

This space to be left blank
for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge



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

No. <u>264</u>	Army Rank <u>Private</u>	
Name <u>Mercer Albert</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)		
Corps <u>1st Batta Royal Newfoundland Regiment</u> Battalion, Battery, Company, Depot, &c. (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.)		
Date of discharge <u>April 10th 1918</u>		
Place of discharge <u>St. John's, Nfld.</u>		
1. Description at the time of discharge.		
Age <u>22</u> years _____ months	Descriptive marks. <u>Scars. Right shoulder, Right eye Left arm and back</u>	
Height <u>5</u> feet <u>6</u> inches		
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion <u>Fresh</u>		
Eyes _____		
Hair <u>Dark</u>		
Trade <u>Electrician</u>		
Intended place of residence { <u>Dominion No 2</u> <u>Bell Island</u> <u>Conception Bay, Nfld.</u>		
(To be given as fully as practicable)		
(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.)		
2. The above-named man is discharged in consequence of <u>Wounds received in action</u>		
(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.)		
3. Military character:—		
4. Character awarded in accordance with King's Regulations:—		
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.		

To be filled in on the soldier quitting the Colours.

Army Form B. 2068 has been issued to*

* Strike out if not applicable.

0643

Recruiting Form A, 1914.

MEDICAL REPORT
ROYAL CANADIAN MOUNTED POLICE
FINAL EXAMINATION



First Newfoundland Regiment

STA

ATTESTATION PAPER

Regimental No. 264

Name in full Albert Mercer Age 20

Address Belle Island Conception Bay

~~Single~~ Height 5-4 1/2 Weight 174

Color light Hair dark Eyes Blue

Other distinguishing marks Scars on fingers on left hand

Nearest relative Mother Edith Mercer

Address Belle Island

Dependents Mother & 3 sisters & 1 brother

Occupation Miner Present Wage 750 per month

Previous service —

Decorations —

General Remarks —

Date of Enlistment —

I, Albert Mercer 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.

*Witnessed for
at Conception Bay
44 Aug 1914
Mercer*

Albert Mercer

Declared before me this 1 day
of OCT 1 1914 1914

Augustus O'Brien

Sept 2

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 284

Name Albert Mercer
 Apparent age 20 years months. Height 5 feet 4 1/2 inches.
 Chest measurement { Girth when fully expanded inches.
 { Range of expansion inches.
 Distinctive marks Color: Light, Hair: Dark, Eyes: Blue.
 Other distinguishing mark: Scar on finger on left hand.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Edith Mercer, Bell Island, St. John's East.
 | Relationship Mother.

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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate

STATEMENT OF THE SERVICES.

Corps in which served	Regt. 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. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>2/9/14</u>									
Joined at <u>St. John's</u> on <u>2nd September '14</u>									
<p><i>Discharged Halifax Apr. 10/1918</i></p> <p><i>Embarked S.S. Halifax for Ant. 3 1/2</i> <i>Embarked at E. 20 7/8</i> <i>Disembarked Alex and</i> <i>embarked for Cairo 2 1/2</i> <i>Embarked in Gallipoli 13 3/4</i> <i>Landed Seloua 10 as night of</i> <i>19-20 Sept/15</i> <i>Admitted Hosp. 2nd Lt. 11 1/2</i> <i>Admitted 8 7 F.A. 7 S.W. 1/2</i> <i>Embarked 2nd Aug 14 7/8</i> <i>Disembarked 18 3/4</i> <i>Admitted 8 7 F.A. 7 S.W. 1/2</i> <i>Transferred C.P. 2 3/4</i> <i>Transferred to Egypt 4 7/8</i> <i>Admitted 8 7 F.A. 7 S.W. 1/2</i> <i>Full pay then attached to 11 1/2</i> <i>Embarked 10 7/8</i> <i>Admitted 8 7 F.A. 7 S.W. 1/2</i> <i>Joined Battalion 19 7/8</i> <i>Admitted 10 7/8</i> <i>Admitted 8 7 F.A. 7 S.W. 1/2</i> <i>Admitted 12 7/8</i> <i>Admitted 10 7/8</i> <i>Admitted 8 7 F.A. 7 S.W. 1/2</i> <i>Admitted 4 7/8</i> <i>Admitted 10 7/8</i> <i>Admitted 8 7 F.A. 7 S.W. 1/2</i> <i>Admitted 4 7/8</i> <i>Admitted 10 7/8</i> <i>Admitted 8 7 F.A. 7 S.W. 1/2</i> <i>Admitted 4 7/8</i> <i>Admitted 10 7/8</i> <i>Admitted 8 7 F.A. 7 S.W. 1/2</i> <i>Admitted 4 7/8</i> <i>Admitted 10 7/8</i> <i>Admitted 8 7 F.A. 7 S.W. 1/2</i></p> <p><i>Discharged medically Halifax 10 7/8</i></p>									
Total Service forfeited as above									
Total Service towards Engagement to <u>10-4-18</u> (date of discharge) <u>13</u> years <u>221</u> days									
" " " Pension " " " " " " " "									

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 264

Name Albert Mercer

Apparent age 20 years months. Height 5 feet 4 1/2 inches.

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

Distinctive marks Color: Light, Hair: Dark, Eyes: Blue.

Other distinguishing mark: Scar on finger on left hand.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Edith Mercer, Bell Island, St. John's East.

Relationship Mother.

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) Signature of Officer verifying entry from certificate.

Table with 4 columns: (a), (b), (c), (d) Verified from certificate.

Particulars as to Children.

Table with 3 columns: Christian Names, Date and Place of Birth, (d) Verified from certificate.

STATEMENT OF THE SERVICES.

Main service record table with columns: Corps in which served, Regt. 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. C. Pay, Signature of Officers certifying correctness of entries.

Service towards limited engagement reckons from 2/9/14. Joined at St. John's on 2nd September '14.

Handwritten notes detailing service events: Discharged Hobus Apr. 10/1918, embarked Lt. Hospital for det. 3 1/2, embarked Lt. E 2 20 7/8, disembarked Mex and embarked for base 2 1/2, embarked for Gallipoli 12 3/4, landed Salon Bay night of 7-20 Sept 15, admitted Hosp. Malta 20 Oct 15, embarked 2nd Aug 14 1/2, disembarked Agassien 22 3/4, admitted 8 1/2 FA 7 3/4, transferred C.O. 2 3/4, transferred to transport 4 3/4, admitted Headquarters 6 3/4, full pay then attached to depot 11 3/4, embarked Hampton 10 3/4, Lawrence 10 3/4, joined Battalion 19 3/4, admitted 10 1/2 N.Y.D. 18 3/4, joined base depot 26 3/4, admitted 12 3/4 N.Y.D. Term. 15 3/4, joined base depot 29 3/4, wounded 16 3/4, admitted 4 3/4, admitted 16 3/4, transferred to transport 25 3/4, admitted 26 3/4, full pay then attached to depot 23 3/4, arrived hfd 25 3/4, to hfd for discharge per 11 3/4, discharged medically unfit 10 1/8.

Total Service forfeited as above

Total Service towards Engagement to 10-4-18 (date of discharge) 13 years 221 days

" " Pension " " " " " "

0613

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



MEDICAL HISTORY

OF Christian Name

Surname

Mercer

Albert

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on	day of	on	day of
Declared age	years	days	years	days
Trade or occupation				
Height	feet	inches	feet	inches
Weight		lbs.		lbs.
Chest Measurement { Girth when fully expanded 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) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at		at	
	on	day of	on	day of
		191		191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
Transferred to				
Became non-effective by				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				



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O.C. H.Q.
ST. JOHNS, N.F.L.D.
No. 2911/2
DATED 22 FEB 1918

0613

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 syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Edinburgh</i>	<i>14</i>	<i>15</i>	<i>1915</i>	<i>14</i>	<i>15</i>	<i>1915</i>	<i>Syphilis</i>	<i>19</i>	<i>Treated in City Hospital</i>	<i>H. J. H. G. S. R. H. C.</i>
<i>3rd SCOTTISH GENERAL</i>	<i>22</i>	<i>NOV</i>	<i>1916</i>	<i>11</i>	<i>12</i>	<i>16</i>	<i>Syphilis</i>	<i>20</i>	<i>Yellowish discharge from urethra No other complications</i>	<i>A. H. Edwards Capt. R.A.M.C.</i>

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

MEDICAL HISTORY

OF

Surname Mered Christian Name Albert

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at	191	at	191
Declared Age... ..	30 years days		years days	
Trade or Occupation... ..	Mines			
Height	5 feet	4 1/2 inches		
Weight	124	lbs.		
Chest Measurement {	Girth when fully expanded... ..		inches	
	Range of expansion.. ..		inches	
Physical Development... ..				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V==		R.E.—V==	
	L.E.—V==		L.E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to Cause Rejection				
Approved by (Signature)				
(Rank)				
		Medical Officer.		
Enlisted	at	St Johns Nfld	at	
	on	day of	on	day of
		191		191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	Newfoundland 264			
Transferred to... ..				
Became non-effective by.				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				



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ST. JOHNS, N.F.L.D.
NO. 2911/2
DATED 22 FEB 1918
Medical Officer.

