



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3820 Name Chesley Mercer Corps S. A.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>Chesley Mercer</u> |
| 2. What is your full Address?..... | 2. <u>32 Mc Kay St</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Blacksmith</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... | 10. { Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Chesley Mercer.....do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Fre-5-17 Brendan Smith.....Signature of Witness. WAR

Chesley Mercer.....do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 28 day of May.....1917

Signature of Attesting Officer B. Grace

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1917

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Chealey Mercer
 Apparent age 18 years — months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac Mercer
329 Mc Kay St | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.	(b) Place and date of marriage.	(c) Present address.	(d) Initials of Officer verifying entry.
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards limited engagement reckons from _____									Signature of Officers certifying correctness of entries	
Joined at _____ of _____										
Total Service forfeited as above.....										Signature of Officers certifying correctness of entries
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days										
Pensions " _____ [" "] _____ " _____ "										

3820



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3820 Name Chesley Mercer Corps S A

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Chesley Mercer
2. What is your full Address? 2. 32 King St
3. Are you a British Subject? 3. yes
4. What is your age? 4. 16 Years Months
5. What is your Trade or Calling? 5. Blacksmith
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. yes
9. Are you willing to be enlisted for General Service? } 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps S A
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. yes

I, Chesley Mercer do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Fre 5 17 SIGNATURE OF RECRUIT.
Broadan Smith Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Chesley Mercer do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 28 day of July 1917
Signature of Attesting Officer Broadan Smith

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date 191
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Chesterley Mercer
 Apparent age 18 years — months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac Mercer
32 Mc Kay St | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(c) Present address.		(d) Initials of Officer verifying entry.	
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>28-5-17</u>									
Joined at <u>St John's</u> on <u>May 28th 17</u>									
<u>Discharged March 11/1919</u>									
<u>Embarked St John's St. George's to Halifax N.S. 4th 17</u>									
<u>Embarked for St. J. 27-9-18</u>									
<u>Joined Bath House 4-10-18</u>									
<u>Transferred from B.C.S. to Waverley 19-1-19.</u>									
<u>To Newfoundland for demobilization 30-1-19.</u>									
<u>Arrived Newfoundland 7-2-1919.</u>									
<u>Demobilization St John's 11-3-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-3-19</u> [date of discharge] <u>1</u> years <u>288</u> days									
Pensions " " " " " " " " " " " "									

C.R. 3820

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT
DEPOT ST. JOHN'S, MARCH 12th/19.

The discharge of the undernoted on Demobilization has
been CONFIRMED by Officer i/c Records on
11/3/19.

3820 Pte. Chesley Mercer.

C.R. 3820

Extract from General Roll of Draft No. 57 embarked Southampton 8/2/18
from 2nd Batta, Royal Newfoundland Regiment, to 1st Batta, Royal
Newfoundland Regiment. N.F.

3820 Pte. Foote, H.

MP.

C.R. 3820

Extract from Daily Orders part II, Depot St. John's dated Feb. 28, 1919.

The discharge of the undernoted on demobilisation have been APPROVED
by O. C. Discharge Depot on 25-2-19.

#3820 Pte. Chesley Mercer.

C.R. 3820

Extract from Daily Orders Part II Unit The Royal Field
Regt. St. John's, 11-2-19.

The unaccounted returned from Overseas and reported
to Depot, 7-2-19.

Repatriated on account of Demobilization.

3820 Pte. Chesley Murcer.

C.R. 3820

Extract from Nominal Roll of the Mfld. Regt. St. John's,
Embarked S.S. Corsican, Jan. 30th, 1919.

3820 Mercer.

C.R. 3820

Extract from Nominal Roll of the Royal Wfld. Regt.
Strength 24-1-19.

The undermentioned who was transferred from B.E.F.
to the 2nd Bn., Winchester, 19-1-19, awaiting repatriation.

3820 Pte. C. Mercer

NEWFOUNDLAND CONTINGENT.

