



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4943 Name Pat J Hennebury Corps RC

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

1. What is your name? ..... 1. Pat J Hennebury
2. What is your full Address? ..... 2. 10 May St. W. St.
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 31 Years, Months
5. What is your Trade or Calling? ..... 5. Ironmonger
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, Pat J Hennebury do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

4-5-16

Patrick Hennebury SIGNATURE OF RECRUIT.  
J. Daymond Signature of Witness.

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

I, Pat J Hennebury 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 7 day of May 1916

Signature of Attesting Officer J. 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 RC

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

Date May 7 1916

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) .....



C.R. 4943

Extract from Daily Orders Part II Royal  
Newfoundland Regiment. Depot St. John's  
dated Aug. 14th 1919.

The discharge of the undernoted on demobilisation  
has been CONFIRMED by Officer i/c Records from  
5-8-19.

4943, Pte. P.J. Heenebury.

C.R. 4943

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's. July 18th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 22-7-19

4943 Pte. P.J. Hennebury.

C.R. 4943

Extract from Daily Orders Payroll Unit The Royal Wld.  
Regt. St. John's, July 3rd, 1919.

4943 Pte. P. Hennebury.

Reported at Headquarters 1st Div. of "Cassandra" which  
sailed Glasgow June 24th, 1919.

C.R. 4943

Extract of Orders by LT. COL. P.J. BARTON, D.S.O.,  
Commanding 2nd Battalion Royal Newfoundland Regiment.

FEB-2 1919

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The following to be Acting Sergeant while employed  
as Assistant School Teacher with effect from  
December 21st 1918.

#4943 Pte. Hennebury.

C.R. 4943

Extract from Casualties received from Pay &  
Record Office, London, dated October 2nd., 1918.

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4943 Prge. P. Hennebury

2nd Bn. R. Nfld., was admitted to Alexander Hospital  
Cosham, on 30-9-18 suffering from Piles.

BC.

C.R. 4943

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 23, 1918.

#4943 Pte. P. Hennebury.

To be Lance Corporal from July 20, 1918.



C.R. 49431

Extract from Orders, by Lt. Col., H.J. Barton, D.S.O.,  
Commanding 2nd Bn., Royal Newfoundland Regiment, dated 7/9/18.

Reverts.

The undermentioned reverts to Private at his own request:-

4943 L/Cpl. P. Hennebury.

C.R. 4943

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

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

#4943 L/Cpl. Patrick Hennebury.

Extract from Daily Orders part 11, from Unit The  
Royal Newfoundland Regiment, St. John's, dated  
May 11, 1918.

#4943 Pte. P. Hennebury.

Attested for General Service with the Royal Nfld.  
Regiment from 7.5.18.

*A. Hennrich*

C.R.

4943

*A. Hennrich*



No. 2765/370.

13 MAR 1919

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd/Bn. Ryl Nfld Regt.

Winchester.

17th February 1919

4943. <sup>pte</sup> ~~A/Sgt. Hennebury, F. J.~~

With reference to the following telegram from the Minister of Militia (31.)

"Pay to - <sup>pte</sup> A/Sgt. Hennebury.

£5.0.0.

Cheque £ 5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. D. Minshall Maj.*  
Chief Paymaster & O. i/c Records.

*February 19th* 1919

Receipt hereunder.

*P. Kanu Cpt*

LIEUT. COLONEL.

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of *Five pounds*

in respect of

telegraphic remittance from the Minister of militia.

*Patrick Hennebury*

No. *4943* Rank *Private*

Witness *M. Rockett*

8258/5

Alexander Military Hospital  
Cosham, Hants.

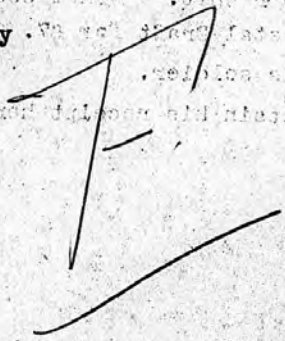
3rd June

9

4943 Pte. P.J. Hennebury

217

4943 P.J. Hennebury  
E7. O. O.



O. Commanding

2nd Batt. Ryl. Nfld. Regiment

Winchester. Hants.

17th June 1919.

Reference Reverse

This Man is understood to be on the strength of your Unit. Enclosed please find Postal Draft for £7. 0. 0. payable to this soldier.

Kindly obtain his receipt hereon please.



No 8268/5

From:

NEWFOUNDLAND

CONTINGENT

N.F.P. 180.

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

To: Officer Commanding,  
Alexander Military Hospital  
Cosham. Hants.

3rd June 1919

S.H. June 1919.

4943 Pte. P.J. Hennebury

This man was discharged  
hospital to duty on 15<sup>th</sup> 18,  
and proceeded to Hazelley-  
Down Camp.

