



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 265 Name William H. Morris Corps CofE

Questions to be put to the Recruit before Enlistment.

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

I, William H. Morris, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

..... SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this 21 day of Dec 1917.

Signature of Attesting Officer

†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..... 1917
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).....

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

INFORMATION SUPPLIED BY RECRUIT

(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)
-----	-----	-----	-----

Christian Names

Date and Place of Birth

[illegible]

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

Pensions



FIRST NEWFOUNDLAND REGIMENT 4265

ATTESTATION OF

No. 4265

Name Willis H Morris Corps CofE

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Willis H Morris
2. What is your full Address? 2. Robinsons
Bury St George
3. Are you a British Subject? 3. yes
4. What is your age? 4. 18 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
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, Willis H Morris do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

H

21/12/17

Willis H Morris SIGNATURE OF RECRUIT.

Frank C Turner Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....

on this 21 day of Dec 1917 George E. Bartley

Signature of Attesting Officer

† 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 Dec 21 1917 Approving Officer.

Place S. J. John

† 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

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

Name Willis H. Morris
 Apparent age 18 years — months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Morris
Robinson B. S. S. S. S. | 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 21-12-17									
Joined at St John's on December 21-17									
Arrived St John's. Nov. 29/1918.									
Embarked St John's for Hong Kong to Malaya 15-18									
Admitted to the 1st Coy. 10-3-18. To duty 18-18									
Admitted to the 1st Coy. 10-3-18. To duty 18-18									
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Reg. No. 4265 Rank Pr. Name Morris W
Attested 31/12/17 Address Robinsons St Geo.
Allotment 50 Allotee Mrs. Joseph Morris
Date of Allotment 1/1/18 Returned from Overseas _____
Embarked for Overseas _____ Cause _____

Vac. 24/12/17, 1st Inc. 31/12/17
H.L. 30.12.17 - 9.9.18, Retd 15.1.18
2nd Inc. 18/18

C.R.

4265

Extract from Daily Orders, Part 11, UNIT: The Royal Fife and Argyll
Regiment, dated Dec. 10th. 1918.

STRENGTH. DECREASES.

4265 Pte. Wm. H. Morris

Having been found Medically Unfit is Discharged from ³⁰29/11/18.

C.R. 4265

Extract from Nominal Roll of Repatriation Draft Embarked for
Newfoundland 16-10-18.

DISCHARGED UNDER A.F. B.179.

4265 Pte. W.H. Morris.

101.

C.P. 4265

Extract from Medical Board held on Saturday Nov. 16th,
1918.

4265

~~4265~~ Pte. W.H. Morris,

Recommended Discharge-Permanently Unfit and admission
to JENSEN CAMP.

MM.

C.R. 4265

Extract from Daily Orders part 11, Depot. St. John's
dated Nov. 14th., 1918.

The undermentioned returned from Overseas and reported
at depot. 8/11/1918.

~~4061 W. H. D. Martin.~~

4265 W. H. Morris

DC.

C.R. 4265

Extract from Telegram to Military St. John's, dated October 17th., 1918.

Being sent home for Discharge:

4265 Morris.

C.R. 4265

Extract of General Bull Draft "H" Company Subscribed
C.O. "Florizel" Jan. 29th. 1918.

4265 Pte. Morris W.H.

C.R.

4265'

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Dec. 22nd, 1917.

4265 Pte. W. Morris.

Attested for General Service with the 1st Nfld. Regt. with
effect from 21st/17.

W. H. Morris

4265

P. & P. Q

Originals

This space to be left blank
for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 4265 Army Rank Private

Name Morris Willis. H.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. 18 Description at the time of discharge.

Age 18 years _____ months

Height _____ feet _____ inches

Chest measure { girth when fully expanded _____ ins.
range of expansion _____ ins.

Complexion _____

Eyes _____

Hair _____

Trade _____

Intended place of residence {
(To be given as fully as practicable)

Descriptive marks.

COPIES SENT		
TO	NO.	DATE
M. OF M.	<u>16608/168</u>	<u>15 OCT 1918</u>
O.C. 1st. Bn.		
" 2nd. Bn.		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Medical Report on an Invalid.

