



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4679 Name Conley Ed Corps Medic

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

1. What is your name? ..... Edward Conley
2. What is your full Address? ..... Old Paul Trinity Bays
3. Are you a British Subject? ..... Yes
4. What is your age? ..... 21 Years 2 Months
5. What is your Trade or Calling? ..... Fireman
6. Are you Married? ..... Yes
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... Navy
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service? ..... Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... Yes  
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? ..... Yes

I, Edward Conley 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.

A Edward Conley SIGNATURE OF RECRUIT.  
Frank C. Jones Signature of Witness.

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

I, Edward Conley 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 Johns

on this 24 day of April 1918  
Signature of Attesting Officer W. James

### †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 April 24 1918  
Place St Johns } 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).....

Repeat April 18

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edward Conley  
 Apparent age 21 years 1 months. Height 5 feet 13/4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Leonard Conley  
Old Paul | Relationship Brother  
Trinity Bay Particulars as to Marriage

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

(a)	(b)	(c)	(d)

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>24-4-18</u>									
Joined at <u>St. John's</u> on <u>April 24-1918</u>									
<u>&amp; Discharged July 2, 1919</u>									
<u>To report for duty 29-4-18</u>									
<u>Embarked for St. John's train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for S.S. 36-10-1918</u>									
<u>Disembarked France 26-10-1918</u> <u>Joined Battle France 3-1-1918</u>									
<u>Transferred to 1st for repatriation 16-4-1919</u>									
<u>Arrived Home 19-4-1919</u>									
<u>To be expounded for demobilization 22-5-1919</u>									
<u>Arrives Newfoundland 1-26-1919</u>									
<u>Demobilization St. John's 2-7-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>2-7-1919</u> [date of discharge] <u>1</u> years <u>66</u> days									
" " Pensions, " " " " " " " " " " " "									

C.R. 4679

Extract from Daily Orders Part II Royal Newfoundland Regiment,  
Dated 17-7-19, Depot St. John's.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from noted date.  
2-7-19.

4679, Pte. E. Comby.

C.R. 4679

Extract from Daily Orders Part A1 Depot, St. John's,  
Date June 18th 1919.

4679m Pte. E. Cumby.

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

ex "Corsican"

C.R. 4679.

Extract of Nominal Roll of Draft for Repatriation, 1st Bn.  
Royal Newfoundland Regiment, which arrived at Hasleby Down  
Camp. 19-4-19, from B.H.F.

4679 Pte. B. Cumby.

C.R. 4679

Extract from Daily Orders Part II Unit The Royal WFLA.  
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st  
Bn. 3-11-18.

The following joined the Batta. 3-11-18.

4679 Pte. E. Comby.

A Coy.

C.R. 4679

Extract from Nominal Roll re-inforcement Draft No.55 embarked Folkestone  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.L.F.

4679 Pte. Cumby, E.

MP.

VOID OF BOND

C.R. 4679

Extract from Daily Orders Part 11. From Unit The Royal Highland  
Regiment, St. John's, dated June 14th 1918.

4679 Pte E. Cumby.

Embarked for Overseas with draft 11-6-18.



C.R. 4679

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

#4679 Pte. Edward Coomby.

Attested for General Service with the Royal Wfld. Regt.  
from 24/4/18 to report 29/4/18.

E Comby

C.R. 4679

CV

~~PRD~~

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

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

1. Unit and Corps... *The Royal Newfoundland* }  
 2. Regtl. No. *4679* }  
 3. Rank... *Pte* }  
 4. Name *Comby* }  
 (Surname) }  
*Edward* }  
 (Christian Names) }  
 5. Age last birthday... *21*  
 6. Posted for duty on *April 18*... at *St. John's*  
 in category (or grade).....  
 7. Former Trade or Occupation } *Fisherman*  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 (b) Date of Discharge;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty?  
 9. If a Court of Inquiry was held on an injury state:—  
 (a) When  
 (b) Where  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*  
 12. Place of origin of disability. *nil*  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.  
*no*  
*He states that he was 3 years in the R.N.V.R. on patrol-boats in Mediterranean prior to enlisting in R. N. Regt.*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .....
  - (ii.) Previous active service .....
  - (iii.) Climate in pre-war service .....
  - (iv.) Ordinary military service before the war .....
  - (v.) Serious negligence or misconduct on the man's part. ....
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *Na*

In all cases such as nasal injuries, eye ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*No complaints of disability -*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Repatriation*

*W. E. Procuier* *Capt R. A. M. B.*  
 Medical Officer in charge of case.