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 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 syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 th LONDON GENERAL HOSPITAL WANDSWORTH.	5	7	16	2	8	16	G.I.W. left foot R. G. Phalera.	29	Am Hand. G.I.W. left foot 6 th still do.	H. W. Skind Capt. R. G. Tol. T.
3 rd SCOTTISH GENERAL HOSPITAL	22	NOV	1915	11	12	16	Emorrhoea	20	yellowish discharge from. Wretton no other complications	
3 rd London General Hospital, WANDSWORTH, S.W.	26	8	17				G.S.W. R. Leg. R. shoulder R. eye. L. forearm & h. Buttock.		Board held — see overleaf his ability — G.S.W. R. Leg. R. shoulder. R. eye L. forearm & L. Buttock. Arteriosclerosis R. ankle joint can only walk a short distance Cause — G. S.W. on Active Service. Total — Ability to earn a livelihood at present 100%	W. W. G. P. C. M. E. T. 100% 3 rd London General Hospital, WANDSWORTH, S.W.

0643

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
	T V.
29. 4. 15	<i>Dec.</i>
17. 8. 16	<i>Dentist work completed A.F.W.</i>
30-1-18	<p><i>Board held</i> <i>Found — Permanently unfit</i> <i>Board — approved 30/1/18</i> <i>Strongly Cap Rameo</i> <i>for 3/4 London General Hospital,</i> <i>WANDSWORTH, S.W.</i></p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Original

Medical Report on an Invalid.

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

Date 28/1/18

1. Unit 1st Newfoundland
2. Regimental No. 264
3. Rank Pte.
4. Name Incester, A
5. Age last birthday 21.
6. Enlisted $\left\{ \begin{array}{l} \text{on } 16/8/14 \\ \text{at } \text{Bell Island} \end{array} \right.$
7. Former Trade or Occupation } Electrician
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge; no
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G. S. W.

Rt Leg
Rt Shoulder
Rt Eye
Lt Forearm
Rt Forearm
St

R. Eye

Statement of Case.

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O.C. H.Q.
ST. JOHNS, N.F.L.D.

Form B. 170, No. 2911/18
DATED 29 FEB 1918

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 those contained in his military and medical documents. He will also carefully distinguish cases entirely due to service from those due to other causes.

9. Date of origin of disability. 16 Aug. 1914
10. Place of origin of disability. Upper Belgium
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- Admitted from France the 28. 8. 14 with wd of R eyelid. - three wounds on Rt upper arm - one at posterior fold of axillary fold - wound on inner aspect of l. forearm - two wounds on posterior aspect of R. leg - two wounds on inner side and on posterior aspect of E. ankle - large wound on E. tibial region. Wound on posterior internal aspect of L. thigh. All wounds healed up very well except ankle wound. This caused ankylosis of ankle. On Nov. 9th was operated for appendicitis - (gangrenous) healed up after 5 weeks.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- In action
- G. S. W.
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- not applicable
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- not applicable

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General Condition is good
All wounds are healed
There is only loss of 2 ankle joint
Can only walk a short distance, ankle
swells & is painful
In action

14. If the disability is an injury, was it caused—

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

not applicable

16. Was an operation performed? If so, what?

of F.B. removed & Hip
2 am
2 ankle
of appendectomy.

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

not applicable

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

not applicable

20. Do you recommend—

- (a) Discharge as permanently unfit, or
(b) Change to England?

Permanently unfit

W. S. Proctor, Civil Surgeon 3rd Lond Gen Hosp.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

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

Date

30/1/18

J. E. Duncanson
Officer in charge of Hospital
Col. A.M.S.

Comdg. 3rd London Gen. Hospital,

*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.

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 invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 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.

- 1. (a.) State whether the disability is clearly attributable to—
 - (i.) Service during the present war;
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Yes
-
no
no
J.D. 6

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

-
Yes

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

100

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

Vide 16.

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

as an out-patient

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

no

30. Does the man require the constant attendance of another person?

no

Signatures:—

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

John P. L. Caplan Resident.

R. B. Howard CS

Date Jan 20 1918

Members.

Approved.

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

John P. L. Caplan
Administrative Medical Officer.

Date Jan 20 1918

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 264

Name Albert Mercer

Apparent age 20 years months. Height 5 feet 4½ inches.

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

Distinctive marks Color: Light, Hair: Dark, Eyes: Blue

Other distinguishing marks: Scar on finger on left hand

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Edith Mercer, Bell Island, St. John's East

Relationship Mother

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	Regt. 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. C. Pay		Signature of Officers certifying correctness of entries.
					years days	years days	years days	years days	
Service towards limited engagement reckons from <u>2/9/14</u>									
Joined at <u>St. John's</u> on <u>2nd September '14</u>									
		<u>Pyrexia</u>		<u>11/10/15</u>					
		<u>Disch for duty</u>		<u>15/2/15</u>					
Total Service forfeited as above									
Total Service towards Engagement to (date of discharge) years days									
" " " Pension (") " "									

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 continuing to sign a declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

Form B 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.

CERTIFICATE



Name in full Mercer Albert
 Regiment from which discharged 1st Wfld
 Regimental Number 264
 Where born (Parish, Town and County), and when Little Bay South. Home Name Bay Wfld 9/4/96
 Intended address Bell Island Dominion No. 2. Conception Bay
 Height on discharge 5 Feet 6 Inches
 Colour of Hair on discharge Dark Colour of Eyes
 Descriptive marks Scars R Shoulder R Eye L Arm & Back Complexion Fresh
 Figure on discharge Medium
 Christian name of Father dead
 Christian name of Mother Edith
 Wife's Maiden name in full _____
 Date and Place of Marriage _____
 Christian names of Children _____
 Nature and locality of civil employment desired Electrician

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) Agt. Albert Mercer

Station Wandsworth

(Rank) Pte
 Date 25-1-18

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.

3rd London General Hospital

Agt. J. S. Broock

Medical Officer i/c
CS Wand Hospital

Station Wandsworth SW

Date 25-1-18

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 _____

Officer in Charge

Date _____

Records.

Medical Report on an Invalid

CERTIFIED TRUE COPY

Station 3rd London General Hospital
Wandsworth

Date 28/1/18



1. Unit 1st Newfoundland
2. Regimental No. 264
3. Rank Pte
4. Name Mercer, A.
5. Age last birthday 21
6. Enlisted on 16/8/14
at Bell Island

7. Former Trade } Electrician
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge. No

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G.S.W. Rt Leg
Rt Shoulder
Rt Eye
Lt Forearm
Lt Buttock

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.

16th Aug 1917

10. Place of origin of disability.

Ypres Belgium

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Admitted from France 28-8-17 with wound of right eyelid - Three wounds in right upper arm - One at anterior part of Axilla fold - Wound on inner aspect of L forearm - Two wounds on posterior aspect of Rt ankle - two wounds on inner side and on posterior aspect of Rt ankle - Large wound over Rt ischial region - Wound on posterior internal aspect of L thigh. All wounds healed up very well except ankle wound, this caused Anty lopes of ankle
On Nov 9th was operated on for appendicitis - (gangrenous) Healed up after 5 weeks

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

In action

G.S.W.

Not applicable

Not applicable

13. What is his present condition? *General Condition is good - all wounds are healed. There is Ankylosis of rt ankle joint. Can only walk a short distance ankle swells & is painful*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

In Action

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

Not applicable

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

*1/ FB removed. Rt Hip
Rt Arm
Rt Ankle
2/ Appendicectomy*

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Not applicable

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Permanently Unfit

Sgd

J. Brock Civil Surgeon 3rd Lond Gen Hosp

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

~~except~~ *3rd Lond Gen Hospital*
Station *Wandsworth SW*

Sgd *H.E. Bruce Porter Col R.A.M.S.*

Date *30/1/18*

Officer in charge of Hospital.
Comdg 3rd Lond Gen Hospital

*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.

† Delete this word if no exceptions are to be made.

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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 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.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war ;

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

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

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 114 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Yes

—

No

No

Yes

—

Yes

100

vide 16

Yes

as an outpatient

No

No

Station 3rd Ldn. Tont. Hosp. Wandsworth SW

Date January 30th 1918

Approved 3rd Ldn. Tont. Hosp. Wandsworth SW

Date January 30/18

Signed John Pyntou Capt R.A.M.C.T President.

Signed R. B. Howard C.S Members.

Signed John Pyntou Capt R.A.M.C.T Administrative Medical Officer.

No. 264 Name

Merceda

Sqn., Batty., }
or Company }

a

Corps

Newfoundland

Date of
enlistment }G.C.
Badges }Service or
Proficiency Pay }Date of last entry in
Company Conduct Sheet }No. and date
of last drunk }Period not reckoning towards
freedom from extra fine }

Sheet No.

Signature O.C.
Company, etc. }

Character

C.R.

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
Sully	25/2/16	Pte		Losing Great Coat	Pr. Cpl Jackson	Make good	28/2/16	Lt Col H. H. H.	Strong

C.R.

Army Form B. 122

[P.T.O.]

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178 to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Messer Christian Name Albert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191
 at _____

Declared Age ... 20 years _____ days.

Trade or Occupation ... Miner

Height ... 5 feet, 4 1/2 inches.

Weight ... 124 lbs.

Chest Measurement { Girth when fully Expanded. _____ inches.
 Range of Expansion _____ inches.

Physical Development ...

Vaccination Marks { Arm ... _____ Right _____ Left _____
 Number _____

When Vaccinated ...

Vision ... { R.E.—V= _____
 L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____
 (Rank) _____ Medical Officer.

Enlisted ... { at St Johns Nfld.
 on _____ day of _____ 191

Corps.	Regtl. No.
<u>Newfoundland</u>	<u>264</u>
Transferred to ...	