Station Hughes Creek
 Date 5-10-18

1. Unit V. Ryer Regt.
 2. Regimental No. 27th
 3. Rank Pvt.
 4. Name Morris Victor H.
 5. Age last birthday 18 yrs.
 6. Enlisted { on 21 Dec. 1917
 at S. Schoorpes
 7. Former Trade { Clerk.
 or Occupation }
 7A. If with previous service in Army, state—
 (a) Former Unit; }
 (b) Regimental No.; } Co.
 (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).

Infectious

COPIES SENT		
To	No.	DATE
M. or M.	<u>1008/108</u>	<u>15 OCT 1918</u>
O.C. 1st Bn.		
" 2nd Bn.		

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, ?
 10. Place of origin of disability, Hughes Creek. Virekata.
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
 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.

Since joining depot the man has been continuously sick. He first developed measles, and later had the same 2 weeks again with a conjunctivitis, after his discharge this time, he was put under special training, had, operation; however, he developed a pleurisy, and had to be sent to hospital again. This time was during w/f for regeneration.

Aggravated by other medical
 across conditions.

Partly Constitutional

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 is pale, flat chested: expansion small. Flattening of chest no shape. Brachius brachius here? Costi. Muscles depressed in alveolar region. Heart sounds weak but pure.

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

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

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

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

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

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

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

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

20. Do you recommend—

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

Discharge as permanently unfit
for military service.

1 APR 1917
Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W.(T), P, or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Morris (Surname) Wiles H. (Christian names in full)

A. Unit from which discharged 2nd Bn R. Newfoundland Regt.

Regimental Number 4525 Rank on discharge Sgt Age on discharge 18

Married, widower with children, or single

Occupation before enlistment Clerk.

Special qualifications (if any) for employment in civil life

Nature and locality of employment desired

Full postal address to which proceeding on discharge } Robinson St George's Rd.

Name of Approved Society (if any)

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed

Service towards pension

PART C. Number of G.C. badges medals

Wounds and actions in which received

PART D. Where born (parish, town and county), and date

Colour of hair on discharge Colour of eyes Complexion

Christian name of father

Christian name of mother

NOTE.—Army Forms D. 400 and W. 3463a and b are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463a are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463a and b are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463a are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

CONFIDENTIAL.

Army Form W. 3463A.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
 (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Thomas Willis H.
(Surname) (Christian names in full)

A. Unit from which discharged 2nd Bn R Newfoundland Regt.
 Regimental Number 4565 Rank on discharge Private Age on discharge 19
 Married, widower with children, or single _____
 Occupation before enlistment _____
 Special qualifications (if any) for }
 employment in civil life } _____
 Nature and locality of employment desired _____
 Full postal address to which } Robinsons St Georges Nfld.
 proceeding on discharge } _____
 Name of Approved Society (if any) _____

PART Nature of medical unfitness _____
B. _____

Service with Colours _____ years _____ days, of which _____ years
 _____ days were served abroad during the present war.

Military character _____
 Anything against the soldier to render his recommendation undesirable _____
 Date of discharge 5. 10. 1918
 Station Angley Army Camp
 Date 5. 10. 18. Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

To be completed by the Officer i/c Records.

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

MEDICAL HISTORY

Surname

Morris

OF

Christian Name

Lewis St.

Table I.—GENERAL TABLE.

Birthplace:—Parish

Robinson St. George


County

N.Y.

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on	21st	day of Dec	191	7
	at	St. John's			
Declared Age		18	years		days
Trade or Occupation		Clerk			
Height		5	feet	6	inches
Weight				126	lbs.
Chest Measure-ment	Girth when fully expanded...			36	inches
	Range of Expansion...			5	inches
Physical Development					
Vaccination Marks	Arm	Right	Left	Right	Left
	Number				
When Vaccinated					
Vision	R.E.—V=	4		R.E.—V=	
	L.E.—V=	2		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)		Samuel Paterson			
(Rank)		Major			
		Medical Officer.			
Enlisted	at	St. John's		at	
	on	21st	day of Dec	191	7
Joined on Enlistment		Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to		1st N.Y.	Regt	4365	
Became non-effective by					
	on		day of	191	
(Signature)					
(Rank)					

COPIES SENT		DATE
To	No.	15 OCT 1918
M. or M.		
O.C. 1st Bn.		
2nd Bn.		

Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the syphilis, admissions and of treatment
	Day	Month	Year	Day	Month	Year			
	10	MAR	1918	28	MAR	1918	Measles	18	Recovered
Hazeley Down	21	5	18	7	6	18	Conjunctivitis L.	17	Recovered.
Hazeley Down	21	7	18	26	9	18	Tubercle Lung	67	Pleurisy, chest four sputum on exertion

ital or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Received. Discharged 7 July

H. E. Town Capt R.A.M.C.

Received. Discharged 5 July

H. E. Town
CAPT., R.A.M.C. (M.C.)

Pleurisy R. side. No effusion. Flattening of chest over R. apex. 1 cavity of lung. 1. little sputum. T. B. not found. Marked dyspnoea on exertion.

B. S. O'Brien
CAPT., R.A.M.C.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
24-12-17	Vuc. 10
31-12-17	T.H.B. 10
18-1-18	do 10
26.1.18.	i.a.B. 10
5.7.18	<div> Graded Highdown Camp </div> <div> (2 barrels 1000) </div> <div> marked E only 10 </div> <div> (contains 14 of 1000) </div>
	<div> 1918 </div> <div> A. B. R. </div>

Table IV.—SERVICE TABLE.

[illegible]

FORM K

Nº 4515



4 1ST. NEWFOUNDLAND REGIMENT 1

ALLOTMENTS

I, W. H. Morris, Regl. No. 4265

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and forty 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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3029.	Mother,	Ten Joseph (Rebecca) Morris	Rothmans St George's.	\$8
			Total Allotment, \$	\$8

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.)

Officer Commanding

Company

(S) Mr. H. H. Hottel

(Rank)

San John

Nov 28

1917

FORM K

№ 4515



4 1ST. NEWFOUNDLAND REGIMENT 1

ALLOTMENTS

I, Lo H. Morris, Regl. No. 4265

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and forty 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..... Jan 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
	mother	Tom Joseph	Robinson		50
3029.		(Rebecca) Morris	St. George		
			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.) not used

Officer Commanding
Company

(S) W. H. Motz

(Rank) 5th

John

Mar 28 1917

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Corresponding on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4265	Plt	Morris H.W.	£12 50	

I have the honour to be, Sir,
f ~~Yours faithfully,~~
Your obedient servant.

Date

14-7-18

W. Morris

LAST PAY CERTIFICATE

OFFICE COPY

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 4265 Rank Private Name W. Morris Unit ROYAL NEWFOUNDLAND REG'T. who was Repatriated
to Newfoundland on 16/10/18 Authority Part 8 Orders Cause _____

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS	\$ £ E s d					PARTICULARS	\$ £ E s d				
Balance Dr. from						Balance Cr. from					
Allotment 19 days @ 50 ^s	19	50	1	19	1	Pay 19 days @ 50 ^s			1	1	0
Cash Payments:						Field Allowance 19 days @ 10 ^s 1 ^p	120	90	14	5	11
5-10-18				15		Other Allowances days @ 50 ^s					
12-10-18				15		Other Credits:					
Other Debits:											
Total Debits			13	9	1	Total Credits			1	5	5
Balance due by Paymaster			1	16	10	Balance due to Paymaster					
			15	5	11				1	5	5

COPIES SENT	
TO	DATE
M. of M.	11/11/18
O.C. 1st. Bn.	16/11/18
2nd. Bn.	1/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

D. Conlan
H. P. Conlan (Place)
Oct. 16 1918 (Date)

W. H. Long Cap.
O.C. "S" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

Chief Paymaster & Officer i/c Records.



