



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 588

Name in full William Humphreys Age 20

Address Catalina East point

~~Married~~ Single Height 5'5" Weight 155 lbs.

Color _____ Hair black Eyes blue

Other distinguishing marks Cut marks on left wrist

Nearest relative father Edward

Address Catalina East point

Dependents none

Occupation bar tender Present Wage 7⁰⁰ per week

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

I, William Humphreys, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

W Humphreys W Humphreys

Declared before me this third day of October 1914

Robert St. John
Russell

Sept 24

C.R. 588

William Humphries was attested for General service
with the NEWFOUNDLAND REGIMENT on ..Sept.. 24th/14..
Regimental No 588 was allotted to Pte. William Humphries,

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

C.R. 558

Extract from Memorial Roll Embarked St. John's Per S.S.

"Florinel" St. John's pff/ Oct. 4. 1918.

588 Humphreys Wm.

C.R.

Extract from Nominal Roll of G. 1st Bn. Wild. Regt.
Embarked at Devonport for Active Service 20-8-15.

588 Pte. W. Humphries.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli
13-9-15.

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

MEDICAL HISTORY

Surname Humphreys OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish		County						
		<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>				
Examined	on	day of	191	on	day of	191	
		at			at			
Declared age	<u>20</u>	years		days		years	days
Trade or occupation	<u>Bar Tender</u>						
Height	<u>5</u>	feet	<u>5</u>	inches		feet	inches
Weight	<u>153</u>			lbs.			lbs.
Chest Measure- ment	{ Girth when fully expan- ded Range of expansion				inches			inches
					inches			inches
Physical development							
Vaccination marks	{ Arm ... Number		Right	Left			Right	Left
When vaccinated							
Vision	R.E. - V =				R.E. - V =		
		L.E. - V =				L.E. - V =		
		(a)				(a)		
(a) Marks indicating congenital peculiarities or previous disease								
		(b)				(b)		
(b) Slight defects but not sufficient to cause rejection								
Approved by (Signature)								
(Rank)								
Enlisted	at	<u>St. James</u>	<u>1917</u>		at		
		on	day of	191		on	day of	191
Joined on enlistment		Corps	Regtl. No.			Corps	Regtl. No.
			<u>St. James Regt.</u>	<u>588</u>				
Transferred to							
Became non-effective by							
		on	day of	191		on	day of	191
(Signature)								
(Rank)								

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters.

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of epidemics, admissions to hospital, transfers &c., will be given in the special epidemic case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<p>St. Leonards General Hospital, WANDSWORTH, S.W.</p> <p>10. 12. 16</p>							<p>Q. S. W. L. thigh IX 2 Fracture of femur. G. S. W. A. arm III 1</p>		<p>Board held - see overleaf Disability - G. S. W. L. thigh IX 2. Fracture of femur. G. S. W. A. arm, III 1. About 2" shortening Cause - G. S. W. on active service - Total - inability to earn a livelihood</p>	<p><i>A. J. C. S. P. M. G. D.</i> General Hospital, WANDSWORTH, S.W.</p>

CR 588

P R O M O T I O N .

Extract of Regimental Order dated August 22, 1916.

By Lieut. Col. Sir. W. E. Davidson, K. C. M. g., Officer Comdg.

#588 Pte. W. Humphries, B. Co.,
to be Lance Corporal.

The above promotion to date from July 12, 1916.

C.R. 588

Extract of Casualties received from Pay & Record
Office, London, dated October 30, 1916.

#588 L/Cpl. W. Humphries. ✓

Wounded 12/10/16 and reported by O. C. Bn., 14/10/16

11/10
COPY OF TELEGRAM.

Dated
21st October, 1916.

Mr. Ed. Humphries,
East Point, Catalina.

Regret to inform you that the Record Office,
London, officially reports No. 588 Lance Corporal
William Humphries at Wandsworth Gunshot Wound Left
Leg and Right Arm.

Upon receipt of further information I shall immediately wire you and trust that the next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

original

Medical Report on an Invalid.

Station 3rd London General Hospital, WANDSWORTH, S.W.