Became non-effective by _____
 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 syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Edinburgh	1	4	15	19	4	15	Measles	19	Treated in City Hospital	^{sgt} W Leslie Lyall Capt RASC
2d Scottish General	22	11	16	11	12	16	Gonorrhoea	20	Yellowish discharge from urethra no other complication	^{sgt} A H Edwards Capt RASC
3d London General Hospital Wandsworth	5	7	16	2	8	16	GSW Left foot IX & Phalanx	29	From France. GSW left foot fracturing 4th toe	^{sgt} J F Wethered Capt RASC
3d London General Hospital Wandsworth SW	26	8	17				GSW R leg R Shoulder R leg L forearm & L Buttock		Board Refd - see medical Disability - GSW R leg R shoulder R leg L forearm & L Buttock Ankylosis R ankle joint can only walk a short distance Cause - GSW on active service Total - Inability to earn a livelihood at present 100%	^{sgt} C H Kingley Capt RASC In the 3rd London Gen Hptl Wandsworth SW

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

CERTIFIED
TRUE COPY



No. 264

Rank

Name (surname first) Merer Albert

Regiment 1st Newfoundland

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

Electrician

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?

*Home Service Steel & Coal Co.
Bell Island
Conception Bay Newfoundland
Electrician. 2 years.*

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

*Navigation
Newfoundland*

4. What is the name of your Approved Society?

L.O.R.

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

No

Date 24-1-18

Signature *Sgd. A Merer*

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 3, 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 substitution 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
UNR Records,
Royal Nfld. Hosp.,
Dept. of Health,
St. John's, Nfld.

St. John's, Nfld.

Fold Here

June 15th., 1921 1917.

The accompanying King's Certificate, on his discharge,

(No. 151), is forwarded herewith to

Private Albert Mercer

in respect of his service as No. 254 Rank Pvte.

Name Albert Mercer Corps Royal Nfld. Regt

Receipt of the same should be acknowledged hereon.

Received

King's Certificate *HJ*

Signature

Albert Mercer

Date

June 22 / 19 / 21

Address

Box 68. Base Island

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of 1st New Foundland

Number of Sheet 1

Signature of O. C. Company H. J. Carthy

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

COPY SENT TO

Regimental Number and Name		Enlistment <u>John's</u>		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>264</u>	Age on	<u>19</u> years	months	<u>Engineer</u>	ST. JOHNS, N.F.L.D.	
Joined	Date	Date of Enlistment	<u>Sept 2nd 1914</u>		Religion	N.F.F.S.B. No. <u>2911/12</u>	
Joined	Date	Period of	with Colours <u>3²⁰</u> years.		Methodist <u>Bell Island</u>	DATED <u>22 FEB 1918</u>	
Joined	Date		with Reserve <u>365</u> 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
<u>Fort George</u>	<u>Jan 1st 1915</u>	<u>PLC</u>		<u>Producing a fake pass and giving fake name. Absent from 9.15 am parade & refusing an order</u>	<u>Sgt Oke PLC Legros Cpl James</u>	<u>10 days CB</u>	<u>2/1/15</u>	<u>Lt Col Burton</u>	<u>cwlt</u>
<u>Fort George</u>	<u>Jan 3rd</u>	<u>PLC</u>		<u>Absent from tattoo to 4 pm 8/1/15</u>	<u>Cpl Penny</u>	<u>10 days CB</u>	<u>7/1/15</u>	<u>Lt Col Burton</u>	<u>Infect 6 days pay under RWO cwt</u>
<u>Fort George</u>	<u>Jan 16th</u>	<u>PLC</u>		<u>Absent from tattoo to 9 am 18/1/15</u>	<u>Cpl Fox</u>	<u>5 days CB</u>	<u>18/1/15</u>	<u>Capt Carthy</u>	<u>Infect 3 days pay under RWO cwt</u>
<u>Fort George</u>	<u>Feb 4th</u>	<u>PLC</u>		<u>Absent from 9 pm parade & failing to report at sick parade</u>	<u>Cpl Sullivan</u>	<u>2 days CB</u>	<u>4/2/15</u>	<u>Capt Carthy</u>	<u>cwlt</u>
<u>Fort George</u>	<u>Feb 4th</u>	<u>PLC</u>		<u>Failing to report himself at defaulters Call</u>	<u>Sgt Oke</u>	<u>3 days CB</u>	<u>5/2/15</u>	<u>Capt Carthy</u>	<u>cwlt</u>
				To be carried over	<u>Discharged St. John's Med. Unfit 10/4/18</u>				

1915								
Fort George	Sept 7 th	Pte	Absent from Tattoo ^{Brought forward} to 6 pm 8/2/15	Cpl Newman	3 days C.B.	9/2/15	Capt Carthy	Forfeit 2 days pay under Rev R.H.J. St
Edinburgh Fort George	7/3/15	Pte	Refusing duty	S.C. Burns	2 days C.B.	8/3/15	Capt. Carthy	
Stob Camp	30 7/15	Pte.	Absent from 7 a.m. Parade	Cpl. Manning	2 days c.c.	31 7/15	Capt. Carthy.	T.F.B 2 1/2 Reib.
Stob Camp	6 6/15	.	Absent from 7 a.m. Parade	Cpl. Sheehy	3 days c.c.	7 6/15	Capt. Carthy.	T.F.B
Stob Camp	7 7/15	Pte	Absent from Church do.					
Stob Camp	17 7/15	Pte.	Absent from Parade, 7 a.m.	Cpl Manning	3 days c.c.	7 7/15	Leut. Raley	T.F.B
Stob Camp	25 7/15	Pte.	Absent from Tattoo until Tattoo, 19 7/15	Cpl. Blackall	3 days c.c.	21 7/15	Lt. Col. Burton	Forfeit 3 days pay Rev T.F.B
Stob Camp	25 7/15	Pte.	Absent from Tattoo until 7 a.m. 29 7/15.	Cpl. Manning	48 hrs. F.P. No. 2	29 7/15	Lt Col. Burton	Forfeit 5 days pay under Rev T.F.B
Stob Camp	31 7/15	Pte.	Absent from Tattoo until 2:30 pm. 2 7/15	Cpl. O'Saule	5 days C.B.	1 7/15	Capt. Carthy	Forfeit 4 days pay under Rev T.F.B
Racecourse	16/8/16	✓	Absent from Tattoo	Elmer	2 days C.B.	11/8/16	Capt Cliff	
Racecourse	23-8-16	Pte	Absent from Tattoo Roll Call	P/Cpl J. Taylor	3 days C.B.	24-8-16	Capt. Cliff	J.S.S.
"	23-8-16	Pte	Absent from 6:30 a.m. Parade	P/Cpl J. Taylor				
"	1916 2-9	.	Not answering defaulter's calls from 2:30 pm to 9:30 pm					
"	3-9	.	Not answering defaulter's calls from 2:30 pm to 9:30 pm	Sergt. Whelan	48 hrs. F.P. No. 2	4-9	Lt. Col. Whitaker	J.S.S. Forfeit 2 days pay
"	31-8	.	Absent from Tattoo Roll Call until 1-25 a.m.	L/Corporal Sullivan	2 days C.B.	2-9	Capt. Russell	J.S.S.
"	11/10/16	.	Neglect of duty	Sgt. Walsh	45 hrs F.P. No. 2	17-10-16	Lt Col O'Heafer	Forfeit 1 days pay

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
[686] W:017/2121 1000m 6/15ss 53 56

Forms
B. 121.
29.

Regiment of St. John's Newfoundland

COPY SENT TO
ST. JOHN'S

Number of Sheet 1

Signature of O. C. Company J. G. Dick

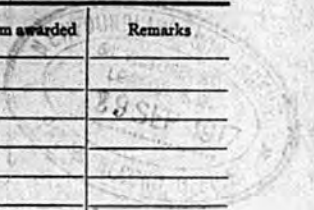
Regimental Number and Name No. <u>264</u> <u>Mercy A.</u>		Enlistment <u>St. John's</u> Ago on <u>19</u> years <u>3</u> months	Trade <u>Engineer.</u>	Good Conduct Badges, Service Pay or Efficiency Pay <u>104238</u> NO. <u>2911/12</u> DATED <u>22 FEB 1918</u>	
Joined _____ Date _____	Place and Date of Enlistment <u>St. John's</u> <u>Sept. 2-1916</u>	Religion <u>Methodist.</u>	Place of Birth <u>Beal Island</u>		
Joined _____ Date _____	Period of { with Colours _____ years. { with Reserve _____ years.				
Joined _____ Date _____					

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
Racecourse	30-10-16	Pte.		Absent from 9 a.m. parade. next reported 9.15 a.m.	Capt. James		30-10-16	Capt. Rowse	Forfeits 1 days pay by R.M. G.S.B.
Racecourse	18.12.16	Pte.		Absent from 2 p.m. parade. next reported 7 a.m.	Capt. White	7 days C.B.	19.12.16	Capt. Rowse	Forfeits 2 days pay by R.M. R.D.R.
"	3/1/17	"		Absent from 9.30 A.M. Parade	Cpl Boland	7 days C.B.	3/1/17	R. J. Herder 2 nd Lieut	
"	18.1.17	"		Untidy Bed	Capt. Pkelan	1 day C.B.	18.1.17	2/Lieut Herder	7. D. 7. 2/Lieut
"	27.1.17	"		In Town about 10.30 P.M. without a pass	Sergeant Winnett	2 days C.B.	29.1.17	2/Lieut O'Leary	7. D. 7.

To be carried over

No. 264 Name Mercer A Sqn., Batty., or Company } A Corps 1st Newfoundland Date of enlistment }
G.C. Badges }
Service or Proficiency Pay }
Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra line } Sheet No. } Signature O.C. Company, etc. } Character }

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
				Transferred to England 25.8.17					



Army Form B. 122

0643

578

Casualty Form—Active Service.