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

R. John M.
Aug. 27. 18.

1. Unit *1st. Newfoundland*

2. Regimental No. *4816*

3. Rank. *Pte*

4. Name. *Peddie Joseph John*

5. Age last birthday. *19.*

6. Enlisted on *Apr. 20th 18.*

at *St. John's*

7. Former trade or occupation

Fisherman.

8. Disability

Throat & pneumonia.

9. History *Developed throat & "Home leave" May, 1918. Was treated by D. Balas, M.D., - He had pneumonia complicating. Was under treatment from D. Balas for two months. Was also under treatment at Amherst Convalescent Camp from 16.7.18 to 22.8.18*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Head normal

Temp. 99° 5 pm

No much fluids in lung. Slight
deficient breast covered as above.

11. Was sanatorium operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit? ✓

Signature

Geo. Borden

Rank or Qualification

Capt. MO.

Remarks if any by Officer in Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x may be considered as ~~aggravated by~~ due to
~~(a) Service during this war.~~ (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

yes.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

less than 20%

16. Is the disability permanent? yes.

17. Has the disability been aggravated by

(a) Intemperance. us

(b) Misconduct. us

18. The refusal of operation is (a) Reasonable.
sanatorium (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. us

20. We recommend discharge from the Army
~~retention in~~

Remarks if any:—

Signatures.

President

Place St. John's, Nfld.
Date Aug. 26th 1918

APPROVED

Station

Date



Clay Macpherson
Administrative Medical Officer Major
D. M. S. NEWFOUNDLAND.

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x **may** be considered as aggravated by:
due to
- (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
- Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— **Less than 20%**

16. Is the disability permanent? **Yes**
17. Has the disability been aggravated by (a) Intemperance. **No** (b) Misconduct. **No**
18. The refusal of operation is:— (a) Reasonable.
sanatorium (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
General Hospital, **No**
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
~~Continued in~~

Remarks if any:—

(Sgt) JOHN G. DUNCAN President
..... J. SINCLAIR TAIT
Signatures. ARCH C. TAIT

Place .. **St. John's, Nfld.,**
Date .. **August 26th., 1918**

APPROVED

Station ..

Date ..

CERTIFIED CORRECT COPY

CLUNY MACPHERSON, Major

For

(Sgt) CLUNY MACPHERSON, Major
D. M. S. NEWFOUNDLAND.
Administrative Medical Officer.





Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station St. John's, Nfld.,
Date August 24th., 1918

- | | |
|-------------------------------------|--|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>19</i> |
| 2. Regimental No. <i>4516</i> | 6. Enlisted on <i>April 20th., 1918</i> |
| 3. Rank. <i>Private</i> | at <i>St. John's, Nfld.</i> |
| 4. Name. <i>PEDDLE, JOSEPH JOHN</i> | 7. Former trade or occupation <i>Fisherman</i> |
| 8. Disability | |
| MEASLES WITH PNEUMONIA | |

9. History *Developed Measles on "Home leave" May 1918. Was treated by Dr. Barlow, Trinity. He had Pneumonia complicating. Was under treatment from Dr. Barlow for two months- was also under treatment at Donovan's Convalescent Camp from 16/7/18 -22/8/18*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Heart normal. Temperature 99.5 p.m.
Not much to find in lungs. Slightly
deficient breath sounds at right base

11. Was sanatorium
operation advised and refused?

12. Do you recommend discharge as
permanently unfit? **Yes**

Signature

(Sgd) F. W. BURDEN

Rank or Qualification

ACTG. M. O.

Remarks if any by Officer in Hospital.

Place

Signature

Date

Rank

Morris, W. H.

4265

Hay Sept.

COPY.

This space to be left blank
for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4265</u>	Army Rank <u>Private</u>
Name <u>Monis Willis St.</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depot, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge <u>November 30/1918</u>	
Place of discharge <u>St. John's, Nfld</u>	

1.	Description at the time of discharge.	Descriptive marks.
Age <u>18</u> years <u>11</u> months		
Height <u>5</u> feet <u>6</u> inches		
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion <u>fair</u>		
Eyes <u>grey</u>		
Hair <u>brown</u>		
Trade <u>clerk</u>		
Intended place of residence (To be given as fully as practicable) <u>Robinson's Head B. St. J.</u>		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2068 has been issued to*

Medical Report on an Invalid.