Station *Stanley D. Lamb*

Date *29-4-1917*

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





No 4679 Name *Comby. E.* Sqn., Batty., or Company } *A* Corps **ROYAL NEWFOUNDLAND REG** Date of enlistment } *24/4/18* G.C. Badges } *2* Service or Proficiency Pay } *10/2*

Date of last entry in Company Conduct Sheet } *15/4/19* No. and date of last drunk } *15/4/19* Period not reckoning towards freedom from extra fine } *3/5* Sheet No. } *10* Signature O.C. Company, etc. } *[Signature]* Character } *[Blank]*

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
	<i>6/1/18</i>			<i>not on duty with no orders</i>	<i>Sgt [Signature]</i>	<i>7 days [Signature]</i>			
	<i>4/1/18</i>			<i>Drunkenly [Signature] at [Signature] 12 noon</i>					
				<i>midnight returning [Signature] 12 noon</i>					
				<i>Drunkenly [Signature] at [Signature] 12 noon</i>	<i>C. M. [Signature]</i>	<i>14 days [Signature]</i>	<i>7/3/19</i>	<i>Lt [Signature]</i>	<i>[Signature]</i>
<i>Raven</i>	<i>15/4/19</i>			<i>Deficient of Kit</i>	<i>3/5</i>	<i>COMS Wardlaw</i>	<i>Pay for some 15.4.19</i>	<i>[Signature]</i>	<i>RGE</i>

Army Form D. 122

No. 14732/1487

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn. R. Newfoundland Regt.  
Winchester.

13th, September 191 8

Subject: 4679, Pte. E. Gumby

With reference to the following telegram (8076 ) from the Hon. Minister of Militia, received

"Pay to 4676 Gumby £6. 1. 3

Draft £ 6. 1. 3 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*H. B. Anderson*  
Chief Paymaster & O. i/c Records.

*Sept. 13* 1918

Receipt hereunder.

*B. J. Borth* LIEUT. COLONEL,  
Officer Commanding 2<sup>nd</sup> Batt'n  
Royal Newfoundland Regiment

Received the sum of Six pounds  
and shilling & three pence on account of  
cable remittance from Newfoundland.

*E. X. Beuby* Lt. - Parks.  
No. 4676 Rank Pte

Witness *D. B. Manning*




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

Sir:-

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

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4679	Pte	Comley E	\$250	

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

Date

July 2/18

E. Comley

Comby, Edward

4679

Ray Sept.

✓  
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 & RECRUIT OFFICE, ST. JOHN'S.

Christian name *Edward* Surname *Bonby*

Rank *Cpl* Regt. No. *4679*

Address in full to which future payments of gratuity are to be forwarded... *Hope Hall, S. B.*

Date of enlistment in the Regiment... *Apr 4/18*

Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge... *No.*

Relationship of such dependents... *—*

Address in full of such dependents... *—*

Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No.*

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

Give total length of time which you served on active service, whether in Nfld. or Overseas... *From Apr 4/18 to June 4/19 date of temporary discharge*

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

*Yes, I was in the Navy 3 years but only one enlistment in R.N. Reg.*

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.

*Sal. of Clothing allowance back pay 47.15-*

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 Res? *No* If not give? - (a) Date of discharge *June 4/19* (b) Reason for discharge *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 Oct. 1918 to Jan. 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: *his Edward X. Cowby*  
 Place of Residence: *Hope Hall, N. B.*  
 Declared before me at: *St. John's, Nfld*  
 This *5th* day of *June* 19*19*.....  
*John M. Carthy*

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

July 2nd 1919

#4679 Pte. Mwarri Comby,

Hopsall, T.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2552.

Yours truly

Captain,  
Squadmaster & O.I/c records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4679 Rank Pte Name Cornby E  
 Intended place of residence Hapelee Family
2. Occupation Fireman  
 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 4 1919  
 for H. M. Swift  
 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 ST. JOHN'S  
JUN 4 1919  
E. Cornby J.A.D.  
 Signature of soldier  
J.A. Munn Capt.  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S  
4-6-19  
E. Cornby  
 Signature of soldier  
James O'Rourke  
 Signature of witness 101

### STATEMENT OF SERVICE

7. Enlisted for service 2-4-4-18 No of days on Military  
 Discharged from service 18-6-19 14 days Service 435

### 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  
R. J. Swift Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date JUN 18 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's Regd  
July 2/1919  
M. Bowley Capt.  
 Officer in Charge  
 The Royal Newfoundland Regiment

*AF B 2019 / 2552*

# The Royal Newfoundland Regiment

Class for Demobilization:

1  
4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 16-5-19

Regimental No. ... 4679...

Name ..... Cunby E. Pla

Address ..... Hopwell

Present Medical Category ..... A 1/2

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

Members of Board {

 R.H. East Capt  
 O.C. Discharge Depot.

 P. Paterson  
 Senior Medical Officer

 G. G. G. G.  
 M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4679 Rank Plt Name Conry Edward  
 Date of Enlistment 24.4.18 Address St. Pauls District Trinity  
 Occupation Fisherman Classification for Discharge 2 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 1.6.19 ..... O. C. Discharge Depot. H. M. J.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation. Conry E  
W. J. Newman

Particulars passed to Vocational Officer for information and action.