Regiment or Corps 1st Newfoundland

Regimental No. 264 Rank Pte. Name A. Mercer

Enlisted (a) Oct 2/14 Terms of Service (a) Duration of war Service reckons from (a) Oct 2/14

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, 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. 35, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		3/10/14.	O.C. H.Q. ST. JOHNS, N.F.L.D. No. <u>2911/12</u> DATED <u>22</u> FEB 1918
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
7/10/15.	"Karapara"	Ill, Debility & Pyrexia A 36, admitted	Hosp., Malta.	11/10/15.	Auth. A 15139. <u>JP</u>
<u>5/2/16</u>	<u>and with Battalion</u>		<u>and</u>	<u>3/16</u>	<u>8213</u>
		Embarked Port Suez		14.3.16	
		Disembarked MARSEILLE S		22.3.16	
	<u>847A</u>	<u>Used toe of 2 foot trans</u>	<u>used</u>	<u>2.4.16</u>	<u>8011968</u>
		Transferred to England		4.7.16	
				<u>W3083</u>	

Handwritten signature/initials

allcock CAPTAIN.
FOR O.I.C INFANTRY RECORDS
G. H. Q.; 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.]

Casualty Form—Active Service.

Regiment or Corps **2^d Newfoundland**

2401

Rank **Private** Surname **Mircea** Christian Name **Albert**
 Religion **Methodist** Age on Enlistment **19** years **1** months.
 Enlisted (a) **St John** Terms of Service (a) **W of War** Service reckons from (a) **2-9-14**
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....

Signature of Officer.

COPY SENT TO
 O.C. Report
 ST. JOHN'S, N.F.L.D.
 Date: From whom received
 N.F.P.38. No. **1911/12**
 DATED **22/2/18**

Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, 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. 213, Army Form A. 36, or other official documents
Embarked	Shampton		10.2.17	
Disembarked	Rouen		11.2.17	
Joined Battalion			19.6.17	B 213
	Rouen		18/2/17	HA 6898
28.2.17	1 st Coy Hoop Adm. N.V.D. (Sec)			
27.4.17	2 ^d Coy Hoop	do	26.4.17	Non Roll
30.5.17	12 th Coy Hoop Ad. Senoyno. Wrist	do	18.5.17	W 3034
30.5.17	2 ^d Coy Hoop	do	29.5.17	Non Roll
11.8.17	02 227 th Coy Hoop	Wemy att 227 th Rank	5.8.17	B 213
18.8.17	02 Units	Wounded in Action	26 AUG 1917	B 213
14.8.17	4 C.S. I.	Ad. Elw. Fract R. Ankle	16.8.17	P.D. 9352
31.8.17	16 th Coy Hoop	Ad. Paw. Face, stable R. Arms, Staples	17.8.17	H.A. 13049
	Had Antwerp	Leg I. Buttock	25.8.17	W 3083

(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) Signaller, Shoeing-Smith, &c.



REPORT OF THE MEDICAL BOARD.

STATION	St. John's, Nfld.	DATE	March 26th., 1918.
NUMBER	264	AGE	21
RANK	Private	HEIGHT	5'6"
NAME	Mercer, A.	COMPLEXION	Fresh
UNIT	1st. Nfld.	EYES	HAIR
ADDRESS	Bell Island	Dark	
ENLISTED AT	Bell Island	FORMER TRADE	Electrician
DISEASE OR DISABILITY	GUN SHOT WOUND:	ON	16/8/14
			RIGHT LEG, RIGHT SHOULDER, RIGHT EYE, RIGHT FOREARM, LEFT BUTTOCK.

PRESENT CONDITION

Wound over right buttock still discharging.
Wound right leg healed but on moving knee
causes grating noise & causes pain. Right shoulder
has good scars soundly healed, no disability.
Right eyelid shows blood discoloration. Left
buttock scar soundly healed no disability.
Right eye can count fingers only.
Wound through right ankle healed, joint stiff
then under foot hypersensitive. Can walk with
aid of two sticks, but right ankle painful.

HAS HE BEEN EMPLOYED AND BY WHOM?

AVERAGE WEEKLY EARNINGS

ESTIMATED DISABILITY

Not while under treatment at home
3 months.

RECOMMENDATION OF MEDICAL BOARD

Discharge permanently unfit

MEMBERS OF BOARD

H. J. [Signature]
Wendell [Signature]
Baterson [Signature]



APPROVING MEDICAL OFFICER

Clayton Macpherson
D. M. S. NEWFOUNDLAND Major

Originals

This space to be left blank
for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

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

No. <u>264</u>	Army Rank <u>Private</u>
Name <u>Mercer Albert</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Batta Royal Newfoundland Regiment</u> <small>Battalion, Battery, Company, Depot, &c. (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. Description at the time of discharge.	
Age <u>21</u> years _____ months Height <u>5</u> feet <u>6</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Fresh</u> Eyes _____ Hair <u>Dark</u> Trade <u>Electrician</u> Intended place of residence { <u>Dominion No 2</u> (To be given as fully as practicable) <u>Red Island</u> <u>Conception Bay Nfld.</u>	Descriptive marks. <u>Scars. Right Shoulder, Right Eye, Left Arm, and Back</u> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. RECD. 38. No. <u>29/11/17</u> DATED <u>22</u> FEB 1918 <u>14 FEB 1918</u> </div>
<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>Wounds received in Action.</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:— _____ _____ _____ _____ _____	
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. _____	

To be filled in on the soldier quitting the Colours.

Army Form B. 2068 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.1.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full Mercer Albert
 Regiment from which discharged 1 Reg'd
 Regimental Number 264
 Where born (Parish, Town and County), and when Little Bay South. Antigua Bay.
 Intended address 2nd. 9/4/96.
Bell Island, Dominion No. 2.
 Height on discharge 5 Feet 6 Inches Conception Bay.
 Colour of Hair on discharge Dark Colour of Eyes _____
 Descriptive marks Scars R. Shoulder R. Eye Lam Complexion Fresh
 Figure on discharge Back
 Christian name of Father John
 Christian name of Mother Edith
 Wife's Maiden name in full _____
 Date and Place of Marriage _____
 Christian names of Children _____
 Nature and locality of civil employment desired Electrician

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)

Albert Mercer

Station Wandsworth (Rank) _____ Date 25-1-18

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.

V. E. Brock

Medical Officer i/c Hospital.

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

Date 25 1/18

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service	Years	Days
				COPY SENT TO		
Disallowed ...				India		
Service towards Pension ...				S. Africa		
Date inclusive to which pay has been issued				O.C. H.Q. ST. JOHNS. N.F.L.D.		
Sums due on account of public debts ...				N.F.P. 38. NO. <u>1911/2</u>		
				DATED <u>22 FEB 1918</u>		
				Sum due on account of advance of Pension }		

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. 264 Rank PTe

Name (surname first) Macee Albert

Regiment 15th Newfoundlands

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

Electrician

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.R.38. No. 1011/2
DATED 22 FEB. 1918

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?

Nova Scotia Steel & Coal Co. Bell Island,
Electrician
2 years.
Conception Bay
Newfoundland

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

navigation
Newfoundland

4. What is the name of your Approved Society?

L.O.A.

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

no

Date 24. 1. 18

Signature A. Macee

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 or reclassification in a category from which men are being transferred to Class F. or P.(T) of the Reserve 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. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

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



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Albert Alvarini
aged 18 conducted at Bur Island
Date: Aug. 28th Recruiting Officer: D. J. Power

NO. OF TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no
- 10 good
- 11 good & mumps scarred
- 12 good
- 13 good
- 14 good
- 15 good
- 16 good
- 17 good
- 18 good
- 19 good
- 20 good
- 21 good
- 22 good
- 23 good
- 24 good
- 25 good
- 26 good
- 27 good
- 28 good
- 29 good
- 30 good
- 31 good
- 32 good
- 33 normal
- 34 5 ft 6 in
- 35 125
- 36 32 & 34
- 37 1200.00
- 38 normal
- 39 normal

Signature of Medical Examiner: [Signature]
Fit Albert Alvarini M. D.

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

OCT 5 1921.

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

Albert Mercer

in respect of his service as No. 264 Rank Pte.

Name A. Mercer Royal Nfld. Regt.
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received Victory & British War Medal

Signature Albert Mercer

Date Nov 14th 19-21

Address P.O. Box 68. Salmon River

[P.T.O.]

C.R. 264

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

I certify that I have received a issue of $\frac{3}{8}$ inches
of Riband of British War Medal-1914-1919.

NAME... 264... H. Moeven

(Date)... June... 6th 19/21

(Place)... Bree Islands

C.R. 264

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No

264

Name

John Mercer

Witness.

Elsie Mercer

Date

July 10 - 1915

Place

Bee Island

C.R. 264

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 Star.

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

Name

Ally M. Mercer

Date

26/4/19

Place

St. John's

Please sign this and return to Department of Militia.

C.R. 264

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. 3 for your issue.

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* *Gallipoli* from *Sept 19th* 1915 to *Nov.* 1915.

(Date) *24/4/19.* (NO) *264.* (Rank) *Pte.* (Name) *Murphy, A.*

(Place) *St. John's.*

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

C.R. 264

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

264 Pte. A Mercer

Discharged 10- 4 - 18, Medically unfit

C.R. 264

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 18, 1918.

#264 Pte. A. Mercer..

Having been found Medically Unfit is discharged with effect
from 10/4/18.