Station

Hazelton Camp

Date

1-10-18

1. Unit Royal N. F. Lt

7. Former Trade }
or Occupation }

black

2. Regimental No. 4265

7A. If with previous service in Army, state—

3. Rank Plt

(a) Former Unit;

4. Name MORRIS William H.

(b) Regimental No.;

5. Age last birthday 18 yrs

(c) Date of Discharge;

6. Enlisted { on 21 Dec 1917
at St John's N. F. Lt

(d) Cause of Discharge.

EN 9

8. Disability in respect of which invaliding is Proposed.

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

(Tuberculosis) Lung

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.

2 July 1918

10. Place of origin of disability.

Hazelton Camp, Winchelsea

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

since joining depot this man has been continuously sick he first developed measles and later had to be sent to hospital again a conjunctivitis after being discharged this time he was put under special training but and observation however he developed chest pleurisy and had to be sent to hospital this time was discharged for repatriation aggravated by strain of military service partly constitutional

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.

N. 9

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 is pale flat chest expansion small flattening of chest over right apex bronchial breathing here cavity marked with sound on slight exertion heart sound weak but pure.

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

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

N 9

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

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

N 9

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

N 9

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

N 9

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?

N 9

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.

N 9

20. Do you recommend—

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

discharge as permanently unfit for military service

Mr. C. B. R. C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to **enable him to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climate disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

*Accepted 21/10/18. Rule 96
No temp.*

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

yes

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Exposure & hardship

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

Nil while in Hospital

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

Sanatorium

yes

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station

Date

Approved

Station

Date

President.

Members.



[Signature]

[Signature]

[Signature]
Administrative Medical Officer.
D. M. S. NEWFOUNDLAND.

Medical Report on an Invalid.Station Hazeley Down CampDate 5-10-18.

1. Unit **ROYAL NEWFOUNDLAND**
 2. Regimental No. **4265**
 3. Rank **Pte.**
 4. Name **MORRIS, WILLIS H.**
 5. Age last birthday **18 yrs.**
 6. Enlisted { on **Dec. 21st. '17.**
 at **St. John's Nfld.**

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

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***TUBERCULOSIS. LUNG.**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.
 10. Place of origin of disability.

Hazeley Down Camp, Winchester.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Since joining Depot this man has been continuously sick. He first developed measles. and later had to be sent to Hospital again with conjunctivitis. After being discharged this time, he was put under special training, but, on observation, however, he developed dry pleurisy, and had to be sent to Hospital. This time was discharged for repatriation.

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).

Aggravated by strain of Military Service.

- (b) constitutional or hereditary, and not aggravated by service during the present war.

Partly constitutional.

- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

N.A.

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 is pale. Flat chest. Expansion small. Flattening of chest over right apex. Brinohial breathing near (?) cavity. Marked dyspnoea on slight exertion. Heart sounds weak, but pure.

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

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

20. Do you recommend—

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

Discharge as Permanently Unfit for Military Service.

J. St.P. Knight, Capt. R.A.M.C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to— **Weight 121½ lbs. Pulse 96.**
No temp.

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

Yes

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Exposure and hardship.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

Total while in Hospital.

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

Yes

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium; -----

Jensen, Yes.

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

N. S. FRASER

President.

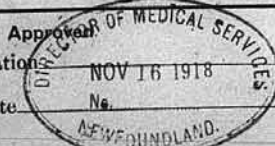
Station **St. John's**

J. S. TAIT

L. PATERSON, Major.

Members.

Date **Nov. 16th '18.**



(Sig) CLUNY MACPHERSON, Major.

Administrative Medical Officer.
D. M. S. NEWFOUNDLAND.



