

Description of Arthur Embury on Enlistment.

STATEMENT

Age physically equivalent to 19 years 0 months. † Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height 5 feet 5 inches.

Weight 137 lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 36 1/2 inches.

Complexion Fair

Eyes Blue

Hair Fair

Religious denomination Wesleyan

* To be determined according to the instructions given in para. 809 of the Regulations for Medical Services, Part I.

† Should the Medical Officer be of opinion that the recruit has served before, he will (unless the man acknowledges to any previous service) attach a slip to the attestation to that effect, for the information and guidance of the approving Field Officer.

Certificate of Medical Examination.

I have examined the above-named recruit and find that he does not present any of the conditions referred to in para. 799 of the Regulations for Medical Services, Part I.

He can see at the required distance with either eye, his heart and lungs are healthy, he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him * fit for the Army.

Date 19th April 92 C. Hunt
Place Carroff Surgeon Major R.F.
Approving Medical Officer.

* Insert here "fit" or "unfit."
Note.—Should the approving Medical Officer consider the Recruit unfit, he will briefly state the cause of unfitness:—

Certificate of Primary Military Examination.

I hereby certify that the above-named recruit was inspected by me, and I consider him * fit for Service in the † Welsh Regt, and that due care has been exercised in his enlistment.

Date 19th April 92 W. J. Jones Capt.
Place Carroff 4th Regt Dist Recruiting Officer.

* Insert here "fit" or "unfit." † Insert "Regiment" or "Corps."

Certificate of Approving Field 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 Welsh Regt

If enlisted by special authority, Army Form B. 203 will be attached to the duplicate attestation.

Date 20th April 92 W. J. Jones Colonel
Place Carroff Comd 4th Dist Approving Field Officer.

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STATEMENT OF THE SERVICES OF No. 3422 Name *H. Hubert Embury*

Surname *Embury* Christian Name *Hubert*

Station, or Troop Ship	Date of arrival at the Station, or of Embarkation	Dates of						Disease	Number of Days in Hospital	Remarks on Nature of the Disease, how contracted, if well ascertained; if completely unascertained, whether any particular treatment was adopted. In venereal cases, state nature of primary disease, and whether secondary has been given. If an accident, state whether it occurred on duty.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Mo.	Yr.	Day	Mo.	Yr.				
<i>Cardiff</i>	<i>19.6.92</i>									<i>No admission</i>	
<i>Uddestad</i>	<i>2.6.92</i>	<i>1</i>	<i>8</i>	<i>92</i>						<i>See camping for service in India. Contracted <i>the influenza</i></i>	
<i>Pen. Dock</i>		<i>16</i>	<i>8</i>	<i>92</i>	<i>22</i>	<i>8</i>	<i>92</i>			<i>Exposure caught <i>the influenza</i></i>	
<i>Cardiff</i>	<i>30.3.93</i>	<i>8</i>	<i>4</i>	<i>93</i>	<i>1</i>	<i>93</i>				<i>Source: influenza; contracted <i>the influenza</i></i>	
										<i>Recovery</i>	
										<i>recovery</i>	

Continuing to Cardiff

on Enlistment.

is indicating congenital

present any of the

is in health, he has

is of any description.

is of any description.

is of any description.

is of any description.

is of any description.

is of any description.

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on Enlistment.

STATEMENT of the SERVICES of No. 3422 Name *Hubert Embury*

marks indicating congenital disease.

Corps	Battn.	Promotions, Reductions, Army	Dates	Service not allowed to reckon for fixing the rate of Pension	Service in Reserves not allowed to reckon towards G. C. Pay.	Signature of Officer certifying correctness of Entries
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MEDICAL HISTORY of Army Form B. 178.

Surname *Embury* Christian Name *Hubert*

Enlisted on *19th* day of *April* 189*2*, at *Carroll* Parish *Monmouth* County

Finally approved by *[Signature]* Surgeon *[Signature]*

Age (last birthday) *19*

Trade or Occupation *Wharfwright*

Height *65* Inches. Weight *137* lbs.

Examined for re-engagement day of _____ 189

Chest measurement { Minimum *35* inches. Maximum expansion *36 1/2* inches.