C.R. 264

Perm AB

Extract from Preliminary Report from The Director of
Medical ~~Board~~ Service, to Officer Commanding Depot,
dated March 28, 1918.

#264 Pte. A. Mercer.

Recommended Discharge as Permanently Unfit.

C.R. 264

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, March 26, 1918.

The following man reports to Depot on 25/3/18 from
Overseas:-

#264 Pte. A. Mercer.

C.R. 264

Extract from Nominal Roll of repatriation Draft No. 57
received from Pay and Record Office, London, dated February
25th., 1918.

#264 Pte. A. Mercer.

Embarked South Liverpool 23/2/18.

REMOVED LONDON

FOR DISCHARGE.

BC.

C.R.264

Extract from Casualties from Pay and Record Office, London,
dated Feb.20th 1918.

FOR DISCHARGE.

264 Bte. Mercer A.

Reported at 58 Victoria Street 20/2/18, from Depot, Winchester
~~that~~ He has been granted furlough ~~at~~ noon 22/2/18 and ordered
to report at P & R.O. on the latter date for disposal. To be
repatriated.

Auth. for Discharge A.F. B.179

C.R. 264

Extract from Casualties received from Pay & Record Office,
London, dated February 20, 1918.

#264 Pte. A. Mercer. ✓

Reported at 58 Victoria Street, 20/2/18 from Depot
Winchester. They have been granted furlough to noon
22/2/18 and ordered to report at P & R.O. on the latter
date for disposal. to be repatriated.

C.R. 264

Extract of Casualties received from Pay & Record Office,
London, dated February 15, 1918,

FOR DISCHARGE.

#264 Pte. A. Mercer. ✓

ex 3rd London General Hospital, S.W., 1/2/18 is granted furlough
to 10 a.m., 5/2/18 with orders to report at 58 Victoria
Street, for disposal.

Auth:- Auth for discharge A.F.B. 179.

C.R. 264

Extract of Casualties received from Pay & Record Office,
London, dated February 5, 1918.

The following man on pass awaiting repatriation is
ordered to report to the depot at Winchester 5/2/18,
and there to await disposal.

#264 Pte. A. Mercer.

Authority:- Officer i/c records.

C.R. 3523

264 Pte. Albert Mercer.

Ext. of Casualty list received Aug. 29th 1917.

G.S.W. severe "Admitted Wandsworth. #2

JUNDLAND 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 _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **August 29, 1917.**
To **Mrs. Edith Mercer,**
 Bell Island.

**Record Office, London, today reports No. 264,
Private Albert Mercer, has been admitted Wandsworth**

**R.A. SQUIRES
Colonial Secretary**

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated August 24, 1917.

To Mrs. Edith Mercer,

Bell Island.

Regret to inform you that Record Office

London, officially reports No. 264, Private

Albert Mercer, ~~has~~ at First Canadian General Hospital,

Etaples, August seventeenth, suffering from gunshot wounds

in face, right leg, right buttock, right ankle and arms, severe

Upon receipt of further information I shall immedi-

ately wire you and trust that next report will be

of his convalescence.

~~XXXXXXXXXXXX~~, R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

C.R. 264

Extract from Casualties received from P.&.R. Office, London,
Aug. 24th, 1918.

1st Canadian General Hospital Staples. Aug. 17th.

264 Mercer.

Severe G.S.W. face, right leg, right buttock, right ankle
and arms.

C.R. 264

Extract from Nominal Roll of 20 Other ranks which embarked
from Southampton 10/5/18 for B. S. F.

#264 Pte. A. Mercer,

C.R. 264

Extract from Nominal Roll of Nfld. Regt. Draft No.18
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked South-
ampton, 10-12-17.

264 Pte. A. Mercer.

C.R. 264

Extract from Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Southampton.

264 Pte. A. Mercer.

10-12-16.

Bell Island
Oct 26, 1916

C.R. 264

Hon Robert Watson.

Dear Sir.

Do you
remember some time last month, I was
speaking to you concerning my son who
have been with the 1st Regt Regt. for the
past two years. I was anxious to know if
he could get a discharge. if he could not. I
would be pleased to have him ^{home} on furlough
for two or three months, or whatever the
authorities were pleased to allow him. you told
me to write you about this time, & you said
you would send your letter that very day.
I guess you have had a reply before this
time, & I would be very glad to know what
will be granted him. Waiting to hear from
you at your earliest convenience.

I remain yours very anxious.

Mrs Edith Mercer.

or as my son always address his letter. Mrs R. Mercer

31 October 1916.

Dear Mrs. Mercer,

In reply to your letter of 26th instant I beg to inform you that His Excellency the Governor has not yet received an answer to his letter regarding your son.

When a reply is received you will be communicated with immediately.

Yours faithfully,

Private Secretary.

Mrs. Edith Mercer,

Bell Island.

C.R. 264

Extract of Letter from O.C. 3rd Lo.Gen.Hosp. to Officer
i/c Records, Nfld.Cont. 58 Victoria St., Lon. S.W.,

In accordance with your Memo of 30th June I beg to inform
you that the undermentioned man was transferred to the
Con. Home on ~~10~~ 7/16.

#264 Pte. A. Mercer. ✓

To Brooklands Military Hospital, Weybridge.

C.R. 264

Extract of Casualties receive from Pay & Record Office,
London, dated August 3rd, 1916.

264 Pte. A. Mercer. ✓

Discharged from Hospital granted furlough 2/8/16 to
11/8/16. fit for Duty.

C.R. 264

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P & R.O.
July 14th. 1916.

264, Pte A. Mercer. ✓

1 Newfoundland Regt. G.W. 1X (1) L. To Eng. ex 5 Gen
Hosp. 4th July 1916.

C.R. 264

Extract from Casualties received from Pay & Record Office,
London, July, 12, 1916.

The undermentioned man was transferred to Brooklands
Military Hospital, Weybridge. 10-7-16.

264 Pte. A. Mercer.

C.R. 264

Extract of Casualties received from Pay & Record Office,
London, dated July 12, 1916.

#264 Pte. A. Mercer. ✓

G.W. IX (i) L.

Admitted 5th General Hospital, Rouen, July 5, 1916.

C.R. 264

Extract of Casualties received from Pay & Record Office,
London, dated July 31, 1916.

(Extract from Army Form B 213, from O.C. 1st. Nfld. Regt.
dated 11/7/16.)

#264 Pte. A. Mercer. ✓

Wounded in Action 1/7/16.

C.R. 264

Extract of Casualties received from Pay & Record
Office London, dated July 7, 1916.

#264 Pte. A. Mercer. ✓

Gunshot wound Left Foot.

Admitted 3rd London General Hospital, Wandsworth.

July 6th, 1916 S.S. Lanfranc & Egypt.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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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 _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **7 July, 1916.**To **Mrs. Edith Mercer, Bell Island, C. B.**

Regret to inform you No. 264 Private Albert Mercer reported Wandsworth Hospital, wounded left foot.

J. R. Bennett,**COLONIAL SECRETARY.****FOR TYPEWRITER**

C.R.

264

Extract from Nominal Roll of Sick and Wounded from the France Expeditionary Force to the 3rd., London General Hospital, admitted July 6th., 1916.

#264 Pte. A. Mercer

G. S. W. Left Foot.

February 1, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 264, Private Albert Mercer, who was reported at Malta on October 11th suffering from pyrexia, was discharged from Hospital fit for active service on December 15th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mrs. Edith Mercer,
Bell Island.

C.R. 264

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&R.O.
January 2nd 1916.

264, Pte A. Mercer. ✓

1st Newfoundland Dis. to Active Service per H.T. "Shropshire"
ex All Saints C.O.H. Malta 15th December 1915.

C.R. 264

Extract of Casualties received from the Pay & Record Office,
London dated Jan 2nd 1916, from list of sick and wounded N.C.Os
and men of the Expeditionary Force - France, List No. H.A. 4460

264 Pte. A. Mercer.

Dis to Active Service per H.T. "Shropshire" Ex All Saints C.C.H.
Malta Dec. 15th 15.

C.R. 264

Extract of Sick and Wounded N.C.O.s and Men of
the Mediterranean Expeditionary Force, Newfoundland
Contingent.

List No: H.4346.

Discharged ex Hospital in Malta (Fit for Active Service)
and embarked for Egypt H.T. "Shropshire" 15th Dec. 1915.

264 Pte. A. Mercer.

1st Newfoundland Regiment.

✓
M 24

November 24, 1915.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 264. Private Albert Mercer, was admitted to Hospital in Malta ex Hospital ship KARAPARA on Oct. 11 suffering from Pyrexia. This information was received by mail.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

J. R. Bennett
Colonial Secretary

Mrs. Edith Mercer,
Bell Island.

C.R. 764

Extract of Casualty List received from P. & R. O. Nov. 18th. 1915.

264, Pte A. Mercer. ✓

Pyrexia, Malta.

C.R. 264

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force, No. H.2593, dated Oct. 30th. 1915.

264 Pte. A. Mercer

Newfoundland Contingent..... Pyrexia..... Admitted to Hospital
in Malta ex H.S. "Karapara" 11th. October 1915.

C.R. 264

Extract from Nominal Roll of ^A Co. 1st Bn. New Zealand Regt.
Embarked at Devenport for Active Service 20-8-15.

264 Pte. A. Mercer.

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

C.R. 264

Extract from Nominal Roll Embarked St. John's per S.S.
"Florizel" Oct. Oct. 4, 1914.

264 Mercer Albert.

CR 264

ALBERT MERCER was attested for General service
with the NEWFOUNDLAND REGIMENT on SEPT 2, 1914.
Regimental No 264 was allotted to Pte. ALBERT MERCER.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

//
A. Mercer.