Date .....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. #60.00

(b) Clothing Supplied .....

Date 4-6-19

O i/c. Re-clothing. A. M. J.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *2258* issued to his home at *Hopeall, Junct* and Release Certificate No. *2258* issued.

Date *4-6-19* ..... Demobilization Officer *J.A. Shaw Capt.*

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *1-7-19*

Date *4-6-19* ..... Depot Paymaster. *H.M. H.*

Discharge approved for *18-6-19* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3 <i>2 Form B.</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 *5-6-19* ..... Demobilization Officer. *J.A. Shaw Capt.*

APPROVED.

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

Eligible for War Service Gratuity  
*R.H. Sait Capt.*

Date *JUN 18 1919* *6/18 8 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  
Fishing

*J. H. Snow Capt.*  
Signature of Vocational Officer or his Representative

*J. H. Cowby* *Wick*  
Signature of Man

Reg. No. 4679

Place

at Johns

Date

4-6 1919

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

# MEDICAL HISTORY

Surname Bomby OF Christian Name Edward

Table I.—GENERAL TABLE.

Birthplace:—Parish Hopeall County Nfld.

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	Right	Left	Right	Left
Examined .....	on <u>24<sup>th</sup></u> day of <u>April</u> 191 <u>8</u>		on            day of            191	
	at <u>St John's, Nfld.</u>		at	
Declared Age .....	<u>21½</u> years — days		years            days	
Trade or Occupation .....	<u>Fisherman</u>			
Height .....	<u>5</u> feet <u>1¾</u> inches		feet            inches	
Weight .....	<u>115</u> lbs.		lbs.	
Chest Measurement {	Girth when fully expanded...		36 inches	
	Range of Expansion...		4 inches	
Physical Development .....				
Vaccination Marks {	—		<u>Four</u>	
	Arm .....			
	Number .....			
When Vaccinated .....	<u>One year ago</u>			
Vision .....	R. E.—V= <u>6/6</u>		R. E.—V=	
	L. E.—V= <u>6/6</u>		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>Lamm Watson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted .....	at <u>St John's, Nfld.</u>		at	
	on <u>24<sup>th</sup></u> day of <u>April</u> 191 <u>8</u>		on            day of            191	
Joined on Enlistment .....	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt.</u>		<u>4679</u>	
Transferred to .....				
Became non-effective by .....	on            day of            191		on            day of            191	
[Signature]				
[Rank]				



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

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

1. Unit and Corps. *H. of A. Newfoundland*
2. Regtl. No. *4619* 3. Rank. *Private*
4. Name *Comby Edward*  
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *10/15/18* at *St. John's*  
in category (or grade).....
7. Former Trade or Occupation } *fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*Disability that he was three years in the R.N.V.R. in patrol boat in Mediterranean prior to entry in Royal Regt.*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .  | .....               | .....             |
| (ii.) Previous active service .. .. .  | } <i>na</i>         | .....             |
| (iii.) Climate in pre-war service .. .. .  |                     | .....             |
| (iv.) Ordinary military service before the war .. .. .                                       |                     | .....             |
| (v.) Serious negligence or misconduct on the man's part. }                                   |                     | .....             |
| 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } |                     | <i>na.</i>        |

In all cases such as facial muscles, eye ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*He complains of no disability*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—

- (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

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

*Repatriation*

*Sgt W. P. ...*

*Capt R. A. M. C.*

Station *Bazeley D. Camp*  
 Date *29-4-19*

Medical Officer in charge of case.

\* 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

May 9, 1919

Mr. Leonard Cunby,  
Hopeall.

Dear Sir:

I beg to acknowledge receipt of your letter of April 29th. enclosing \$30.00 and as requested I have cabled £6.2.3, being the equivalent of this amount, less the cost of the message, to 4679, Fte. E. Cunby.

Yours truly,

Lieut.  
For Paymaster.





DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>4</sub>

July 11 1919

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. W. H. G.  
balance

<sup>for</sup>  
E. X. Comley  
mark with see

Ch. No.	<u>2628</u>	Initials	<u>see</u>
Pay Ledger	<u>224</u>	Initials	<u>Wm</u>
Gen. Ledger		Initials	

Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

A. C. S.

No. 4678 Rank Pte

Name G. Comby.

Receipt for Army Book 64

No.....*4679*.....Name.....*Comby E.*.....

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

Name.....*Edward Comby*.....

Date.....*rec. 4 day of Dec*.....

Place.....*Hopkell*.....

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

*W) 15 1/2 w*

OCT 13 1901

---

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

---

Fold Here

107 4166



SEP 28 1921.