C.R. 3820

Extract of Nominal Roll of Draft No. 40; 80 Other Ranks from 2nd. Bn.,
Royal Newfoundland Regiment, Winchester, to 1st. Bn., Royal Newfoundland
Regiment, B. E. F.

Embarked Southampton, 27/3/18.

3820 Pte. C. Mercer.

C.R. 3820

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Florissel" Oct. 4, 1917.

3820 Pte. C. Mercer.

C.R. 3820

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt., St., John's, May. 28th, 1917.

3820 Pte. C. Mercer.

Attested this day, posted to F. Company and assigned to
number as shown.

81 A

Yd 103

9

Whaley call

1 Suit-Underware. Lot. 3820 N. Jones C.
2 Pair socks
2 Top ~~socks~~
1 Pair socks
1 King bag
1 Best coat

Date **EXHIBIT FROM STATEMENT OF A/C TO 30-1-19 FROM PAY & RECORD**

RECEIVED EFFECTS VE VROZE MOLE
OFFICE, LONDON

Director
Mr. [unclear]
Mr. [unclear]



3820 Pte. Mercer, E. Cr. Bal. £9:19:5 plus 1 day's pay (31-1-19)

Director
Mr. [unclear]

This transferred to Pay Office 14-3-19

Director
Mr. [unclear]

Director
Mr. [unclear]

Director
Mr. [unclear]

Director
Mr. [unclear]

Director
Mr. [unclear]

b. Mercat.

3820.

P. & P. O.

Nº 3530



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Chester Mercer*, Regl. No. *3820*

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and *fifty* 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.:

Allotment begins *August 1/17*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3238	<i>mother</i>	<i>Mrs Isaac (Lizzie) Mercer</i>	<i>37 St. Kay St City</i>	50 <i>50</i>
			Total Allotment, \$	<i>50</i>

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.) *[Signature]*
 Officer Commanding
 Company
July 20 1917

(Sig.) *[Signature]*
 (Rank)

No 3820 Name

*Mc Murrin, C.*Sqn., Batty.,
or Company*C*

Corps

*24 Royal Newfled*Date of
enlistment*28.5.17*G.C.
BadgesService or
Proficiency PayDate of last entry in
Company Conduct SheetNo. and date
of last drunkPeriod not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.*W. G. Garland
2nd Lieut*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>1001</i>	<i>1/11/18</i>	<i>Priv.</i>		<i>Disorderly from 2 P.M. until 3 P.M. next day</i>	<i>Capt. Potts</i>	<i>2 days CC</i>	<i>2/11/18</i>	<i>W. Williams</i>	<i>Capt.</i>

ARMY FORM B, 122

[P.T.O.]

Mercer, C

3820

Gay Sept.

March 11, 1919

#3820 Pte. Chesley Mercer,

#32 McKay St.,

City

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 1155."

Yours truly,

Captain,
Paymaster & O.i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3820 Rank Private Name Mercer C.
 Intended place of residence 32 Bay St St Johns.
2. Occupation Blacksmith.
 Classification of soldier E. Medical Category AT
3. The above named man is discharged in consequence of DEMOBILIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place FEB 25 1919 Wiley Capt
 Date FEB 25 1919 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Place and date ST. JOHN'S
25-2-19 [Signature]
 Signature of soldier
[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
24. 2. 19. [Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 28.5.17 No of days on Military
 Discharged from service 25.2.19. Plus 29 days Service 653 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S R.H. Sait Capt
FEB 25 1919 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St Johns. Nfld. [Signature]
 Date March 11/1919 Officer in Charge
 The Royal Newfoundland Regiment

22 B 20 79/1155

14
 20
 31
 31
 30
 21
 20
 31
 31
 28
 11
 18

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5820 Rank Private Name Glennard P.
 Date of Enlistment 28.5.17 Address 32 Mt. Kaye St. District St. John's
 Occupation Blacksmith Classification for Discharge E Medical Category H.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 22.2.19

W. May Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

6 pieces
Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable # 65.00
 (b) ~~Clothing Supplied~~ Joseph A. Brown print

Date 25-2-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at *Pt. Toberm* and Release Certificate No. *1202* issued.