264

P. + P. O.

FORM K

No. 159



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert Mercer, Regl. No. 264

hereby agree, until further notification by me, and in similar official 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 payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
		<u>Mother Mrs R Mercer</u>	<u>Bell Island</u>	<u>70</u>
<u>Commencing 1/8/16 in line Form 16.557.</u>				
Total Allotment, \$				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer commanding Company and handed to the Paymaster as authority to make the required payments on application.

NEWFOUNDLAND CONTINGENT.

(Sig.) F. H. Marak ad g...
PAYMASTER & OFFICER I/C RECORDS
Officer Commanding

(Sig.) A. Mercer
(Rank) Plt

Company London

NOTED Aug 3rd 1916

Date 3/8/16 P.R.O. Coy

ORIGINAL



NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 264 (Rank) Private (Name) A. Mueser

hereby apply for cancellation of Allotment made by me on
N.F.P.K.No 557 dated January 23^d 1915 in favour
of Mrs R Mueser for \$ cts. 90
per diem. Such cancellation to take place from (inclusive)
the 1st day of August 1916.

I agree to accept all risks and consequences of this
application failing to reach Headquarters, St. John's, by mail
in time to become operative at above nominated cancelling date;
and that in the event of such non-delivery by mail, and thereby
the Allotment continuing to be paid to the Allottee, I also
agree to such further stoppage as may be thereby necessary
being made against me in the Pay Books, or otherwise to refund
such overdrawn amount or amounts.*

Dated at London
August 3^d 1916

A. Mueser
Allotor.

Approved and Witnessed.
NEWFOUNDLAND CONTINGENT.

J. W. Marshall
for P.M. "Company."
PAYMASTER & OFFICER IN CHARGE RECORDS

*Attention is drawn to the fact that Allotments are payable
by Headquarters per Calendar, not Regimental month, and
therefore reasonable time must be allowed for delivery of
this request at St. John's, in order to become operative.

To be made out in triplicate and sent to the Paymaster & O.I/c
Records, who will forward original to Headquarters by first mail,
duplicate by the following, and retain triplicate.

NOTED
MSA
C. G. M. S.
Date 3/8/16 AO Coy

DUPLICATE

557

A Mercer

264

60mety

911. Mother Mrs R
Mercer

Bell Island = 90

allotment to commence
1st January 1915

= 90

Group Party Capt

Kot George
11 1

A

1915

Albat. Mercer
Private

Admitted 6.7.16.

Army Form W. 3016.

No. _____

Date

Augt-2nd 1916



(1) To the Officer i/c Records,

58 Victoria St

SW.

(Station.)

(2) The Officer Commanding,

Newfoundland Contingent

Qy.

(Station.)

(3) The Paymaster,

58 Victoria St

SW.

(Station.)

Regimental No.

264

Rank and Name

Pte Mercer. A.

Regiment or Corps

1. Infld Contingent

has been granted a furlough from

Augt 2nd

to Augt 11th

His address while on leave will be :-

58 Victoria St

This man has been furnished with a warrant to Victoria and given an advance of £1 (one pound)

I consider he is fit for Duty.

Horace Sagan Capt. R.A.M.C.(T.F.)

Registrar, R.A.M.C.T.

Officer in charge ~~of the~~ London General Hospital,

WANDSWORTH, S. W.

(Station.)

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

Nov 7 1917

Dear Sir.

I'm taking the Liberty of writing
for the purpose of asking if you will
kindly forward my mail to me as I've
Lacey to be here for some time yet.
and since I've been here I've not received
any mail I understand that you
are the mail agent. but if not
would you please pass this over
to who ever may be.

Concluding

I remain yours very truly.

Arthur Mearns Esq

71st Street and Avenue
The Stationary Hospital
Boulevard
France

264.

Rejoined Unit

RE: 19/6/17

141 Main St
Ayr
Scotland
8.8.17

Dear Sir,

Would you please be kind enough to let me know, if the name of Pte. Albert Mercer 264 1st N. F. L. D. Regt has been on any of the Casualty Lists recently. Since he left in February I have been hearing from him every week until the beginning of June, when his letters ceased, so I would be very grateful to you if you could let me know if anything has happened to him.

Sorry for troubling you & thanking you in anticipation,

I am,

Yours Respectfully,
(Miss) May Logan.

1 ST NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	4265
Rec'd.	7/8/17
Ack'd.	
Ans'd.	7/8/17
File No.	

[Handwritten signature/initials]

Brookland General Hospital
Oct 15/17

Paymaster
Newfoundland Contingent

Please pay 2653 Pte. J.C. Turner. Three pounds
& 3-0-0 and charge same to my account

Sgd.
No 264 Albert Mercer

JK
\$ 2.0.0
R. No 4196

No. 18620/1

NEWFOUNDLAND CONTINGENT

N.F.P./79

From:

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

To:

Officer Commanding,
3rd London Gen. Hosp.
Wandsworth

11th December 1917

Subject: 264, Pte. Albert Mercer

With reference to the following telegram (7511) from the Hon. Minister of Militia, received 7/12/17

Pay to 264, Mercer £1:0:0
Xmas gift from Dominion Fire Brigade

Draft £1:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. R. [Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

H. J. [Signature]
for Officer Comdg. Baton
~~1st Newfoundland Regiment~~
3rd London General Hospital,

Received the sum of one ^{Wandsworth S.W.} 18.

one pound on account of cable remittance from Newfoundland.

Soldier to sign here.
Grace A.
No. 264 Rank pte



BRITISH RED CROSS SOCIETY.

COUNTY OF SURREY BRANCH.

PRESIDENT: THE HON. MRS. CUBITT.

NORTH SURREY DIVISION.

ASSISTANT COUNTY DIRECTOR & VICE-PRESIDENT: MRS. LOCKE KING.

TELEPHONE NO. 523 WEYBRIDGE.

From

W
**BROOKLANDS MILITARY HOSPITAL,
WEYBRIDGE.**

264 The Messer W.L.D. has
permission to draw two
pounds from his pay book
Signed *Chayer*
Waton

OK AC.
£2-0-0
21/12/17

Receipt No.
4831



Statement of Accounts

OF

No. 264 Rank Pte Name A. Mercer

Company, etc. Repatriated Per B. B. 25/2/18 class A

From 22/12/17 to 23/2/18 (dates).

DEBITS					CREDITS				
Date					Date				
					21/12/17	Balance		8	7 3 ✓
Period					Period				
22/12/17-23/2/18					22/12/17-23/2/18				
Allotment 70¢ for					Pay & F. Allice,				
64 days @ £44.80	9	4	1 ✓		64 days @ \$1.10				
Payments at Depot	1	10	0 ✓		\$70.40	14	9	4 ✓	
N. W. O. A.	1	14	0 ✓		Ration Allice,				
Hosp. Advances	8	3	6 ✓		1/2/18-5/2/18		10	0 ✓	
P. & R.O. Payments	9	10	0 ✓		5 days @ 2/-				
					21/2/18-23/2/18				
					3 days @ 2/-		8	0 ✓	
					<i>W. W. B.</i>				
Creditor Balance					Debtor Balance				
								9	0 ✓
Total £	24	1	7 ✓		Total £	24	1	7 ✓	

CHECKED. *WPA*

NEWFOUNDLAND CONTINENT
 22, VICTORIA ST.
 LONDON, S.W.
 22 FEB 1918
 PAY & RECORD OFFICE

Certified correct,

NEWFOUNDLAND CONTINENT

Station

Date

CHIEF PAYMASTER & OFFICER IN CHARGE
Paymaster.

No. 264 Rank Pte Name Thomas A.

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			70
Net Rate			40

N.F.P/33
~~8/18~~

A.B.64 Cook in France

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d	
						From	To						
Balance					Balance		8 ⁶ / ₁₇					3 3 5 ✓	
Acquittance Rolls		3	2	4 ✓	Pay @ Net Rate	9 ⁶ / ₁₇	1 ² / ₁₈	238	.40	95	20	19	11 3 ✓
Hospital Advances P.M.A. A.B. 64.		4	13	6 ✓	Ration allow								10 0 ✓
P.&R.O. Payments		5	0	0 ✓	1 ² / ₁₈ do 5 ² / ₁₈ = 5 days	2 ² / ₁₈	20 ² / ₁₈	19	40	7	60	1	11 3 ✓
Payment at Depot (Lunches)		1	10	-	@ 2/-								
		6	12	0									
		5	7	9									
		2	6										
		1	0	0									

~~234-5~~ ✓
 74. 15. 11
 1

CHECKED
 1/2/18
 [Signature]

FOR USE IN THE CASE OF ALL SOLDIERS SENT TO THEIR HOMES UNDER
A.C.I. 1011 OF 1916, PARA. 2(ix.)

No. 2641, Rank 1. Mld. (Regiment).
Plé, Name Mereer. A
is discharged from* 3rd LONDON GENERAL HOSPITAL
with orders to proceed to his home: WANDSWORTH

Address 58. Victoria St.
S.W.

and there to await further instructions as to his discharge from the Service.

Officer Commanding.

Place WANDSWORTH.

H. Jagan
Capt. R.A.M.C.T.

Date 1. 2. 18.

Registrar, R.A.M.C.T.*

*Here enter name of Hospital or Unit from which the Soldier is discharged.

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



If a General Mobilization is ordered every soldier on pass must return immediately to his unit without waiting for instructions.

*2nd Bn. Royal Newfoundl. Regt.
24*

No. _____

Regiment Royal. N. F. L.

PASS.

