



THE ROYAL NEWFOUNDLAND REGIMENT

4

ATTESTATION OF

No. 5001 Name John Henry Corps Coy C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Henry
2. What is your full Address? 2. Musgrave Lane, St. John's B.C.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Goldsmith
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, John Henry 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.

11-5-18

John Henry SIGNATURE OF RECRUIT.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Henry 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 11 day of May 1918.

Signature of Attesting Officer

C. S. Dicks Lieut.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the rank of Private.

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

Date May 11 1918

Place St. John's

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

51001

Name John Humay
 Apparent age 22 years 0 months Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wm Humay
Musgrave Town BB Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(c) Present address.		(d) Initials of Officer verifying entry.	
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>11-5-1918</u>									
Joined at <u>Stoke's</u> on <u>May 11th 1918</u>									
Discharged <u>July 7, 1919</u>									
<u>Embarked at Stoke's S.S. Columella to Halifax N.S. 22-7-18</u>									
<u>Embarked for Brest 23-11-18. Re-embarked France 28-11-18</u>									
<u>Joined Battalion 2nd 5th 19. Transferred from Queen 22nd 4th Arrived Newcastle 23rd 19</u>									
<u>To have found fault for demobilization 22-5-1919 Arrived Hld 1-6-1919</u>									
<u>Re-mobilization at Stoke's 7-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-1919 (date of discharge) 1 years 58 days
 " " Pensions " " " " " " " " " " " "

C.R. 5001

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 10th, 1919.

The discharge of the Undernoted on demobilization has been
CONFIRMED by Officers i/c Records, from n7-7-19ates.

5001 Pte. John Humby

C.R. 5001

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. Depot St. John's, June 12th, 1919

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 23-6-19.

5001 Pte. John Humby.

C.R. 5001

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

Date 11-6-19.

5001 Pte. John Humby

Reported at Headquarters 1-6-19.

on "Corsican"

which sailed Liverpool May 22/1919.

C.R.

5001

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

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

#5001 Pte. J. Humby.

C.R. 5-001

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

#5001 Pte. J. Humby.

C.R. 5001

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

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

#5001 Pte. John Humby.

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 15, 1918.

#5001 Pte. J. Humby.

Attested for General Service with the Royal Hfld. Regt.
from 21.5.18

J. Hamby

C.R. 5001

J. H. R.

Medical Report on an Invalid.

Station Hazelley D Camp
 Date 1 5 19

- 1. Unit Royal Newfld
- 2. Regimental No. 5001
- 3. Rank Lieut
- 4. Name Numbey J.
- 5. Age last birthday 22.
- 6. Enlisted { on May 11 1915
 at St Johns
- 7. Former Trade } Fisherman
 or Occupation }
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Nil

Statement of Case.

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

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

13. What is his present condition?

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

No complaint of no disability

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

na

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

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

na

If so—(a) When?

(b) Where?

(c) Opinion?

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

na

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

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

na

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

na

20. Do you recommend—

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

Repatriation

W. J. [Signature]
Major [Signature]

Officer in medical charge of case.

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

Station *N. D. Camp*

Officer in charge of Hospital.

Date *1. 5. 19*

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

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

No. 6806/1106

099920

N.F.P. 170.

From: " NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,

~~1st Bn. Exp. Regt.~~
~~London~~

May 9th 1919

~~_____~~ 1919.

5001 J. Humby

~~_____~~
receipt hereunder.

With reference to the follow-
ing telegram from the Minister of
Militia / / 19 (174):

Williamus Hunt + adjutant
Officer Commdg. _____ Batt'n.

"Pay to- 5001 Humby J.
£6-0-0

Received the sum of Six pounds
(£6-0-0) in respect of
telegraphic remittance from the
Minister of Militia.

Cheque £6-0-0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

J. J. M. ...
Chief Paymaster & O. i/c Records.

J. Humby
No. 5001 Rank pte

Witness: French W Sgt

Humbly, John

5001

Hay Joseph

July 7, 1919

#5001 Pte. John Humby
Musgrave town, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2751.

Yours truly

Captain
Paymaster & O.i/c Records.

The Royal Wld. Regiment

DEMOBILIZATION

No. 500 / Rank _____

Name *Hunby J* _____

Warned for demobilization on

JUN 8 1919

June 20, 1919

The Postmistress,
Musgravetown.

Dear Madam:

I beg to acknowledge receipt of your letter May 3rd. enclosing Money Order for \$29.70, and as requested I have cabled £6 to 5001, John Humby.

