



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 33

Name Edmund Howell Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Edmund Howell</u> .....            |
| 2. What is your full Address? .....  | 2. <u>Catharina</u> .....                |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>30</u> Years <u>7</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>fishman</u> .....                  |
| 6. Are you Married? .....  | 6. <u>no</u> .....                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                       | 7. <u>no</u> .....                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u> .....                      |
| 9. What is your Religion? .....  | 9. <u>methodist</u> .....                |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... | 10. <u>yes</u> { Name .....              |
|  | { Corps .....                            |

I, Edmund Howell ..... 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.

Edmund Howell ..... SIGNATURE OF RECRUIT.

E. J. Fellars ..... Signature of Witness.

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

I, Edmund Howell ..... 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

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

on this 5<sup>th</sup> day of April 1917 H. J. Fellars Signature of Attesting Officer

### † CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 7<sup>th</sup> Coy

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

Date 23<sup>rd</sup> April 1917 .....

Place St Johns .....

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edmund Howell

Apparent age 30 years ..... months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded ..... inches  
 Range of expansion ..... inches

Distinctive marks Eyes - grey Hair - Dark Brown. Near sighted. Flat feet.

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Howell

~~Mary Howell~~ | Relationship Mother

Catalina 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 _____									
Joined at _____ on _____									
<u>Discharged April 23/1919</u>									
Total Service forfeited as above.....									

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

" " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B-121  
79.Number of Sheet *First*Regiment of *Newfoundland Forestry companies* Signature of O. C. Company \_\_\_\_\_

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>E. Howell</i>	Age on	<i>30</i> years <i>7</i> months	<i>Siskim</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's</i> <i>2/14/19</i>	Religion <i>Method.</i>	
Joined	Date	Period of { with Colours <i>3</i> years.		Place of Birth	
Joined	Date	{ with Reserve <i>2 1/2</i> years.			

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>Demobilized St John's 23<sup>rd</sup> 79</i>					

To be carried over

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 8033 Rank Plt Name Howell Edmund  
 Date of Enlistment 22-4-17 Address Catalytic District Trinity  
 Occupation Fisherman Classification for Discharge 1 Medical Category B.II  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. F36.....	<u>2</u>	B 268.....		B 121.....	<u>1</u>	N.F. Med.....		D.F. 1.....	<u>1</u>
B 178.....		W 3494.....		B 122.....		Board 1st.....		" 2.....	
B 178a.....	<u>1</u>	D 400A.....	<u>1</u>	B 1915.....		do 2nd.....		" 3.....	<u>1</u>
B 179.....		D 400B.....		Form L.....		do 3rd.....		" 4.....	
B 179a.....		D 400C.....		Form K.....		do 4th.....		" 5.....	
B 179b.....		B 103.....		ME 2.....		<u>40-6-1</u>		" 6.....	
B 179c.....		B 120.....		M 93.....					

Date 7-4-19 ..... J.W. H. News H.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

E. Howell

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 W. L. Tomlinson H. .....

Date 7-4-19 ..... O. i.c. Re-clothing. .

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1211* to his home at *N. Catara* and Release Certificate No. *2013* issued.

Date *7-4-19*

*J.A. Brown*  
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 *23-4-19*

Date *7-4-19*

*H. M. H.*  
Depot Paymaster.

Discharge approved for *9-4-19*

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	<i>Forwarded</i>
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 *7-4-19*

*J.A. Brown*  
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

APR 9 1919

Date .....

*R.H. Lunt*  
O. C. Discharge Depot.

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

Date *16/4/19*

*J.A. Brown*  
for officer i/c Records.



## 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 *Edmund Howell*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8033*

Intended address *Catalina*

Height on discharge *5* Feet *4 1/2*.

Color of hair on discharge *Light, little grey*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *James*

Christian name of Mother *Mary*

Wife's maiden name in full *Dorabella Perry*

Date and place of marriage *18 May 1917. Shoal Pt. NB*

Christian names of children *—*

Place and date of soldier's birth *Catalina, 9th April, 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) *Edmund Howell*

*Alc.*  
(Rank)

Station *St John's*

Date *7-4-19*

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



No. 237

DUPLICATE.  
ORIGINAL



NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 8033 (Rank) Private (Name) Edmund Howell  
 hereby agree, until further notification by me, and in required form,  
 to make an allotment of \_\_\_\_\_ dollars and Seventy cents  
 per diem, from my pay, to and for the benefit of the undermentioned  
 Person and/or Persons. Such payments to be made on proof of identity  
 of the Person and/or Persons concerned, viz:-

Whether Wife Child, other Relative or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person)
<u>Wife</u>	<u>Isabel Howell</u>	<u>Catalina Newfoundland</u>	<u>70</u>
			<u>70</u>

This Allotment to take effect from and including January 1<sup>st</sup> 1918

NOTE:- This Form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Paymaster in accordance with P. & R.O. C.L./10, 9/12/16.

(Sig.) Hugh H. Williams  
 Officer Commanding  
 "A" Company.

Dated at Dunkeld  
Dec 19<sup>th</sup> 1917

(Sig.) Edmund Howell  
 Allotter.