No. 264 (Rank) Pte (Name) Mercer. A.

2nd Bn. ROYAL NEWFOUNDLAND REGT.
ORDERLY ROOM
Army Form B 295.
(In pads of 100.)

has permission to be absent from his quarters, from

19-2-18 to 25-2-18

for the purpose of proceeding to London

(Station) Hayley Down Camp

(Date) 19/2/18

Cham *Capt* Commanding.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT. LIGHT. COLONEL.

CROWN COPYRIGHT RESERVED.

Private Meteor
 was not on Florizel
 as that ship was bound
 from St Johns, Nfld to
 Halifax, N.S. New York
 He only embarked for Nfld.

NEWFOUNDLAND CONTINGENT,
 & RECORD OFFICE.
 Nos in 3331
 APR 1918
 11/4/18 JH

141 Main St.,
 Apr,
 Scotland,
 10. 4. 18

Dear Sir,

I wonder if you would
 be good enough to tell me, if you
 know if 264 Pte Albert Metcal
 (discharged) sailed in the "Florizel"
 for Newfoundland + if he has been
 lost or if he was one of the
 survivors.

Sorry for troubling you &
 thanking you in anticipation,
 I am,

Yours Respectfully,
 (Miss) May Logan.

X

Notification by President of Medical Board of Approval of a Soldier's
Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records _____

58 Victoria St

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Mercer, Christian names Albert
(in full)

Regt. No. and Rank 264. Pte. Regt. or Corps 1st NFD.
(If T.F. this should be stated.)

His address on discharge will be Bell Island,

Dominion No 2
Conception Bay
Nfld.

This information is for the Central Army Pension Issue Office only. The Soldier states that* _____ allowance is being issued in respect of him.

* Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 3rd London General Hospital
WANDSWORTH S.W.

Date 30/1/18.

John Peyton Capron
President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$46 $\frac{85}{100}$

Apr. 10. th 1918

Received from the First Newfoundland Regiment
the sum of Forty Six $\frac{85}{100}$ Dollars.
on account of Pay when Discharged.
balance

Ch. No. 5195	Initials. F.W.
Pay Ledger. J.H.	Initials. C.E.B.
Gen. Ledger. J.H.	Initials. J.H.

Regtl. No. Rank

C.P.B.

No. 264

Rank Ste

Name A. Mewer

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.⁰⁰/₁₀₀

Mar. 25th 1918

Received from the First Newfoundland Regiment
the sum of Fifteen _____ ⁰⁰/₁₀₀ Dollars.
on account of Pay.
~~Balance~~

et cetera

Ch. No. <u>5077</u>	Initials.....
Pay Ledger... <u>78</u>	Initials <u>lab</u>
Gen. Ledger... <u>78</u>	Initials <u>lab</u>

Regtl. No.

lab
Rank

No. 264

Rank Pte

Name A. Mercer

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 85 $\frac{92}{4}$

Dec 27 1918

Received from the First Newfoundland Regiment
the sum of Eighty Five $\frac{92}{4}$ Dollars.
~~Balance~~ of Pay. P.D.O.

Albert Mercer

Ch. No. 7453 Initials. EW:
Pay Ledger. 361. Initials. awl.
Gen. Ledger..... Initials.....

Regtl. No.....

Rank.....

[Handwritten signature]

No. 264 Rank O6

Name Mercer A

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰/₁₀₀

Mar 10 1919

Received from the First Newfoundland Regiment
the sum of Thirty five Dollars.
~~on account~~ of Pay. Colony
balance

Albert Menees

Ch. No. <u>12514</u>	Initials <u>EW</u>
Pay Ledger <u>361</u>	Initials <u>EW</u>
Gen. Ledger	Initials

Regtl. No. Rank

A. C. J.

No. 26 y

Rank

A-

Name

Mercer G

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 39.90

July 2 1919

Received from the First Newfoundland Regiment
the sum of Thirty Nine ⁹⁰ Dollars.
~~amount~~ of Pay. W.L.G.
balance

Attest / / exec

Ch. No. 2084	Initials
Pay Ledger 361	Initials W.L.G.
Gen. Ledger	Initials

Regtl. No.

A. Cank

No. 264

Rank P6

Name A. Mearns

WWB/ME

July 4. 1919.

Captain Howley,
O. I. C. Pay and Records.

A. Mercer 264 69 Lime Street

A. C. R.

Kindly pay to the man named in the margin the sum of eleven dollars and seventy three cents in payment of Navigation books and charge the same to the Civil Re-establishment Committee.

\$11.73

W. W. McNeill
Vocational Officer. *Albert Mercer*

WWB/ME

July 7. 1919.

Captain Howley,
O. I. C. Pay and Records.

Albert Mercer 264 60 Lime Street.

A. C. R.

Kindly pay to the man named in the margin the sum of thirty dollars in payment of tuition fees for Navigation and charge the same to the Civil Re-establishment Committee.

\$30.00

C. R. Vocational Officer.

ACCOUNT	<i>C. R. Vocational Officer.</i>		
CH. NO.	<i>2493</i>	INITIALS	<i>AW</i>
IND. LEDGER	---	INITIALS	---
PAY LEDGER	---	INITIALS	---
C. LEDGER	---	---	---

Albert Mercer

St. John, July 27, 1919

Received of Mr. Albert W. Messer

Thirty Dollars

as Tuition Fee - Navigation
School

\$

~~50.00~~

A. Dyke

May 2nd, 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. Albert Mercer, No 264, the sum of
twelve dollars and sixty cents in payment of board from
March 3rd to March 10th, and charge same to Civil
Re-establishment Committee.

\$12.60

C. R. B.

ACCOUNT	
CH. NO. <i>18273</i>	INITIALS <i>EW</i>
PAY TO ORDER OF	INITIALS
PAY TO ORDER OF	INITIALS
PAY TO ORDER OF	INITIALS

W. W. Nicholl.
Vocational Officer

Albert Mercer

DUPLICATE
MAIL COPY
Army Form W. 3296.
Filed 31 MAR 1918

Statement of Accounts OF

No. 884 Rank Pte Name A. Mercer
Company, etc. Repatriated Per S. S. 23/2/18 class A
From 22/12/17 to 23/2/18 (dates).

DEBITS				CREDITS				
Date				Date				
				21/12/17	Balance	8	7	3
	Period				Period			
	22/12/17-23/2/18				22/12/17-23/2/18			
	Allotment 70¢ for				Pay & F. Allow.			
	64 days = \$44.80	9	4	1	64 days @ \$1.10			
	Payments at Depot	1	10	0	\$70.40	14	9	4
	N. W. C. A.	1	14	0	Ration Allow.			
	Hosp. Advances	2	3	6	1/2/18-5/2/18			
	P. & R.O. Payments	9	10	0	5 days @ 2/-	10	0	
					21/2/18-23/2/18			
					3 days @ 2/-	6	0	
	Creditor Balance				Debtor Balance		9	0
	Total £	24	1	7	Total £	24	1	7

checked
This account is in accordance with the information received at the Pay & Record Office to 24 2/18 and is therefore subject to audit, if, and as may be necessary.

CHECKED.
[Signature]

NEWFOUNDLAND CONTINGENT
25, VICTORIA ST.
LONDON, S.W. 1
22 FEB 1918
PAY & RECORD OFFICE

Certified correct
[Signature]
CHIEF PAYMASTER & OFFICER IN CHARGE
Paymaster.

Station _____
Date _____

DUPLICATE
MAIL COPY

Army Form W. 3296.

Filed 31 MAR 1918

Statement of Accounts

OF

No. 964 Rank Pte Name A. Mercer
 Company, etc. Repatriated Per S. S. 23/2/18 Class A
 From 22/12/17 to 23/2/18 (dates).

DEBITS				CREDITS			
Date				Date			
	Period			21/12/17	Balance		8 7 3
	22/12/17-23/2/18				Period		
	Allotment 70% for				22/12/17-23/2/18		
	64 days = 344.80	9	4 1		Pay & F. Allow.		
					64 days @ 5.10		
	Payments at Depot	1	10 0		570.40	14	9 4
	N. W. C. A.	1	14 0		Ration Allow.		
	Hosp. Advances	2	5 6		1/2/18-5/2/18		
	P. & R.O. Payments	9	10 0		5 days @ 2/-	10	0 0
					21/2/18-23/2/18		
					3 days @ 2/-	6	0 0
	Creditor Balance				Debtor Balance		9 0
	Total £	24	1 7		Total £	24	1 7

CHECKED.
(Signature)

NEWFOUNDLAND COMPANY
 VICTORIA ST.
 LONDON, S.W.
22 FEB 1918
 PAY & RECORD OFFICE

Certified correct

(Signature)
 CHIEF PAYMASTER & OFFICER IN CHARGE
 Paymaster.

Statement of Accounts

Army Form W-200
 Revised 31 MAR 1916

Rank _____ No. _____ Name _____ A. Street _____

Company, etc. _____ Reassigned For S. S. _____ 25/3/18 class A

in _____ 22/12/17 to _____ 25/3/18 (dates)

DEBITS				Date	CREDITS			
				21/12/17	Balance	8	7	5
Period					Period			
22/12/17-25/3/18					22/12/17-25/3/18			
Allowment 70% for					Pay & P. Allow.			
64 days @ \$44.80	9	4	1		64 days @ \$1.10			
					\$70.40	14	0	4
Payments at Depot	1	10	0		Ration Allow.			
N. W. C. A.	1	14	0		1/2/18-5/3/18			
Hosp. Advances	9	3	6		5 days @ 2/-	10	0	
P. & B. C. Payments	9	10	0		21/2/18-25/3/18			
					3 days @ 2/-	6	0	
Creditor Balance					Debtor Balance			
Total					Total			

This account is *checked* in accordance with information received at the Pay & Record Office to *22 2/18* and is therefore subject to amendment if, and as may be deemed necessary.