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 *Morris Willis*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4265*
 Intended address *Robinson Head*
 Height on discharge *5* Feet *6*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Grey*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father *Joseph*
 Christian name of Mother *Rebecca*
 Wife's maiden name in full ✓
 Date and place of marriage ✓
 Christian names of children
 Place and date of soldier's birth. *Robinson Head Dec. 16th 1899*
 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) *Willis Morris*

Station *St Johns* Date *14 November* (Rank) *Plt*

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 *St Johns* Date *Nov 14-1918*
Michael Caff
 Medical Officer i/c Hospital.
 Unit, or Command Depot.

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 4265 Rank Private Name W. Morris Unit ROYAL NEWFOUNDLAND who was Refused
to Newfoundland on 16/10/18 Authority Par 2 Order Cause

STATEMENT OF ACCOUNT

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS		\$	¢	£	s	d	PARTICULARS		\$	¢	£	s	d
PERIOD: From 28/9/18 To 15/10/18	Balance Dr. from						Balance Cr. from Previous Pay Book						
	Allotment 19 days @ 50¢	1	9	50	1	19	Pay 19 days @ \$ 1.07				1	-	-
	Cash Payments:						Field Allow 19 days @ \$ 1.10	1	20	90	4	5	11
	5 - 10 - 18					15							
	12 - 10 - 18					15	Other Allowances days @ \$						
	Other Debits:						Other Credits:						
	Total Debits				3	9	Total Credits				5	5	11
	Balance due by Paymaster				1	16	Balance due to Paymaster						
					5	5					5	5	11

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

H. O. Campbell Oct 16 1918
(Place) (Date)

H. O. Campbell
O.C. "N.F.P." Company.

Made and Checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No H265 Rank Private Name W. Morris Unit ROYAL NEWFOUNDLAND REGT. who was Repaired
to Newfoundland on 16/10/18 Authority Pay & Order Cause

DR.

STATEMENT OF ACCOUNT

PARTICULARS					PARTICULARS				
	\$	£	E	S		\$	£	E	S
Balance Dr. from					Balance Cr. from <u>Previous Pay Book</u>				
Allotment 19 days @ 50 ^s	19	50	1	19	Pay 19 days @ 50 ^s	19	07	1	1
Cash Payments:					Field Allowance 19 days @ 15 ^s	19	07	1	1
5-10-18				15					
12-10-18				15	Other Allowances days @ 50 ^s				
Other Debits:					Other Credits:				
Total Debits			13	9	Total Credits			15	5
Balance due by Paymaster			1	16	Balance due to Paymaster			15	5
			15	5				15	5

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of D. Company

H. D. Campbell (Place)
Oct 16 1918 (Date)

made up/checked in accordance with information received in the Pay & Record Office London to 27/9/18
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
191

W. Morris Capt
O.C. "D" Company.
Chief Paymaster & Officer in Charge

PERIOD: From 28/9/18 to 2/10/18

COPY.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^a to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname

Morris

Christian Name

Wilks J.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Robinsons ^{St. Georges} County ^{Wfld}Examined ... { on 24 day of Dec 1917
at St. Johns

Declared Age ... 18 years ... days.

Trade or Occupation ... Clerk

Height ... 5 feet, 6 inches.

Weight ... 124 lbs.

Chest { Girth when fully Expanded. 36 inches.

Measurement { Range of Expansion 5 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... R.E.—V—^{6/6}
L.E.—V—^{6/6}

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature)

(Rank)

(Sgd) Lamont Paterson
Major

Medical Officer.

Enlisted ...

{ at St. Johns
on 24 day of Dec 1917

Joined on Enlistment ...

Corps.	Regtl. No.
ROYAL NEWFOUNDLAND REGIMENT.	4265
Transferred to ...	

Became non-effective by

on ... day of ... 1917

(Signature)

(Rank)

Table II.—Only for Admissions to Hospital or to the Sick List

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing use. I subsequ given b
	Day	Month	Year	Day	Month	Year			
Phil Hospl Hayley Down	10	3	18	28	3	18	Measles	18	Recover
Hayley Down	21	5	18	7	6	18	Conjunctivitis L	17	Recover
Hayley Down	21	7	18	26	9	18	Tubercle Lung	67	Pleuris At Ap ^e , Marked

to the Sick List in the case of Warrant Officers treated in quarters.

Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
18	Recovered. Discharged to duty.	Jgd. H. B. Lawson Capt. RAME
17	Recovered. Discharged to Duty	Jgd. H. B. Lawson Capt. RAME
67	Pleurisy Rt Side. No effusion. Flattening of chest over Rt Apex & Cavity of lung & little sputum. TB not found. Marked dyspnoea on exertion.	Jgd. C. B. T. Vivian Capt. RAME

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
24-12-17	Vac LP
31-12-17	TAB TP
18-1-18	do LP
26-1-18	TAB LP
5-10-18	<p>Boarded Hazelton Down Camp. Marked E Category (Tubercle of Lung. (Cauty. My M letter) Signed J. B. Knight Capt. R. M. C.</p>

Table IV.—Service Table.

[illegible]

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 question 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 *Willis* 2. Surname *Morris*

3. Rank *Private* 4. Regt. No. *4. 2. 6. 5*

5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded..... *Private Willis Morris*

..... *Jeusey Camp*

6. Date of enlistment in the Regiment... *21-12-17*

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 dependent..... *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 applicable*

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..... *21st December 1917 to*

Nov. 30 - 1918 (overseas)

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

..... One enlistment no 4. 2. 6. 5.....
.....
.....

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..... *no*.....
.....
.....

15. Have you been issued with a War Service Badge?..... *yes*.....

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?..... *not applicable*.....

(b). If so, was such reversion in consequence of misconduct or inefficiency?..... *not applicable*.....

19. Are you now serving in the Regt.? *no*..... If not give:- (a) Date of discharge... *30-11-18*..... (b) Reason for discharge.....

... *being no longer physically fit for war service*.....
.....
.....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service,....

..... *no*.....
.....
.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.

(b). If so, are you in receipt of full pay and allowances from that Committee?..... *no*.....

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

Signature of Applicant:

W. L. Morris.

Place of Residence:

*Tenam Camp*Declared before me at: *St John's*

This

20th day of *June* 19*17*

Chas. O'Neill Esq. Notary
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....
Certified Correct.			Paymaster.	

The Royal Newfoundland Regiment

DEMobilIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 4265 Rank. Private Name Willis H. Morris
 hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00/100

Date January 3rd 1919

Robinson Head

pte Willis H. Morris
 Signature of Soldier

Ralph Morris
 Signature of Witness

Certificate to be signed by the Soldier on Discharge.

.....

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date.

Date January 13th 1919 Sig. of Soldier pte. willis b. mours
Place Robinsons Road Sig. of Witness Ralph Morris

5923

Robinson's Head

July 24th / 19

J. M. Howley:

Sir:

Would you kindly let me know if I am entitled to any war service gratuity I was discharged last November 30th 1918 and was I could not write before. I came back from overseas in November & I would like to know if I am entitled to any pay. If I am would you kindly send my papers so as I can file them up & send them back again without any further trouble.

I Othige

Your Obedient Servant
Ex. pte W. H. Morris.

4265

Was not overseas on

Nov 11/19

December 17th. 1921

Mr. Willis H. Morris,

Robinson's Head.

Dear Sir:-

With reference to your recent letter to the Secretary,
G.W.V.A., I enclose cheque for \$98.89, being the balance due you
on account of Post Discharge Pay or War Service Gratuity.

Yours truly,

Major
Paymaster

Jensen Camp 20
St Johns

January 24th 1919

3808

Capt J. M. Hawley
Sir,

I am writing out to hear from you
if you answered letter that I wrote
you when I was home about my
badge if you did not send it
home you can send it in here
and would like to know if I
could get any money now as
I can't come out and I want to get
some things I think there is money
due me. So I surely ask you to
let me know what I can get done
about my badge.

Yours Truly

for w. Morris #265

Jensen Camp
Sent to Robinson
Head.

4197

Jensen Camp.
St Johns
March 2nd /19

Capt. J. M. Howley.

