



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4517 Name H. Hamb Corps Meth

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Hepsey Hamb
2. What is your full Address? ..... 2. Summerhill  
St John's
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 00 Months
5. What is your Trade or Calling? ..... 5. Mariner
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, Hepsey Hamb 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.

Hepsey Hamb SIGNATURE OF RECRUIT.  
George Liberty Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hepsey Hamb 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 20th day of April 1915.

Signature of Attesting Officer George Liberty

### †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 compiled with. I accordingly approve, and appoint him to the.....

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

Date.....1915  
Place..... } Approving Officer.

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

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









# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4517 Name H. Hamby Corps Meth

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Henry Hamby
2. What is your full Address? ..... 2. Summerhill  
B. 10th
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 21 Years 7 Months
5. What is your Trade or Calling? ..... 5. stationer
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, Henry Hamby 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.

Henry Hamby SIGNATURE OF RECRUIT.  
Geo. P. Thoman Signature of Witness.

a-70-4-14

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Henry Hamby 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 his 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 S. J. Hamby on this 20th day of April 1918.

Signature of Attesting Officer Geo. Liberty

### †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 1st .....  
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) .....





C.R. 4517

Extract from Daily Orders West 11 Unit The Royal Wilt.  
Regt. St. John's, Feb. 16, 1919.

The Discharge of the undersigned on Remobilisation has  
been confirmed by Officer S/c of Records on 15-2-19.

16-2-19

4517 Pte. Henry Humby.



C.R. 4517

Extract from Daily Orders part II, Depot St. John's  
dated January 21st., 1919.

The Discharge of the undernoted on demobilization have<sup>s</sup>  
been APPROVED by Officer Commanding Depot on 19-1-19.

#4517 Pte. H. Hamby.

CR 4517

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated August 12, 1918.

#4517 Pte. H. Humber.

Discharged from 21 Field Street 8-8-18

C.R. 4517

Extract from Daily Orders part II, from Unit The Royal  
Wfld. Regt. St. John's, dated April 20, 1918.

#4517 Pte. H. Humby.

Attested for General Service with the Royal Wfld.  
Regiment, from 19/4/18.



Humbly Henry.

4517

Hay Sept.

February 16, 1919

#1527 Pte. Henry Humby,

Summerville, B.B.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 1006."

Yours truly,

X Captain,  
Paymaster & C. i/ c Records

Enc #1 1.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4517 Rank Pvt. Name Henry Humber  
 Intended place of residence. Summersville B3

2. Occupation fisherman  
 Classification of soldier c. Medical Category A. 7

3. The above named man is discharged in consequence of.....

**DEMOBILIZATION.**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place JAN 18 1919 .....  
 Date ..... Attesty Capt.  
 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 18.1.19 .....  
Henry Humber  
 Signature of soldier  
C. S. Dickson Capt.  
 Signature of witness

**ST. JOHN'S**

### 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 Jan. 18<sup>th</sup> 1919 .....  
St Johns  
Henry Humber  
 Signature of soldier  
Howard St  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 20. 4. 18 ..... No of days on Military  
 Discharged from service 19-1-19 from 28 days ..... Service 30 days

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S .....  
R. H. Lait Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date JAN 19 1919 .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St Johns. Nfld. .....  
 Date February 16/1919 .....  
W. Howley Capt.  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

11  
21  
20  
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31  
31  
16  
3

*AD B 2079/1006*



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1517 Rank Pte Name Henry Humberly  
 Date of Enlistment 20-4-18 Address Summersville District Bonaventure  
 Occupation Tanner Classification for Discharge C Medical Category A II  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 14-12-18

*W. H. C. Smith*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Henry Humberly*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) Clothing Supplied \_\_\_\_\_

*Joseph A. Crawford*

Date 18-1-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R520 to his home  
 at Ronerville NB and Release Certificate No. 839 issued.  
 Date 18-1-19  
W.D. Dicks Capt  
 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 16-2-19  
 Date 18-1-19  
Money Capt  
 Depot Paymaster.

Discharge approved for 19 1 19  
 Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
E 178	W 3494	B 122	Board 1st	" 2	1
F 178a	D 400A	B 1915	do 2nd	" 3	2
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 18 1 19  
W.D. Dicks Capt  
 Demobilization Officer.

APPROVED.

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

Date JAN 19 1919  
R.H. Jait Capt  
 O. C. Discharge Depot.

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



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

# MEDICAL HISTORY

Surname Humbly OF Christian Name Benny

Table I.—GENERAL TABLE.