With reference to the follow-  
ing telegram from the Minister of  
Militia, / / ( 217)

"Pay to- 4943 P.J. Hennebury  
£7. 0. 0.

Kindly advise whether this re-  
mittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*A.C. Mansell*  
Chief Paymaster & O. i/c Records

5 LIEUTENANT  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REG.  
*Pte P. Hennebury*  
PAY & RECORD OFFICE  
*Horden*

COLONEL, R.A.M.C.  
O 40 ALEXANDRA HOSPITAL  
COSHAM.

Witness *W.R. Hodges*

8805

O. Commanding

2nd Batt. Ryl. Mfld. Regiment

Winchester. Hants.

17th June 1919.

Reference Reverse

This Man is understood to be on the strength of your Unit. Enclosed please find Postal Draft for £7. 0. 0. payable to this soldier.

Kindly obtain his receipt hereon please.

PD 100211



Hennebury, R

4943

Ray Sept.

August 5th 1919.

#4943, Pte.P.J.Hennebury,  
Point May, Lamaline.

Dear Sir:

enclosed please find Discharge Certificate  
# 3367

Yours truly,

Capt &  
Officer i/o Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4943 Rank Pte Name Humebury P J  
 Intended place of residence Point May

2. Occupation Intercomen  
 Classification of soldier 3 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 JUL 8 1919

*[Signature]*  
 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, ST. JOHN'S

Date JUL 8 - 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, ST. JOHN'S

Date JUL 8 - 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 7-5-18 No. of days on Military  
 Discharged from service JUL 22 1919 Plus 14 days Service 456

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 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

Date August 5/1919

*[Signature]*  
 Officer i/c Record  
 The Royal Newfoundland Regiment

*[Handwritten notes]* 2079/3367

25  
30  
31  
5

# The Royal Newfoundland Regiment

Class for Demobilization: 7/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

1.7.19

Regimental No. 4943...

Name .....

H. H. H. H. H.

Sgt.

Address .....

Lancaster

Present Medical Category.....

A 7

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing~~ Medical Board .....

Members of Board {

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

A. P. Adams  
Senior Medical Officer

D. W. Burden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4913 Rank Plt Name Hennebury  
 Date of Enlistment 7-5-18 Address St May District Burton  
 Occupation Fisherman Classification for Discharge A 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	5
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 7-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am  in a position to resume civilian occupation.

*Petruck Hennebury*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with

(a) Clothing Allowance payable \$65

(b) Clothing Supplied amblinst

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2235 to his home  
 at Point Man and Release Certificate No. 3288 issued

Date 8-7-19

J. A. Snowcraft  
 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 5-5-19

Date 8-7-19

H. H. [unclear]  
 Depot Paymaster.

Discharge approved for 22-7-19

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
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 8-7-19

J. A. Snowcraft  
 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 JUL 22 1919

N. R. Coogee Cabot  
 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.

*P. Henebury*

Signature of Man.

*J. J. Knowlton*

Reg. No. 4943

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*8-7-19.*

191

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

# MEDICAL HISTORY

Surname Hennebury OF Christian Name Patrick

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Mary, Lamaline County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	7th day of May 1918	St. John's, Nfld.	day of	191
Declared Age	31 years	— days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 8½	inches	feet	inches
Weight	160 lbs.			lbs
Chest Measurement	Girth when fully expanded	38 inches		inches
	Range of Expansion	5 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	— / —		— / —	
When Vaccinated	5 years ago			
Vision	R.E.—V=	6/10	R.E.—V=	
	L.E.—V=	6/10	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>Liam Patrick</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at St. John's, Nfld.		at	
	on	7th day of May 1918	on	day of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	The Royal Nfld Regt. 4943			
Transferred to				
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(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. *Royal Artillery*
2. Regtl. No. *44th* 3. Rank. ....
4. Name *Hemchury Path*  
(Surname) (Christian Names)
5. Age last birthday *22* .....
6. Posted for duty on ..... at .....  
in category (or grade) .....
7. Former Trade or Occupation } *Submarine*
- 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 it was 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
- (b) Date of Discharge ;  
(c) Cause of Discharge.  
(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. *nil*

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? }

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 no disability*

In all cases such as facial 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.

16. Was an operation performed? If so, when and what was its nature?

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

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?

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?

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. Proemier, Capt. R.A.M.C.*

Medical Officer in charge of case.

Station *Haydock Park* .....

Date *2-11-19* .....

\* 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



## 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

*Patrick Henebury*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4945*

Intended address *St. Mary, Lunenburg*

Height on discharge *5* feet *8 1/2*

Color of hair on discharge *light*

Complexion *fair*

Color of eyes *blue*

Descriptive Marks —

Figure on discharge *tall*

Christian name of Father *Richard*

Christian name of Mother *May*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Lunenburg, Sept 1<sup>st</sup> 1886*

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)

*Patrick Henebury*

*Pt*  
(Rank)

Station

*St John's*

Date

*4-7-19*

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.