* Considered _____ Surgeon

Physical Development *Good*

* If unfit, state disability.

Small Pox Marks *2*

Vaccination Marks { Arm *R. d.* Number *2 - 2 -*

Re-vaccinated on *6th* day of *May* 189*2*

When Vaccinated *Infancy*

Arm *Left* Number *Two* Result *Perfect.* Surgeon *[Signature]*

Marks indicating congenital peculiarities or previous disease

Joined on enlistment .. *Depot. Welsh Regt.* CORPS. REGTL. NUMBER *3422* DATE. *19-4-92*

Transferred to

not present any of the Part I. If signs are healthy, he has no signs of any description.

Surgeon *[Signature]* Recruiting Medical Officer.

me, and I consider him _____, and that due

[Signature] Recruiting Officer.

'Regiment' or 'Corps.'

and properly filled up, and prove, and appoint him

attestation.

[Signature] Approving Field Officer.

PROPOSED FOR DISCHARGE BY A MEDICAL BOARD.

Station	Date	Disease	Result

N.B.—This sheet to be disposed of in accordance with instructions in Para. 487, Regulations for Medical Services, Part I, 1890, on the man becoming non-effective; the date and cause being stated at the foot of next page.

F & T 50,000 11-90 [8-30-93]

Forms B. 178 11

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on Enlistment.

STATEMENT of the SERVICES of No. 3422 Name *Herbert Embury*

Station, or Troop Ship	Date of arrival at the Station, or of Embarkation	Admission into Hospital	Discharge from Hospital	Disease	Number of days in Hospital	Remarks on nature of the disease: how induced, if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases, state nature of the accident, state whether it occurred on duty.	Signature of Medical Officer
Day	Mo.	Yr.	Day	Mo.	Yr.		

Corps in which served	Battn. or Depot	Promotions, 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. O. Pay.		Signature of Officer certifying correctness of Entries
					years	days	years	days	
<i>Welsh</i>	<i>2</i>	<i>Entered 19 April 92 Discharged this 29 April 1893. In consequence of his own Request on payment of £58 under article 609. Royal Warrant 1892. Duly dated 27/4/93 to 23/5/91</i>		<i>19 April 92 16 April 92 13 5 92</i>					<i>Herbert Embury Col Commanding 41 R.D. Major General Commanding 41 R.D.</i>

Total Service forfeited as above

Total Service towards Engagement to *29/4/93* (date of discharge) *1* years *11* days

" " " Pension " " "

*Major General
Commanding 41 Regt Dist* *Colonel*

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MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards G. C. Pay or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	
Home	19-4-92	29-4-93	1	11	

N.B.—The Country only to be shown, it is not necessary to show separately the service in the different stations of same country. England, Scotland and Ireland to be shown under the general term "Home."
For mode of computing Service Abroad, see Queen's Regulations.

Initials of Officer making the entry

- 2. Whether educated at Royal Military Asylum Royal Hibernian Military School
- 3. Certificates of education ..
- 4. Passed classes of Instruction ..
- 5. Campaigns ..
- 6. Wounded ..
- 7. Effects of wounds ..
- 8. Special instances of gallant conduct..
- 9. Medals, decorations and annuities ..
- 10. Deferred Pay issued ..
 - (1) On first transfer to Reserve £ s. d.
 - (2) On second transfer to Reserve £ s. d.
 - (3) On Discharge £ s. d.
- 11. Deferred Pay refunded ..
 - (1) On rejoining the Colors (Credited to the public in the Accounts of _____ to _____) £ s. d.
 - (2) On _____ (Credited to the public in the Accounts of _____ to _____) £ s. d.
- 12. Name and Address of next of kin *Agnes Ellis (Mother)
2 Long's Terrace, London.*

APF

13. 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) name of officiating Minister or Registrar, and (d) names of two witnesses				Date of being placed on Married Roll	Initials of Officer.
	(a)	(b)	(c)	(d)		

14. Particulars as to Children	Christian Names	Date and Place of Birth	Date and Place of Baptism, and Name of officiating Minister	

NOTE.—These entries are to be made from time to time as they occur, and initialled by the Officer making the entry.

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