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

Edward Cumby

in respect of his service as No. 4679 Rank Pte

Name E. Cumby ~~Royal Nfld. Regt.~~  
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received October 6<sup>th</sup>

Signature Edward Cumby

Date October 6<sup>th</sup>

Address Hopscall. T. Bays.

**Casualty Form - Active Service.**

Regiment or Corps *21st ROYAL NEWFOUNDLAND REGT.*

Rank *Plt* Surname *Comby* Christian Name *Edward*

Religion *meth* Age on Enlistment *21* years *1* months

Enlisted (a) *24/4/18* Terms of Service (a) *DURATION* Service reckons from (a) *29/4/18*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended *S* Re-engaged *S* Qualification (b) .....  
or Corps Trade and rate .....

Occupation *fisherman* *W. M. Evers* Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.219, 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.219, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked	<i>26 OCT 1918</i>		
		Disembarked	<i>3-11-18</i>		
		Joined Battalion			
		<p><i>Awarded 14 days F.R. No. 2. for whole or part of active service in breaking out of barracks about 2400 hrs 6.3.19 returning 01.00 7.3.19 2. bringing in wine and drinking during in barracks</i></p> <p><i>Trans. to England for Demob.</i></p>		<i>7.3.19</i>	<i>24732539</i>
				<i>16/4/19</i>	<i>W 3 Tel 870 Meth LA</i>



*T. Ashie*  
**Captain**  
 Officer in Charge Infantry Section No. 1  
 G.H.Q. 3rd Echelon.

(1) In the case of a man who has been engaged for, or enlisted into Section 2 of the Army Reserve, the date of re-engagement or enlistment should be entered.

*W. M. Evers*  
 Officer of the *Brother Leonard Comby, Platoon, Trinity Bay, Newfoundland*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet 60

Regiment of Royal Fusiliers

Signature of O. C. Company Wm Churchill Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4679 Comby 86.</u>	Age on <u>21</u> years <u>1</u> months		<u>Fisherman</u>	
Joined		Place and Date of Enlistment <u>St Johns A.H.I.K.</u>		Religion <u>Meth</u>	
Joined		Period of } with Colours <u>170</u> years. with Reserve <u>36</u> years.		Place of Birth <u>Hapeall.</u>	
Joined					
Joined					

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>Dryford.</u>	<u>10.5.18</u>	<u>Pvt</u>		<u>1. Drunk and committing a nuisance on the street</u>	<u>Sgt. McDonald</u>	<u>9 days C.B.</u>	<u>10.5.18</u>	<u>Lt. Col. Barton</u>	<u>J.M.S.</u> <u>M.E.</u>
<u>Stagley Burn Camp</u>	<u>26.5.18</u>	<u>"</u>		<u>falling &amp; halting on parade</u>	<u>Cop Mahoney</u>	<u>Extra Pecquet</u>	<u>29.8.18</u>	<u>Capt Emerson</u>	
				<u>Demobilized St John's 2</u>		<u>1</u> <u>19</u>			

To be carried over

Army Form B. 121.





## 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 *Edward Cumby*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4679*

Intended address *Otehall, I.B.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Black*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father \_\_\_\_\_

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Otehall. March 27<sup>th</sup>. 1898*

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) *Edward Cumby*

*W. J. Henderson* (Rank)  
Witness *W. J. Henderson*

Station *S. J. Johns*

Date *4-6-19*

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

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

## The Royal Newfoundland Regiment

### DEMOBILIZATION OF

Reg. No. 4679 Rank N/C Name Comby Edward  
 Date of Enlistment 24.4.18 Address Stopsally District Trinity  
 Occupation Fisherman Classification for Discharge 6 Medical Category A-1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1a	1
B 178	W 3494	B 122	Board 1st	" 2.	3
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 4.6.19 for O. C. Discharge Depot. *# Mrs. H*

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. *Comby & Co*  
*W. Newman*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing supplied \_\_\_\_\_

Date 4-6-19 O/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P.14.01* ..... to his home at *Hopeall, Sunday* and Release Certificate No. *2253* issued.

Date *4-6-19* .....

*J.A. Snow 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 *1-7-19*

Date *4-6-19* .....

*H.M. [Signature]*  
Depot Paymaster.

Discharge approved for *18-6-19* .....

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		

*2 Form B*

Date *5-6-19* .....

*J.A. Snow Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUN 18 1919* .....

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

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

Date *June 10/19* .....

*[Signature]*  
O.C. Discharge Depot.

Reg. No. *4679* Rank *Private* Name *Lonky* *1002*  
Attested ..... Address *Old Paul*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29. 11. 19.*  
Returned on S.S. *Konstan* Cause *Discharge*

<i>4-6-19</i>	PASSED TO DEMOBILIZATION	<i>368</i>
<i>18-6-19</i>	DISCHARGE APPROVED ON DEMOBILISATION	