Date *25-2-19* *C. D. Dicks Capt.*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to *11-3-19*.....

Date *25-2-19* *M. H. M. Capt.*
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for *25. 2. 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....	<i>1238</i> " 6.....		
B 179c.....	B 120.....	M 93.....			

Date *25 2 19* *C. D. Dicks Capt.*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners. .

with following additional documents.

Eligible for War Service Gratuity

FEB 25 1919

Date *R. H. Sait Capt.*
O. C. Discharge Depot.

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

Date

9B
WR

38C

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

MEDICAL HISTORY

OF

Surname Morris Christian Name Sheley

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>28</u> day of <u>May</u> 191 <u>7</u> at <u>Headquarters</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>18</u> years — days		years	days
Trade or Occupation	<u>Blacksmith</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches
Weight	<u>129</u> lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches			inches
	Range of Expansion... <u>5</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paxson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St Johns</u> on <u>28</u> day of <u>May</u> 191 <u>7</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>4th Bn. D. 8820</u>			
Became non-effective by				
	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)	<u>Wfld Lt. 256</u>			
(Rank)				

Table II.—Only for admission to hospital or to the sick list in 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, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Month	Year	Day	Month	Year				
1st SCOTISH GENERAL HOSPITAL STORMHILL GLASGOW	12	11	14	23	11	17	12	<p>3rd Dec 18.</p> <p>Transferred to ward 9th for syphilis treatment. Epinephrine in lotion</p>	Dr Walter C. Cameron
3 rd Scottish General Glasgow	23	11	14	14	12	17	22	<p>3 urgent Kharman 2 inject N^o 7 no active sign - may travel to depot - to return for further treatment 17.12.17, 24.12.17, 2.1.18 9.1.18, 16.1.18 - Has 4 N^o 7 injections & 3 Kharman injections in all - when sent transferred to Dundee - Dr Ford advised to complete course</p>	<p>Mathison H. G. Cook</p> <p>Dr Walter C. Cameron</p>

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work as Blacksmith

[Handwritten Signature]

Signature of Man.

[Handwritten Signature]

Signature of the Vocational Officer or his Representative.

Reg. No. *3820*

Place *St John's*

Date *25/2/19*

The Royal Newfoundland Regiment

Class for Demobilization:
E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *2-19*

Regimental No. *3920*

Name *M. Green*, *C. Myles*, *etc*

Address

Present Medical Category..... *A1*

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board

R.H. Sant Capt.
O.C. Discharge Depot.
S. Paterson
Senior Medical Officer
J.W. Burden
M. O. Depot



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full *Charles Hince*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *3820*
 Intended address *37 St. Kay Street*
 Height on discharge *5 Feet 8*
 Color of hair on discharge *black*
 Complexion *Fairish*
 Color of eyes *Brown*
 Descriptive Marks *—*
 Figure on discharge *Medium*
 Christian name of Father *James*
 Christian name of Mother *Eizabeth*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*
 Place and date of soldier's birth *St Johns 24-8-1900*
 Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Charles Hince*

Station *St Johns*

Date *18-2-19*

(Rank)

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Station

Date

SYPHILIS CASE-SHEET.

Regtl. No. *3820* Rank and Name *Pte Marcus Chesley* Corps *41 N.Y.L.D*

Placed on Syphilis Register *Scottish General* on *23. 11. 17* No. in Register

Disease contracted at *Daly or Coyt.* Primary sore appeared on (date) *8. 11. 17.*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Sore under prepuce at frenum*

Lymphatic glands *Inguinal glands indurated*

Skin (nature and distribution of rash)

Mucous membranes

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

present.

