont

Date Dec 26/62

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. TEL MEMO. St. John's Nfld. Dec 19/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Dec 1/62

Cause of Death

Place of Death Hospital for Mental & Nervous Diseases St. John's Nfld.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~RAY~~
~~R.G.~~
H.O.

} Destroy form if advice of death already received.

for
Chief, Central Registry
m j w y e l l