Dear Sir:—

I am sending this note by pt written to you. To ask if you will kindly oblige me by sending in my bonus money as I have not received any yet. I would come out myself but I cannot at present. And may not be able for a while. And I also want some money too. ~~at~~ I trust you will oblige me.

I am
Your obedient servant
Gt. J. W. Morris 265

4268 Willis B. Morris

F.C.R.

DEPARTMENT OF MILITIA

Regimental Pay Branch

ACCOUNT	<u>W.S.G.</u>	INITIALS	
CH. NO.	<u>1059</u>	INITIALS	<u>Just</u>
IND. LEDGER	<u>396/1</u>	INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

\$ 98⁸⁹/₁₀₀...

PAY VOUCHER

Dec. 17th 1921

RECEIVED from the Royal Newfoundland Regiment the sum
of Ninety eight⁸⁹/₁₀₀.....Dollars.
on account of W.S.G.

Mailed to Robinson Ad.
Dec. 17/1921.

4265

February 5.

Pte. W. Morris,
Jensen Camp,
Blackmarsh Road.

With reference to your letter of
January 24th. I beg to state that your badge was
sent to Robinson's Head, and no doubt your people
have it in their possession.

I would suggest that you write there
if you wish to have it forwarded on.

Yours truly,

Lieut.
For Paymaster & O 1/c Records.

4265

January 18, 1919.

W.H. Morris,

ROBINSON'S HEAD, St. George's.

Dear Sir:

Your Discharge Badge has been forwarded by registered mail today.

Yours truly,

Lieut.
For Paymaster.

426● Ft. W. H. Morris
Civilian clothes

Ch 6496

\$60 00



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
35.

Regiment of

1st Newfoundland

Number of Sheet

One

Signature of O. C. Company

W. H. L. H. H.

Regimental Number and Name	
No.	<i>Morris W.H.</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>18</i> years - months
Place and Date of Enlistment	<i>St. John's 21-12-17</i>
Period of	with Colours <i>34.5</i> years.
	with Reserve <i>36.5</i> years.

Trade	<i>Clerk</i>
Religion	<i>C of E.</i>
Place of Birth	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cause of Discharge	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
-------	-----------------	------	--------------------	---------	--------------------	--------------------	---	-----------------	---------

Discharged Medically unfit
St. John's, 30th 18



To be carried over

Army Form B. 121.



S4V65

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Dec. 7th. 1918 191

Officer Commanding.

Headquarters.

Sir:-

The under-mentioned men have been discharged on the dates given. Kindly note and post in Daily Orders, Part II.

I have the Honour to be,
Sir,
Your obedient Servant.

Sgd.J.M.Howley,
Capt.
Paymaster & O. i/c Records.

	Nov. 29th. 1918.	Med. Unfit.
4202. Pte. Wellon, Stewart	do	do
3235. L/C. Pike, Thos.	do	do
4123. Pte. LeDrew, Edward J.	do	do
5555. " Langdon, Chas.	do d	do
5395. " Coleman, Bartholomew	do	do
4200. " Stickland, James	do	do
4265. " Morris, Willis. H.	30th	do
5662. " Verge, Thos.	do	do
5641. " Sooley, John.	Do	do.

Reg. No. 4265 Rank Pfc Name Morris W. H.

Attested _____ Address _____

Allotment _____ Allottee _____

Date of Allotment _____ Returned from Overseas 8-11-18

Embarked for Overseas _____ Cause Discharge

16-11-18 Bec his Permanently unfit & admission
to Jensen Camp.

3-11-18

DISCHARGED—MEDICALLY UNFIT

Nov. 18th, 1918

From Officer Commanding
Depot

To Paymaster and Officer i/c Records
Militia Department

4265 Pte. Morris, W.H.
5641 " Sooley, J.

The marginally noted men have been recommended for discharge as permanently unfit and admission to the Jenson Camp by Medical Board held on Saturday, Nov. 16th, 1918.

I am sending them herewith for your attention and necessary action, please, and have given them verbal instructions to report to Director Medical Services after they have finished their business with you.

Copy to D.M.S.

AWC