Yours truly,

Lieut.
Per Paymaster.

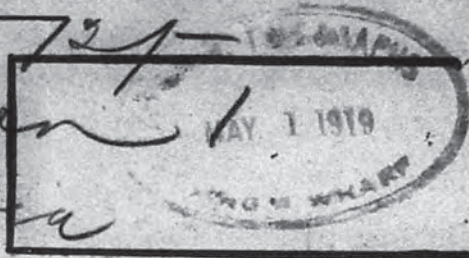
NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 67 Sent by _____ Rec'd by _____ Check 72 No. _____

Place from Mt. Gravestown

To Mr. J. Milita



Cable 6 pounds to
no 5001 pke John
Humbly Hazely Dawn
Camp England
pm

June 10, 1919

The Bank of Montreal,
City.

Dear Sir:

I beg to acknowledge receipt
of your letter of May 3rd. enclosing Money
Order for \$29.80 and as requested I have
cabled 26 to 5001, John Huntly.

Yours truly,

Lieut.
Per Paymaster

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5001 Rank Pvt Name Humbly John
Intended place of residence Imperialton B.B.

2. Occupation Fisherman
Classification of soldier E Medical Category A1

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S.
Date JUN 9 1919
[Signature]
Comanding 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 ST. JOHN'S.
JUN 9 1919
[Signature] Signature of soldier
[Signature] Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date JUN 9 1919
ST. JOHN'S.
[Signature] Signature of soldier
[Signature] Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-5-18 No of days on Military
Discharged from service 23-6-19 plus 14 day Service 423

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S.
JUN 23 1919
[Signature]
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld
July 7/1919
[Signature]
The Royal Newfoundland Regiment

[Handwritten] 27521

The Royal Newfoundland Regiment

Class for Demobilization: *6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *5001*

Name *Humbley John*

Address *Musgrave town*

Present Medical Category..... *A1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

..... *R.H. Lat. Capt.*

O.C. Discharge Depot.

..... *L. Paterson*

Senior Medical Officer

..... *G.W. Borden*

~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5001 Rank Pte Name Humbly John
 Date of Enlistment 11-5-18 Address Musgrave Terrace District Bonaville
 Occupation Fisherman Classification for Discharge 4 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 7-6-19 O. C. Discharge Depot. Humbly

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 Amelobonster

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11680..... to his home at Quincy, Massachusetts and Release Certificate No. 2497..... issued.

Date 9-6-19..... *J.A. Newell*
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 7-7-19.....

Date 9-6-19..... *H.M. [Signature]*
Depot Paymaster.

Discharge approved for 23-6-19.....

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-6-19..... *J.A. Newell*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R.H. [Signature]

Date JUN 23 1919..... O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation

Humbly John.

Signature of Man.

Reg. No. *5006*

J. H. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place

St. Johns.

Date *JUN 9* 1919

191

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

MEDICAL HISTORY

Surname Stumby OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Musgrave town County Xfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	11 day of May 1918	at	day of 191
Declared Age		27 years		years
Trade or Occupation		Fisherman		
Height		5 feet 7 inches		feet inches
Weight		150 lbs.		lbs
Chest Measure-ment	Girth when fully expanded	37 inches	Girth when fully expanded	inches
		Range of Expansion		3 1/2 inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
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>James Patterson</u>			
(Rank)	Major		Medical Officer.	
Enlisted	at	St John's	at	
	on	11 day of May 1918	on	day of 191
	Corps		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	<u>The Royal 5001</u>			
	<u>Xfld Regt</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 *John Hamby*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5001*

Intended address *Musgrave town*

Height on discharge *5* Feet *7*

Color of hair on discharge *light*

Complexion *fair*

Color of eyes *blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *William*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Musgrave town, Dec. 25th 1895*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *John Hamby* *OR*
(Rank)

Station **ST. JOHN'S** Date *5-6-29*

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

Station Date



Medical Report on an Invalid.

Station Hazley Down.

Date 1-5-19

1. Unit Royal Newfoundland. Former Trade or Occupation } fisherman.
2. Regimental No. 5001
3. Rank Plt
4. Name Humbey J
5. Age last birthday 22.
6. Enlisted { on May 11th 1918
at St John's
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

nil

Statement of Case.

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

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

13. What is his present condition?

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

Discomplan from disability

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

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

u

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

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

u

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

u

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

u

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?

u

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.

u

20. Do you recommend—

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

Repatriation

Major

Officer in medical charge of case.