Examination of blood serum—Method employed (original or modification)

Wassermann reaction (Result (positive or negative))

Station *Scottish General* Date *23. 11. 17*

Signature of M.O. *J. Hutchison*

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line,
 e.g., "Blood test due 15.5.14."
 The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Wassermann Reaction		Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
				Normal (N.) Albumen (Alb.)	Method (Original (O.) Modification (M.))	Result (Positive (+) Negative (-))	Intravenous Injection. Dose in grammes	Intramuscular injection. Dose of Metallic Mercury in grammes.	Inunctions or Oral (Preparation and dose)	Other Methods	
3rd Scottish General	23.11.17	Admitted to Hospital									Arthur Luff
"	"	Spirochaeta positive									Luff
"	26.11.17		150	N			4grms		Gr. 1.		Luff
"	"			N			4grms				Luff
"	30.11.17										Luff
"	3.12.17								Gr. 1.		Luff
"	5.12.17		152	N			4grms				Luff
"	10.12.17	No active signs: Discharged 14.12.17.									Luff
"	17.12.17								Gr. 1.		Luff
"	24.12.17		153	N			6grms	Gr. 1.			Luff
"	2.1.18		154	N			6grms	Gr. 1			Luff
"	9.1.18	Ward transferred to Isolation.		N			6grms	Gr.			Arthur Luff

DEPARTMENT OF MILITIA

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

1. Christian name... *Cahesley* 2. Surname... *Mercer*

3. Rank... *Private* 4. Regt. No. *3820*

5. Address in full to which future payments of gratuity are to ~~be~~ be forwarded... *Cahesley Mercer*

..... *32 Mackay St. St. John's*

6. Date of enlistment in the Regiment... *28th May 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Elizabeth Mercer*

8. Relationship of such dependents..... *Mother*

9. Address in full of such dependent... *32 Mackay St. St. John's*

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

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.... *No*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *21 Months*

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

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

No

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

No

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

No

17. Are you entitled to receive, or have you received any Gratuity in the nature of post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

No

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

No

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

Not applicable

19. Are you now serving in the Regt.? ... If not give:- (a) Date of discharge.. *13th March 1919* (b) Reason for discharge.....

Not required

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

Amaters, Express, Flanders -

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If so, are you in receipt of full pay and allowances from that Committee.....

No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant:

Henry Merson

Place of Residence:

32 McKay St

Declared before me at:

This *Fourteenth* day of *March* 19*19*

Joyce D. Munn

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



POST DISCHARGE PAY:

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4 mos.</i>	<i>280.00</i>
.....
.....

Certified Correct.

Prynaster.

No 3530



41ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Chester Mercer, Regl. No. 3820

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 00 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.:

Allotment begins August 17/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3238		mother of <u>James (Lizzie) Mercer</u>	<u>37 N. Kay St</u> <u>St. John's</u>	60 50
Total Allotment, \$				50

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.) GC [Signature] Capt
Officer Commanding
Company
St. John's N. F.
July 20 1917

(Sig.) [Signature]
(Rank) [Rank]

Aug 7 1920

Major Howley
O. I. C. Records

Please pay to C. Mercer, 3820
the sum of sixty dollars
in payment of P. & A. Bonus
and charge sameto Civil Re-establishmnet Committee

\$60.00

Pension Nil

C.R.

ACCOUNT	
CHK. NO.	<i>1503</i>
INT. LEDGER	
PAY LEDGER	
GEN. LEDGER	

B. Butler
for Vocational Officer

C. Mercer

Casualty Form—Active Service.

C.R.

Regiment or Corps *1st Royal Newfoundland*

Rank *Pte* Surname *Mercer* Christian Name *Ches*

Religion *S. A.* Age on Enlistment *18* years *—* months

Enlisted (a) *28.5.17* Terms of Service (a) *Duration* Service reckons from (a) *28.5.17*

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation *Blacksmith* *L. F. Garland* Signature of Officer

Report		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.
Date	From whom received				
			Embarked <i>27 MAR 1918</i>		
			Disembarked <i>29 MAR 1918</i>		
			Joined Battalion <i>4.4.19</i>		
		Transferred to U. K. <i>for Repatriation</i>			<i>Corps 3/6.</i>
		<i>J.M.S.</i>			<i>Capt. Col</i>
			Officer to No 1 Infantry Section		
			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) Signaller, Shoeing Smith, &c.
 W. 2025-312731 2000u 9/17 (35011) C. P. & S., Ltd., Form B./103 E/1907. P.T.O.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of 1st Newfoundland.