Birthplace:—Parish Somerville County Wexford

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	20 day of Apr 1898	S Johns		
Declared Age	21 years			
Trade or Occupation	Fisherman			
Height	5 feet 5 inches			
Weight	122 lbs.			
Chest Measurement	Girth when fully expanded	35 1/2 inches		
	Range of Expansion	4 1/2 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lambert Horan</u>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at	S Johns	at	
	on	20 day of Apr 1898	on	day of 18
	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	The Royal Wexford			
Transferred to	4517			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## 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 work at Fishing*

*Henry Heunly*

Signature of Man.

*Robert C. Caff*

Reg. No. 4077

Signature of the Vocational Officer or his Representative.

Place

*St. John's*

Date

*18/1/19*

191



*Bonavista*

6  
400A

The Royal Newfoundland Regiment

Class for Demobilization:—  
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 29 1918

Date .....

Regimental No. *4577*

Name *Henry Philip*

Address *Summit Hill*

*Bonavista Bay Dist.*

Present Medical Category *A II*

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

Members of Board } *R. H. [unclear] Capt.*  
O.C. Discharge Depot.  
*P. P. [unclear]*  
Senior Medical Officer  
*Geo. Burden*  
M. O. Depot





*66*



## 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 *Humby Henry*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *4517*  
 Intended address *Summerville, Bonavista Bay.*

Height on discharge                      Feet  
 Color of hair on discharge *Light*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks *vaccination, two scars left. arm.*  
 Figure on discharge *Normal*  
 Christian name of Father *James*  
 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. *Jan. 18th. 1899, Summerville*  
 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) *Henry Humby* (Rank) *Pte*

Station \_\_\_\_\_ Date \_\_\_\_\_

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.

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

Station \_\_\_\_\_ Date \_\_\_\_\_











This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Henry Hamby* conducted at *Head Quarters*  
 aged *21* years Recruiting Officer:  
 Date:

NO OF TEST FINDING

- 1 *No*
- 2 *No*
- 3 *No*
- 4 *No*
- 5 *No*
- 6 *No*
- 7 *No*
- 8 *eyes*
- 9 *eyes*
- 10 *No*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *teeth to be attended to.*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *n*
- 20 *1/6 both*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*
- 33 *n*
- 34 *5-10 5"*
- 35 *122 lbs*
- 36 *31-35 1/2"*
- 37 *n*
- 38 *James Hamby Portsmouth Bonanza Bay*
- 39 *No*

*4517*

*747*

Signature of Medical Examiner: *L. Peterson*



SEPARATION ALLOWANCE.

Claimant *Mrs Mary Humby* ..... *Mother* .....  
On account of *Henry Humby* ..... No. *4577* ..... Rank. *Pte* .....

Decision..... *Refused* .....  
*Hubbands total incapacity not* .....  
*existent during period of sons service* .....

Date *July 27/1920* .....  
*W. J. Rendell, Lieut. Col.* .....  
*M. Howley, Major* .....

Instructions.....  
.....  
.....  
.....

Allotment of *60<sup>th</sup>* per day payable to *Mary Humby* .....  
his *mother* from *1/7/18* to *16/2/19* .....  
Discontinued on account of *being discharged* .....  
*R. H. Summey* .....



ROYAL NEWFOUNDELAND REGIMENT

(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster  
Separation Allowance Branch  
St. John's, Nfld.

- (1) Name in full of soldier      Rank      Reg't or Unit      Reg't No.  
Henry Humby      R. N. Reg't      4517
- (2) Age of soldier      Married or single  
23 yrs.      single
- (3) Name in full of mother      Age      Occupation      Permanent Address  
Mrs. Mary Humby      63 yrs      Household duties      Summersville, N.B.
- (4) Give name of your husband      Age      Occupation      Where employed  
James Humby      69      Fisherman      nowhere
- (5) If your husband is not supporting you give the reason.  
unable to work
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue).  
Come Back
- (7) If you are a widow, state date and place of death of your husband
- (8) Have you married again since death of above mentioned husband?
- (9) Names of your other children.      Address in full      Age      Occupation, Married or single  
Mr. Charles Humby      Summersville      38 yrs      Fisherman      married  
30/12/10
- (10) State amount earned by (a) Yourself      Nothing  
(b) Your husband      Nothing
- (11) State amount and source of any other income  
None