Station

Date

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

Sept. 11, 1919

#4943 Pta. Patrick Hamnebury,  
Point St.,  
Lima, Peru.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.



5880  
784

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. *Patrick* ..... 2. Surname. *Hennebury*  
3. Rank. *Pte.* ..... 4. Regtl. No. *4943* .....

5. Address in full to which future payments of gratuity are to be forwarded. *Point May* .....

6. Date of enlistment in the Regiment. *May 7/18* .....

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

8. Relationship of such dependents. *no* .....

9. Address in full of such dependents. *no* .....

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *1 yr 1 mo* .....

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

.....  
.....  
.....

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?

16. Have you, during the present war, served in the Imperial Forces?

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.

.....  
.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(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. (b) Reason for discharge.

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.

.....  
.....

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.

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:

*P. Henebury*

Place of Residence:

*Point May - Lanceline - St. John's*

Declared before me at:

This

*8th*

day of

*July*

19. *19...*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

*John D. Carthy*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
-----------	---------------	-----------------	-----------------------	----------------

.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Registrar

Signature of Applicant:

Place of Residence:

Declared before me at:

This

day of

19. ....

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.

Signature of Applicant:

Place of Residence:

Declared before me at:

This

day of

19. ....

8

Pt May  
Sept 11/19

6483

To the Minister of Militia  
St. John's

Dear Sir.-

I received my discharge from the Army dated August 5/1919. But as yet have received no cheque for month of August. I presume it is delayed as the other men that received their discharge same week as I did, have received their cheques four weeks ago. Please let me know if it has been sent, or why it is delayed.

and oblige  
yours truly

4943. Ex. private Patrick Henchey

Pt May  
Lamaline

Discharge no. 3367.

Ch was mailed Sep 11/19



C.R. 4943

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Date. *Nov. 29/19*  
Place. *P.O. May.....*  
*Lambhine*

Name. *P. J. Henebury*

6  
Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet 4 of 4

Regiment of Royal New Forest

Signature of O. C. Company J. J. J. J.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service or proficiency
No.		Age on	31 years months	<u>W. M. J. J.</u>	<u>Truncated Lance Corporal 21-7-18</u>
<u>4943</u>	<u>Hennebury P. J.</u>	Place and Date of Enlistment	<u>8.5.18</u>	Religion	<u>Reverts to rank of Lance Corporal 7.9.18</u>
Joined	Date	Period of	with Colours <u>1/6</u> years. with Reserve <u>3/3</u> years.	<u>R.C.</u>	<u>W. M. J. J.</u>
Joined	Date			Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
				<u>Demobilized 5<sup>th</sup> 8/19</u>					

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

**DEMOBILIZATION OF**

Reg. No. 11903 Rank Plt. Name Henebery P.  
 Date of Enlistment 7-5-18 Address St. Mary District Queen  
 Occupation Fisherman Classification for Discharge Eq. 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. 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 7-7-19 O. C. Discharge Depot St. Mary's

## PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*Patrick Henebery*

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 8-7-19 O. i.c. Re-clothing \_\_\_\_\_



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2235 to his home at P. M. 1919 and Release Certificate No. 3288 issued.

Date 8-7-19 *J. A. Shivers*  
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 5

Date 8-7-19 *J. A. Shivers*  
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 349	B 122		Board 1st	" 2	1
R 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 8-7-19 *J. A. Shivers*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 22 1919 *H. R. Lodge Capt*  
O. C. Discharge Depot.

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

Date July 22 1919 *J. A. Shivers*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2235.....to his home at Point Man..... and Release Certificate No. 3288..... issued.

Date 8-7-19.....

*J. A. Snow*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5.....

Date 8-7-19.....

*J. A. Snow*  
Depot Paymaster.

Discharge approved for..... 22-7-19

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.....	1/2 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 8-7-19.....

*J. A. Snow*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919.....

*N. R. Lodge*  
O. C. Discharge Depot.

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

Date July 22 1919.....

*[Signature]*

Reg. No. *4943* Rank *Plc* Name *Humbury*  
Attested..... Address *12 May Lane*  
Allotment..... Allottee ..  
Date of Allotment *2* Returned from Overseas *JUL 1 1919*  
Returned on S S *Cassandra* Cause *Discharge*

*21 19*  
*22 7 19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**

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. *Royal A.F.C.*
2. Regtl. No. *4943* 3. Rank. *plc*
4. Name *Neenbury* *Robt*  
(Surname) (Christian Names)
5. Age last birthday. *32*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Tradesman*
- 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  
 (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (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. *nil*

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 ?

*He complains of no disability*

In all cases such as facial 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.)*

16. Was an operation performed ? If so, when and what was its nature ?

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

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 ?

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 ?

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. Procunier, Capt R.A.M.C.*

Station *Hazely, Down*

Medical Officer in charge of case.

Date *2/4/19*

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