Date 7/2/17

1. Unit 1st MFLD
2. Regimental No. 588
3. Rank Rec/6pl
4. Name Humphries. W.

5. Age last birthday 22 yrs
6. Enlisted { on Sept 7th 1914
 { at St John's.
7. Former Trade { Barman.
 { or Occupation

8. Disability.

GSW Left Thigh. Fracture of Femur.
IXa. GSW. right arm

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. Oct 12. 1916
- 10. Place of origin of disability. France. France
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

COPY SENT TO
O.C. H.Q.
ST. JOHN'S. N.F.L.D.
N.F.P.39. No. 1524/10
DATED MAR 1. 1917

Hit in right arm and left thigh by shrapnel bullets. Thigh was fractured. Operation in France (at St S) & bullet removed. Admitted here Oct 19. X ray showed fracture lower 1/3 of femur & metallic fragments. also shrapnel bullet behind lower end of humerus. which was removed by operation.

- 12. (a) Give your opinion as to the causation of the disability. Active Service
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). GSW

Opinion of the Medical Board

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active Service

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

G.P.W.

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c)

Yes

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

Slip to be attached to Army Form B. 179.

Question 24A.—"Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?"

Yes

25. If an operation was advised and declined, was the refusal unreasonable?

vide 16

26. Do the Board recommend

(a) Discharge as permanently unfit, or

Yes

(b) Change to England?

Signatures:—

W. Elworthy Maj. Rames President.

3rd London General Hospital, Station WANDSWORTH, S.W.

J. Redgrave Capt. M.M.C.T.

Members.

Date *9.2.17*

R. B. Howard Esq.

Approved.

Station _____

W. Elworthy Maj. Rames
Administrative Medical Officer.

Date *9.2.17*

OK
19/17

Feb 19/17

Ward A 4
3rd London Gen. Hosp.
Wandsworth

To A. S. Pay & Record office

S.W.

Dear Sir

Please forward two
pounds to purchase personal
necessities

* Oblige

Regt. No 588

Lt. W. Humphries

1st Newfoundland Regt.

25-29
7

Medical officer
1st Lt. Surgeon
Pres. Surgeon

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 588 Gen. Corp. Humphries
 "H" Company. From 23/12/16 To 9/3/17 (Dates inclusive)
 DR. Classification (See procedure) A

(Substituting A.F.O. 1755): N.F.P/Ka
 Embarked per S.S. Messanabe
 From Liverpool Date 9/3/17
 Draft No. 31 CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	105	77	80	85	
	9	Allotments	300	77	33	-			2	Field Allowances	10	77	7	70	
	10								3	Other Allowances					
11/18		Total Stoppages			33	-	6	15	4/5	Total 9 £4.8s 2/3			88	53	18
13		Fines							6a	Ration Allowance					16
14		Clothing & Necessaries								<u>£2</u> Ral 22/12/16					9
15		Arms & Accoutrements								This account is in accordance with information received at the Pay & Record Office to 15/2/17, and is therefore subject to amendment if, and as may be found necessary.					17
16		Barrack Damages													2
17		Hospital Stoppages													
17a		Miscellaneous Stoppages													
19		Casual Payments													
20		1st Payment					16	0							
21		2nd "					20	0							
22		3rd "					10	10							
23		Final "					5	10							
24		Balance Debit Last Period					2	2							
28		" Due by Paymaster							27	Balance Due to Paymaster					

CHECKED. Procourse, Apr
March 7th 1917

28-17-1

CERTIFIED CORRECT.
M W Greene 2/17
 O.C. "H" Company.

28-17-1

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender John M. Shiley Address _____

Line Number	Rcd	By	Sent	Check
		John M. Shiley		

Dated 30th March, 1917.

To Mr. Edward Humphries,
Catalina.

Referring my message 22nd instant further report received today states No. 588 Lance Corporal William Humphries seriously ill Pneumonia at Sydney, Nova Scotia.

COLONIAL SECRETARY.

FOR TYPEWRITER

Colonial Building

Cluny Macpherson,
Major

D.M.S. Account.

April 1, 1917.

EDWARD HUMPHRIES, CATALINA.

Replying to your message to Colonial Secretary AAA

Following message received from SYDNEY dated April first. AAA

Humphries quite recovered leaves by first Kyle

Macpherson

Director Medical Services.