Certified _____



3rd 6 / 12
Commission No
Bee Island

Dear Sir,

Kindly forward
me a discharged ledger
if I'm entitled to the
same, as I've not yet
received one.
Yours truly
Albert Mercer

Statement of Accounts

No. 334 Bank Pta Name A. Sawyer
 Company, etc. Repaired for S. S. 22/2/18 class 1
 From 22/12/17 to 25/2/18

DEBITS				CREDITS			
Date	Description	Yr.	Mo.	Day	Yr.	Mo.	Day
					21/12/17	Balance	8
	Period						
	22/12/17-25/2/18					Period	
	Allocation 70¢ for	9	4	1		22/12/17-25/2/18	
	64 days = \$44.80					Pay. & F. Allos.	
						64 days @ \$1.10	
	Payments at Depot	1	10	0		\$70.40	14 9
	N. W. C. A.	1	14	0		Ration Allos.	
	Hosp. Advances	2	3	6		1/2/18-5/2/18	
	P. & R.O. Payments	9	10	0		5 days @ 2/-	10
						21/2/18-23/2/18	
						3 days @ 2/-	6
	Creditor Balance					Debtor Balance	
						Total	

Checked

This account is in accordance with information received at the Pay & Record Office to 22/2 /18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED

Station _____ Date _____
 Certified correct _____

Statement of Accounts

OF

No. 264 Rank Pte Name A. Mercer
 Company, etc. Repatriated Per S. S. 23/2/18 Class A
 From 22/12/17 to 23/2/18 (dates).

DEBITS				CREDITS					
Date				Date					
				21/12/17	Balance	8	7	3	
Period				Period					
22/12/17-23/2/18				22/12/17-23/2/18					
Allotment 70% for				Pay & F. Allow.					
64 days = \$44.80	9	4	1	64 days @ \$1.10					
Payments at Depot	1	10	0	\$70.40	14	9	4		
N. W. C. A.	1	14	0	Ration Allow.					
Hosp. Advances	2	3	6	1/2/18-5/2/18					
P. & R.O. Payments	9	10	0	5 days @ 2/-		10	0		
				21/2/18-23/2/18					
				3 days @ 2/-		8	0		
Creditor Balance				Debtor Balance				9	0
	Total £	24	1	7	Total £	24	1	7	

This account is ^{checked} in accordance with information received at the Pay & Record Office to 22/2/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED.



Station _____

Date _____

Certified correct,

F. H. M. Massey
CHIEF PAYMASTER & OFFICER IN CHARGE



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

April 12th, 1918. *191*

112

From Officer Commanding,
Depot.

To Paymaster and Officer i/o Records,
Department of Militia.

264 Private Mercer, A.

Above mentioned man was recommended for discharge as permanently unfit by Medical Board held on March 27th, 1918.

I am sending him herewith for your attention and necessary action, please.


Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

Certificate to be signed by the Soldier on date of discharge

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date.

Name Alton Wences Sig. of Soldier Alton Wences Date Apr 14th 1918.
Place St. John's Field of Witness G. L. Deane S. S.

Despatching
Office
Stamp.

ST. JOHN'S
MOUNTAIN
18
NEWFID

No. 796

From Dept of Militia

Registered Letter Addressed

Albert Mercer Esq.
Bele Island.

Arrival
Office
Stamp.

Received by

J. B. [Signature]

FORM K

No. 557



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, A Mercer, Regl. No. 264

hereby agree, until further notification by me, and in similar official form, to make an Allotment of _____ Dollars and Twenty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
371	Mother	Mrs B. Mercer	Bell Island	= 90
allotment to commence. 1 st January 1915				
Total Allotment, \$				= 90

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Geop Hart Bapt

Officer Commanding
A Company

York George
11 21 1915

(Sig.) Albert Mercer

(Rank) Private

DUPLICATE ORIGINAL



FORM K.

No. 159

NEWFOUNDLAND CONTINGENT.

ALLOTMENTS.

I, Albert Mercer Serial No. 262

hereby agree, until further notification by me, and in similar official 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 payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz:-

Identity Certif. No.	Whether Wife, Child, other Relative or Friend.	NAME (in full)	ADDRESS.	AMOUNT (each person.)
	Mother	Mrs R Mercer	Bell Island Newfoundland	- 70
	In line	Form K.557		

This Allotment to Commence from (inclusive) 1/8/16 1916

Note:- This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer commanding Company and handed to the Paymaster as authority to make the required payments on application.

NEWFOUNDLAND CONTINGENT

(Sig.) J. H. Marshall 2nd Lt

for London Officer Commanding, PAYMASTER & OFFICER I/C COMPANY.

(Sig.) A. Mercer

London

Aug: 3rd 1916

(Rank) Pvt

NOTED
11/8/16
 Date 3/8/16 RPB Coy

COPY



FORM K.

No. 159

NEWFOUNDLAND CONTINGENT.

ALLOTMENTS.

I, Albert Meccer Serial No 264

hereby agree, until further notification by me, and in similar official 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 payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and/or Persons concerned, viz:-

Identity Certif. No.	Whether Wife, Child, other Relative or Friend.	NAME (in full)	ADDRESS.	AMOUNT (each person)
	Mother	Mrs R Meccer	Bell Island Newfoundland	- 70
	In line	Form. K. 557		

This Allotment to Commence from (inclusive) 10/16 1916

Note:- This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer commanding Company and handed to the Paymaster as authority to make the required payments on application.

NEWFOUNDLAND CONTINGENT.

(Sig.) J. H. Marshall 2nd Lt
 for London
 Officer Commanding
 PAYMASTER & OFFICER IN CHARGE COMPANY.

(Sig.) A. Meccer

August 3rd 1916

(Rank) Pvt.

NOTED
 M.P.B.
 Date 3/16 P.R.O. Cdy

H.F.R./62

No. 25

From Pay & Record Office, London

To Minister of Militia, St. John's, Nfld.

#264 Pte. A. Mercer

2 Shoulder Titles @ $1\frac{1}{2}$ d. each 3d.

SEPARATION ALLOWANCE.

Claimant..... *Mercer, Edith (mother, widow)*

On account of *Albert Mercer* No. *264* Rank. *Pte*

Decision..... *Approved*
.....
.....
.....

W. J. Russell
.....
W. J. Russell Lieut. Col.
M. Bowley Capt

Date..... *17/5/19*.....

Instructions.....
.....
.....
.....

Allotment of *70[¢]* per *day* payable to *Mr R Mercer*
his *mother* from *11/1/15* to *31/3/18*

Discontinued on account of *being discharged*
L. Pike Sgt

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
Albert Mercer Private W 20184 264
2. Age of soldier. Married or Single.
17 1/2 No Single
3. Name in full of mother. Age. Occupation. Permanent Address.
Edith Mercer 34. Bell Island.
4. Give name of your husband. Age. Occupation Where Employed.
Arben Mercer 38. Fisherman Sacqueh
5. If your husband is not supporting you state the reason.
dead
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
7. If you are a widow, state date and place of death of your husband.
died Tilt Cove Sept 6th 1912
8. Have you married again since death of above mentioned husband?
Yes Married May 6th 1918
9. Names of your other children. Address in full. Age. Occupation Married or Single.
*Solice Mercer 12 yrs
Blady — 9 "
Herbik — 7 "
Maud — 5 "*

10. State amount earned by (a) Yourself *Nothing*
 (b) Your husband *at \$60.00 per month*
-
11. State amount and source of any other income. *none*
-
12. State value of real property belonging to you and your husband. *none*
-
13. State value of personal property belonging to you and your husband. *none*
-
14. If husband is dead state value of real and personal property left by him. *none*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *at \$40.00 per month*
-
16. Was this amount contributed weekly or monthly. *monthly*
-
17. Did this amount include payment of son's board, etc. *Yes.*
-
18. State your son's trade or occupation prior to enlistment. *Electrician*
-
19. State amount of his wages per week. *~~~~~*
-
20. State name and address of his last employer. *W. A. Scott's Sleds & Coal Co. Pa.*
-
21. State amount of monthly support from son since enlistment. *left 90¢ per day until Sept 1916 when wounded then changed to 70¢ per day.*
-
22. State amount of allotment received by you from son since enlistment. *~~~~~*
-
23. State from what date did you receive allotment? *January 1915*
-
24. Actual amount contributed by other children. Weekly Monthly *Nothing*
-
25. Are any of these children in the employ of you or your husband? *No.*

26. If not receiving support from other children, state cause. Explain fully. *too young*

27. With whom are you residing at present? *husband.*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *applied to magistrate but did not receive the papers*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *\$2.00 per week*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No*

32. In what capacity and in what place?

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No.*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant.... *Edith Greer, Program*

Place of Residence..... *Beil Island*

Declared and subscribed before me at..... *Beil Island*

this..... *3rd* day of *April*..... 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *Ed. Taylor J.P.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *P. B. Sainbury, Asst. S. Army*

Signature of member of the Patriotic Fund Committee.

W. M. Burt
Secy. Inan Patriotic Committee
Beil Island

May 26, 1919

Mrs. Edith Mercer,

Bell Island, C.B.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been granted you, and I enclose cheque for Seven hundred and seventy-four dollars (\$774.00) in payment of same.

Yours truly

Captain,
Paymaster & O.i/c Records