- (12) State value of real property belonging to you and your husband Nothing
- (13) State value of personal property belonging to you and your husband Just our Dwelling House
- (14) If husband is dead state value of real and personal property left by him
- (15) Actual amount contributed by soldier during the year prior to his enlistment \$500 five hundred Dollars
- (16) Was this amount contributed weekly or monthly monthly
- (17) Did this amount include payment of son's board, etc? No
- (18) State your son's trade or occupation prior to enlistment Fisherman in summer lumberman in winter
- (19) State amount of his wages per week don't get paid weekly
- (20) State name and address of his last employer Capt John Humby c. Sch. - union
- (21) State amount of monthly support from son since enlistment \$ .18 eighteen Dollars
- (22) State amount of allotment received by you from son since enlistment \$ 1.02 one hundred two Dollars
- (23) State from what date did you receive allotment? August 1918
- (24) Actual amount contributed by other children 

Weekly	Monthly
--------	---------

Nothing
- (25) Are any of these children in the employ of you or your husband? No
- (26) If not receiving support from other children, state cause. Explain fully. Families married with families
- (27) With whom are you residing at present? my Husband



*mother*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars? *did not know it would be granted*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *None*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much? *none*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government? *no*

(32) In what capacity and in what place?

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much? *none*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under oath, and in virtue of the evidence Act.

Signature of Applicant-- *Mrs. Mary Husky*  
Place of Residence-- *Summersville B.B.*  
Declared and subscribed before me at *Truro* this *13<sup>th</sup>*  
day of *May* 191*8*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *W. J. Quinlan Com. of P. C.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee *Mrs. George Dawes.*  
*N. Coley*  
*Meth Munnis Lining*



JMH/LM.

July 10, 1920

Mrs. Mary Humby  
Summerville,  
B.B.

Dear Madam:

With reference to your application for Separation Allowance, I have been directed to request the Marriage Certificate of your son Charles; also have your Doctor furnish the following information concerning your husband's condition:

- (1) What is the nature of his incapacity?
- (2) From what date can it be considered to have been existent?
- (3) By what per-cent is his earning power reduced thereby?

Yours truly,

Major

Paymaster.



Sumnerville  
July 19<sup>th</sup> 1920.

Dear Sir, with reference to  
my husband's earnings he has  
not been able to earn a cent since  
last November. His back is  
weak and his health is failing.  
He practically cannot earn one  
cent. Am sending my son's  
Marriage certificate.

I remain  
yours very respectfully

Mary Humby.

JMH/LM.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

July 10, 1920

Mrs. Mary Humby  
Summerville,  
B.B.

Dear Madam:

With reference to your application for Separation Allowance, I have been directed to request the Marriage Certificate of your son Charles; also have your Doctor furnish the following information concerning your husband's condition:

- (1) What is the nature of his incapacity?
- (2) From what date can it be considered to have been existent?
- (3) By what per-cent is his earning power reduced thereby?

*1st Lane back + treated.*

*and in 1920.*

*The whole of it reduced.*

*The doctor that treated him was on the Labrador and he have not been to any doctor here since.*

Yours truly,

*J. Howley*  
Major  
Paymaster.



JMH/LM.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

July 10, 1920

Mrs. Mary Humby  
Summerville,  
B.B.

Dear Madam:

With reference to your application for Separation Allowance, I have been directed to request the Marriage Certificate of your son Charles; also have your Doctor furnish the following information concerning your husband's condition:

- (1) What is the nature of his incapacity?
- (2) From what date can it be considered to have been existent?
- (3) By what per-cent is his earning power reduced thereby?

Yours truly,

*J. Howley*  
Major  
Paymaster.

*1st came back + breakdown.*

*and in 1920.*

*the whole of it reduced.*

*The doctor that treated him was on the Labrador and he have not been to any doctor here since.*

JAH/LMA

19, August 1920.

Mrs. Mary Humby  
Summerville,  
BB.

Dear Madam:

With reference to your application for Separation Allowance I have been directed to inform you that same cannot be granted, because, during the period of your son's service, your husband was not totally incapacitated, and you were not entirely dependent on your son at that period.

I return herewith Marriage Certificate of your son Christopher.

Yours truly,

Major  
Paymaster.

Enc.



Sumnerville  
4462 March  
26 1919

Dear Sir

My mother  
received your letter  
of the 14 of March  
in reference to  
my allotment which  
states that I was  
discharged on Jan  
8 and that was  
the reason that  
she only got the  
sum of 14.80 sorry  
to say it is  
wrong as I was not  
discharged until the  
18 of January having  
my pay to her to be  
\$6.00 Back pay

that she will  
Recur the  
same of remains  
yours truly  
4517 J. H. Humby

This man was discharged  
in error on Jan 8/19 was  
taken a - 4514 Henry Humby  
but <sup>his</sup> final discharge was  
Feb 16/19 Cheque mailed to  
Mary Humby April 6<sup>th</sup>/19  
paying her from 9/1/19  
to 16/2/19 \$ 23<sup>40</sup>/<sub>100</sub> all at  
60¢ per day

HL



Jammesville  
March 27<sup>th</sup>  
1926

To the Paymaster  
Department of militia  
St Johns

Dear Sir

I am writing concerning  
my son Henry Hamby number 4511  
to know if he is intitled to  
any more pay from the department  
of militia if so would you kindly  
let me know as he is the only son  
I have to depend on for support as  
his father is crippled and cannot  
do any thing to support us as he  
is 69 sixty nine years of age

Yours truly

Mrs Mary Hamby

Sendaffin  
A.D.