Number of Sheets First
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Mercer Ches.</u>	Age on	<u>18</u> years - months	<u>Blacksmith</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>28-5-17</u>	Religion	
Joined	Date			<u>S.A.</u>	
Joined	Date	Period of	with Colours <u>288</u> years. with Reserve <u>365</u> years.	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's, 11 ³/₁₉</u>					

To be carried over

13820

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5820 Rank Private Name James P.
 Date of Enlistment 28.3.17 Address 52 St. John's District St. John's
 Occupation Blacksmith Classification for Discharge E5 Medical Category HT
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	1258	" 6
B 179c	B 120	M 93		

Date 22.2.19 W. Kelly Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

James P.
 Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 60.00
- (b) Clothing Supplied Joseph A. Newcomb

Date 25-2-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1202 to his home at Pt 10 km and Release Certificate No. 1202 issued.

Date 25-2-19

C. S. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-3-19

Date 25-2-19

W. H. B. S.
W. H. B. S.
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY 1919

Discharge approved for 25. 2. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	5000
B 178a	D 400A	B 1915	do 2nd	" 3	2
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2	<u>1238</u>	" 6	
B 179c	B 120	M 93			

Date 25. 2. 19

C. S. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

FEB 25 1919

Date

R. H. L. J. J.
O. C. Discharge Depot.

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

Date March 11 1919

W. H. B. S.
W. H. B. S.

Reg. No. 3820 Rank Plt Name Merces, Chas.

Attested Address 37 Mc Kay St.

Allotment Allottee

Date of Allotment Returned from Overseas 2-19

Embarked for Overseas Cause Discharge

FEB 22 1919

PASSED TO DEMOBILIZATION OFFICER.

25-2-19.

DISCHARGE APPROVED ON DEMOBILISATION.

9B
WR

38C

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

MEDICAL HISTORY

OF

Surname Marcus

Christian Name Chealey

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>28</u> day of <u>May</u> 191 <u>7</u> at <u>Headquarters</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>18</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Blacksmith</u>		_____	
Height	<u>5</u> feet <u>6</u> inches		_____ feet _____ inches	
Weight	<u>129</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>37</u> inches		_____ inches	
	Range of Expansion... <u>5</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	_____
	L. E.—V=	<u>6/6</u>	L. E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
	(b) _____		(b) _____	
Approved by (Signature)	<u>Samuel Peterson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u> on <u>28</u> day of <u>May</u> 191 <u>7</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>4th Bn. D. 8820</u>		_____	
Became non-effective by	_____		_____	
(Signature)	<u>Wfld Lt. 256</u>		_____	
(Rank)	_____		_____	

Table II.—Only for admission to hospital or to the sick list in 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, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer		
	Month	Year	Day	Month					Year	
4th SCOTTISH GENERAL HOSPITAL STORMHILL GLASGOW	12	11	14	23	11	17	Syphilis 42	12	3 rd Dec 18. Transferred to ward 9 th for syphilis treatment. Eruptions in latitude	Shalton C. Pomeroy
3 rd SCOTTISH GENERAL GLASGOW	23	11	14	14	12	17	Syphilis (42)	22	3 injct Kharwa 2 injct N9 no active sign - may travel to depot - to return for further treatment 17.12.17, 24.12.17, 2.1.18, 9.1.18, 16.1.18 - Had 4 4g injections & 3 Kharwa injections as attached, then sent transferred to Dundee - Dr. Ford advised to complete course	Shalton C. Pomeroy Shalton C. Pomeroy

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work as Blacksmith

[Signature]

Signature of Man.

[Signature]
Signature of the Vocational Officer or his Representative.