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

Station *Hazeley Down*

Officer in charge of Hospital.

Date *1-5-19.*

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

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

Casualty Form Active Service.

Regiment or Corps H. Newfoundland
 Rank Tte Surname Humbley Christian Name J
 Religion C of E Age on Enlistment 22 years months
 Enlisted (a) "1/5/18" Terms of Service (a) Duration Service reckons from (a) "1/5/18"
 Date of promotion to present rank Date of appointment to lance rank
 Extended Re-engaged Qualification (b)
 or Corps Trade and Rate Capt
 Occupation Fisherman Signature of Officer D. Long Capt

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	<u>28 NOV 1918</u>		
		Joined Batt.	<u>5</u>	<u>JAN 1919</u>	
		<u>Arrived in UK</u>		<u>13/4/19.</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P 1194. 1,000,000. 6/18. D & S Form B/103. (E. 1256.)

Next of Kin: Father: Wm Leavelle: Magrath: B. Bay: N.S.L.D

July 8, 1919

#5001 Pte. John Humby

Musgrave town, B.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster & O.i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *John* 2. Surname *Humbly*

3. Rank *Plt* 4. Regtl. No. *5001*

5. Address in full to which future payments of gratuity are to be forwarded *Musgrave Town, B.B.*

6. Date of enlistment in the Regiment *May 11/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

8. Relationship of such dependents

9. Address in full of such dependents

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?

11. Were you on active service only in Nfld. If so, give dates and particulars of such service *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas *From May 11/18 to*

June 9/19 1. 2

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

.....
..... *No*

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

.....
.....

15. Have you been issued with a War Service Badge?..... *No*

16. Have you, during the present war, served in the Imperial Forces?..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the Regt.?..... If not give? - (a) date of discharge..... *June 9/19* (b) Reason for discharge..... *Temporary Demobilization*

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

France, Belgium + Germany - From Nov. 18/18 to April 1919

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

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

Signature of Applicant: *John Hamby*
 Place of Residence: *Murgran Town, B.B.*
 Declared before me at: *St. John's, Nfld.*
 This *9th* day of *June* 19*19*.....

John M. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 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

FORM K

Nº 6120



THE ROYAL NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, John Hamby, Regl. No. 5001,
hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
concerned, viz.:

Allotment begins 1-7-15

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4448	Mother	Mrs Elizabeth Hamby	Musgrave town B. Bay	60
Total Allotment, \$				60

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

(Sig.) [Signature]
Officer Commanding
B. Company
Nfld Regt
June 26th 1915

(Sig.) John Hamby
(Rank) Pte

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet one

Signature of O. C. Company C. S. Dickenson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Humbly, John</u>	Age on	<u>22</u> years <u> </u> months	<u>Fisherman</u>	
<u>5001</u>		Place and Date of Enlistment	<u>St John's</u> <u>11.5.18</u>	Religion	
Joined		Date	with Colours	<u>Cof.</u>	Place of Birth
Joined		Date	with Reserve	<u>58</u> years.	
Joined	Date	with Reserve	<u>365</u> years.	<u>Musgrave town B Bay</u>	

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
				<u>Demobilized St John's</u>					<u>7/19</u>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

5001

DEMOBILIZATION OF

Reg. No. 5001 Rank Pvt. Name Humbly, John
 Date of Enlistment 11-5-18 Address Musgraveview District Bonaville
 Occupation Busman Classification for Discharge E1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 7-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civilian Establishment.

I am..... in a position to resume civilian occupation. [Signature]

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 [Signature]

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 16.80*.....to his home at *Massachusetts* and Release Certificate No. *2497* issued.

Date *9-6-19*.....

J.A. Lawless
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *7-7-19*.....

Date *9-6-19*.....

J.A. Lawless
Depot Paymaster.

Discharge approved for.....

23-6-19

Forwarded with following documents to O.C. Discharge Depot.

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

From B

Date *9-6-19*.....

J.A. Lawless
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 23 1919

Date

R.H. [Signature]
O. C. Discharge Depot.

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

Date *June 14/19*.....

J.A. Lawless
for O.C. Records

Reg. No. *1001.* Rank *Plt* Name *Hunter, J.*

Attested Address *Musgrave.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Osirian* Cause *Wounded.*

7-6-19

PASSED TO DEMOBILIZATION OFFICER

23-6-19

DISCHARGE APPROVED ON DEMOBILISATION.

R.H. Jait Tap.