C.R. 588

1
Extract from list of men discharged from the Royal Newfoundland
regiment on various dates.

588 Pte. William Humphries discharged April 25th 1917

Medically unfit

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>588</u>		Army Rank <u>Lance Corporal</u>											
Name <u>Aumphries William</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>													
Corps <u>1st Newfoundland Regiment</u>													
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>													
Date of discharge _____													
Place of discharge _____													
1. <u>Description at the time of discharge.</u>													
Age <u>24</u> years _____ months	Descriptive marks. <u>3 1/2" Scar on Left Thigh</u> <u>Right Arm</u>	<table border="1"> <tr> <td>Height <u>5</u> feet <u>8</u> inches</td> <td rowspan="2">Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</td> </tr> <tr> <td>Complexion <u>Fair</u></td> </tr> <tr> <td>Eyes <u>Blue</u></td> <td></td> </tr> <tr> <td>Hair <u>Dark Brown</u></td> <td></td> </tr> <tr> <td>Trade <u>Barman</u></td> <td></td> </tr> <tr> <td>Intended place of residence { <u>Catalpa East Point</u> <u>Trinity Bay</u> <u>Newfoundland</u></td> <td></td> </tr> </table>	Height <u>5</u> feet <u>8</u> inches	Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	Complexion <u>Fair</u>	Eyes <u>Blue</u>		Hair <u>Dark Brown</u>		Trade <u>Barman</u>		Intended place of residence { <u>Catalpa East Point</u> <u>Trinity Bay</u> <u>Newfoundland</u>	
Height <u>5</u> feet <u>8</u> inches			Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.										
Complexion <u>Fair</u>													
Eyes <u>Blue</u>													
Hair <u>Dark Brown</u>													
Trade <u>Barman</u>													
Intended place of residence { <u>Catalpa East Point</u> <u>Trinity Bay</u> <u>Newfoundland</u>													
Height _____ feet _____ inches													
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.													
Complexion _____													
Eyes _____													
Hair _____													
Trade _____													
Intended place of residence { _____ _____													
(To be given as fully as practicable)													
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>													
2. The above-named man is discharged in consequence of <u>Wound received</u> <u>Left Thigh & Right Arm</u>													
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>													
3. Military character :—													
4. Character awarded in accordance with King's Regulations :—													
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">To be filled in on the soldier quitting the Colours.</p>													
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.													
		Initials of Commanding Officer.											
Army Form B. 2088 has been issued to*													

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 Commissioners of Chelsea Hospital.
 Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.
 Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Amphreys, William*
Regiment from which discharged *1st Buffs*
Regimental Number *588*
Where born (Parish, Town and County), and when *Catania, Trinity Bay, Newfoundland 14/6/1894*
Intended address *Catania, East Point, Trinity Bay Newfoundland*
Height on discharge *5 Feet 8 Inches*
Colour of Hair on discharge *Dark brown* **Colour of Eyes** *Blue*
Descriptive marks *h.s. w. scars L. thigh - Rem* **Complexion** *fresh*
Figure on discharge *sturdy build*
Christian name of Father *Edward*
Christian name of Mother *Catherine*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired *Uncertain at present owing to Disturbance*

COPY SENT TO
 G.O. H.Q.
 ST. JOHN'S FIELD.
 F.P. 32.

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) *William Amphreys*
 Station *W. Ant. Division* (Rank) *S. Sgt.* Date *2/8/1917*

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 *8. 2. 17*
V. D. Black Medical Officer i/c Hospital.

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	
				Years	Days
				India	
				S. Africa	
Disallowed ...					
Service towards Pension ...					
Date inclusive to which pay has been issued	Sum due on account of advance of pension }				
Sums due on account of public debts ...					

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received
 Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.
 Station _____ Date _____
 _____ Officer in Charge
 _____ Records

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 588 Rank Lt Cpl.

Name (surname first) Humphries, William

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

*Fishing (longshore)
Barman*

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No.
DATED MAR 3 1917

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Employed as Barman with A. Wilson
St Johns Nfld. for five months*

3. What is the nature and locality of the employment you desire?

*Uncertain
owing to wounds*

4. What is the name of your Approved Society?

None

5. Have you been employed whilst with the Colours? If so, in what capacity?

Regimental Bomb

Date Feb 7/17

Signature Wm Cpl. W. Humphries

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 8, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in such cases, these instructions will be carried out by the man's C.O.

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

H.H.