April 19, 1920

Mrs. Mary Humby  
Summerville,

Dear Madam:

With reference to your letter of March 27th. I enclose form of claim for Separation Allowance, which kindly have completed in the presence of a Magistrate or a Justice of the Peace, and return to this Office.

Yours truly,

Capt.  
For Paymaster

LM/Enc.



April 4, 1919

No. 4517, Pte. H. Humby.  
SUMMERSVILLE.

With reference to your letter of March 26th. I beg to inform you that your allotment from Jan. 9/19 up to the date of your discharge Feb. 15th. will be forwarded to your mother on April 7th.

I may say an error occurred through the fact that your allotment was cancelled in error for #4514, Humby.

I trust this will be satisfactory.

Lieut.  
For Paymaster

4056

Stammy Jills  
Feb 20  
1919

Dear Sir

Just a few  
lines to say  
that on behalf  
of my son  
Service in the  
Royal W. G. L. 2  
Regiment I received  
for allotment  
January the check  
of only \$14.<sup>80</sup> etc.  
and all the rest  
around received  
\$18.<sup>60</sup> it may have  
been a mistake  
in drawing the check.



(2)

so I thought I  
would just  
drop you a few  
lines about it  
hoping it to  
be right and  
I remain sincerely  
yours Mary Humby  
Sumner Hill  
13-13

4517 Henry Humby  
checked 8/1/19 60<sup>th</sup> 8 days  
#480  
LP





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet one

Forma  
B 121.  
39.

Regiment of Royal Newfoundland

Signature of O. C. Company Chas. Waterhouse Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	21 years — months	Fisherman	
Joined	Date	Place and Date of Enlistment	St. John's 20.2.18	Religion	
Joined	Date	Period of } with Colours 302 years. with Reserve 365 years.	Method.	Place of Birth	
Joined	Date		Summerville N.S.		
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized St. John's, 15 <sup>2</sup> / <sub>79</sub>					

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4517 Rank Pte Name Humble Henry  
 Date of Enlistment 20-4-18 Address Summerville District Bodavota  
 Occupation Fisherman Classification for Discharge C Medical Category A II  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents—

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

Date 14-12-18 W. H. Capl  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*Henry Humble*

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 Joseph A. Snow

Date 18-1-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R520* to his home at *Romania Rd* and Release Certificate No. *839* issued.

Date *18-1-19* *C. B. Dicks Capt.*  
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 *16-2-19*

Date *18-1-19* *Monkey Capt.*  
Depot Paymaster.

Discharge approved for *19. 1. 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	<i>1</i>	<i>Join B</i>
F 178	W 3494	B 122	Board 1st	" 2	<i>2</i>	
F 178a	D 400A	B 1915	do 2nd	" 3	<i>2</i>	
B 179	D 400B	Form L	do 3rd	" 4		
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date *18. 1. 19* *C. B. Dicks Capt.*  
Demobilization Officer.

APPROVED.

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

JAN 19 1919

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

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

Date *Jan 21/1919* *S. A. Fieldy*  
*Dept Records*

Reg. No. H517 Rank Pvt Name Hurnby R  
 Attested 20 18 Address Summersville Rd  
 Allotment Co. 602 Allottee Mrs Mary Hurnby (mother)  
 Date of Allotment 1/7/18 Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

L.L. 3/5/18 to 6/6/18  
 5/6/18 Vacc. 1st inoc 6/7/18  
 L.L. 6-6-18 to 14-6-18  
 16/6/18 Returned from Leave  
 20/6/18 1st inoculation - 2nd inoc 27/6/18 3rd inoc 1/7/18  
 16-7-18 admitted to 21 Field St (Mumps)  
 3-8-18 Discharged from "  
 T.T-18 " from " to duty  
 4. Leave without pay 6-9-18 to 15-10-18  
 Returned from L.W.P. 15-10-18

14-12-18 PASSED TO DEMOBILIZATION OFFICE...