1921.

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

Mr. Humphries

in respect of his service as No. 588 Rank Pte.

Name W. Humphries Royal Nfld. Regt.
Nfld. Forestry Company

Receipt of the same should be acknowledged hereon.

Received both Victory Medal and British War Medal

Signature William Humphries

Date July 15th 1923

Address 457 So 12th St.

Newark,
N.J.

[P.T.O.]

588

June 26 23

Edward Humphries Esq.
Catalina East Pt.
T.B.

Dear Sir, We would be much obliged if you would forward at your earliest convenience the last known address of your son 588 Ex Pte. Wm. Humphries, Royal Nfld. Regt.

Your immediate attention to this matter would be greatly appreciated.

Yours faithfully,

Lieut.

O/c. Records.

588 Catalina 588

July 2nd/93

Mr James. Lunt o/c

Dear Sir
My son Wm. Humphries
address

457 So. 12th Street.
Newark N. J.

u.s.a.

Yours Faithfully

Ed. Humphries

6
Aug

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL/1914-1919.

C.R. 588

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

NO. 588 NAME William Humphreys

DATE.....

PLACE. Newark N J

CR. 588

RECEIPT FOR ISSUE OF
RIBBAND OF BRITISH WAR MEDAL 1914-1919

I certify that I have received a issue of $\frac{5}{8}$ inches
of Ribband of British War Medal-1914-1919.

No. 588

Name

William Neophros

(Date)

Nov 25/19/19

(Place)

Newark N.J.

W.S.A.

RECEIPT.

CT 588

I hereby certify that I have received the 1914-1915

STAR.

No 5-88

Name William Humphreys

Witness. _____

Date _____

Place Newark, N.J.

m. b.

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 Star.

C.R. 588

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name *Mr. William Humphries*

895 Broad St.

Newark, N.J.

Date *May 7th 1919*

Place *Newark, N.J.*

W. S. A.

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 5 for your issue.

W. J. Rendell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on*

from *Sept 24th 1914* to *April 25th 1917*.

(Date).....(NO) *588*... (Rank) *744*... (Name) *William Humphreys*

(Place) *Catalina*.....

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

*Gallipoli Mudros Lemnos Egyptian France
and Belgium*

10766

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 *William* 2. Surname *Humphries*

3. Rank *F. C. I.* 4. Regt. *588*

5. Address in full to which future payments of gratuity are to be forwarded *William Humphries* *895*
Broad St Newark N. J. U.S.A

6. Date of enlistment in the Regiment *24 September 1914*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None*
sent to Mrs Catherine Humphries

8. Relationship of such dependents *Mother*

9. Address in full of such dependents *Mrs Catherine*
Humphries Catalina East point St John Bay N.F.S.

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 field, if so, give dates and particulars of such service *At sea*

.....

12. Give total length of time which you served on active service, whether in field or overseas *Served overseas*
two years two hundred and fourteen days

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.

received no payment

15. Have you been issued with a War Service Badge? *yes*

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? *No*

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

19. Are you now serving in the Reserve? *No* If not give: (a) Date of discharge *April 25/17* (b) Reason for discharge

Discharged April 25/17. In account of wounds of left thigh and right arm

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.

served in Gallipoli from September 1915 to January 1916. Egypt & etc. The remainder in France & Belgium

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.

May 9th., 1919

#588 L/Corpl. William Humphries,
#895 Broad Street,
Newark, New Jersey.

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

Paymaster & Officer i/c Records **Captain**

Casualty Form—Active Service.

Regiment or Corps Newfoundland

✓ 401

Regimental No. C.R. 588 Rank Pte Name Humphries, W.
 Enlisted (a) 1/10/14 Terms of Service (a) 1 year Service reckons from (a) In list
 Date of promotion to present rank } Date of appointment } Numerical position on roll of N.C.Os. }
 Extended } Re-engaged Aug 15 } Qualification (b) }

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
				3.10.14	
				1.9.15	
				13.9.15	
				14.3.16	Enl'd Port Stur
				23.5.16	Disemb'd MARSEILLE
				4.7.16	B 213
				12.7.16	
				4.10.16	
		Transferred to England			
					LIEUT. COLONEL. Officer i/c Regular Infantry Section No. 1 General Headquarters, 3rd. Echelon.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