Reg. No. *3820*

Place *St. John's*

Date *25/2/19*

191

The Royal Newfoundland Regiment

Class for Demobilization

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

18-2-19

Regimental No. *3920*

Name *M. M. M. C. M. S. S.*

Address

Present Medical Category *A-1*

Recommended for:—

- (a) Immediate discharge
- (b) ~~Standing~~ Medical Board

Members of Board

R. H. Hart Capt.
O.C. Discharge Depot.

S. P. Petersen
Senior Medical Officer

J. W. Burden
M. O. Depot



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. & C. Records together with the remainder of the man's documents.

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

Name in full *Charles Hester*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *3820*
 Intended address *37 McKay Street*
 Height on discharge *5 Feet 8*
 Color of hair on discharge *Black*
 Complexion *Fair dark*
 Color of eyes *Brown*
 Descriptive Marks *—*
 Figure on discharge *Medium*
 Christian name of Father *James*
 Christian name of Mother *Elizabeth*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*
 Place and date of soldier's birth *St Johns 24-8-1900*
 Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Charles Hester*

Station *St Johns*

Date *18-2-19*

(Rank)

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Station

Date

SYPHILIS CASE-SHEET.

Regtl. No. *3820* Rank and Name *Pvt. Marco. Chesley* Corps *71 7.7. L.D*

Placed on Syphilis Register *Scottish General* on *23. 11. 17* No. in Register

Disease contracted at *Daly or Coyt.* Primary sore appeared on (date) *8. 11. 17.*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *sore under prepuce at frenum*

Lymphatic glands *Inguinal glands indurated*

Skin (nature and distribution of rash)

Mucous membranes

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *present.*

Examination of blood serum—Method employed (original or modification)

Wassermann reaction (Result (positive or negative))

Station *Scottish General* Date *23. 11. 17* Signature of M.O. *J. Hutchison*

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."
 The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Wassermann Reaction		Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)	
				Normal (N.) Albumen (Alb.)	Method (Original (O.) Modification (M.))	Result Positive (+) Negative (-)	Arsenical		Mercurial			Other Methods
							Intravenous Injection. Dose in grammes	Intramuscular injection. Dose of Metallic Mercury in grains.	Inunctions or Oral (Preparation and dose)			
3rd Scottish General	23.11.17	Admitted to Hospital										
"	"	Spirochaeta positive										
"	26.11.17		150	N		4grms		Gr. 1.				
"	"			N		4grms						
"	30.11.17											
"	3.12.17											
"	5.12.17		152	N.		4grms		Gr. 1.				
"	10.12.17	No active signs: Discharged 14.12.17.						Gr. 1.				
"	17.12.17							Gr. 1.				
"	24.12.17		153	N		6grms		Gr. 1.				
"	2.1.18		154	N		6grms		Gr. 1				
"	9.1.18	Ward transferred to Dermatology.		N		6grms		Gr.				

Handwritten signatures and initials in the right margin, including names like "Methuen" and "Cox".

DEPARTMENT OF MILITIA

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Cheesley* 2. Surname... *Mercer*
3. Rank... *Private* 4. Regtl. No. *3820*
5. Address in full to which future payments of gratuity are to ~~be~~ be forwarded... *Cheesley Mercer*
32 Mackay St. St. John's
6. Date of enlistment in the Regiment... *28th May 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Elizabeth Mercer
8. Relationship of such dependents..... *Mother*
9. Address in full of such dependent... *32 Mackay St. St. John's*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *No*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *No*
12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *2 1/2 Months*

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

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

No

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

No

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

No

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

No

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

No

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

Not applicable

19. Are you now serving in the Regt.? .. If not give:- (a) Date of discharge.. *13th March 1919* Reason for discharge.....

Not required

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

Arranters, Ipress, Flanders -

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (a), are you in receipt of full pay and allowances from that Committee.....

No

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant:

Charles Merson

Place of Residence:

32 Michop st

Declared before me at:

This *fourteenth* day of *March* 19*19*

Joseph D. Munn

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



POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due	
			<i>4 mts.</i>	<i>280.00</i>	
Certified Correct.					Pryster.



*4*1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Charles Mercer*, Regl. No. *3820*

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and *fifty* 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.:

Allotment begins *August 1/17*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3238</i>		<i>Mother of <u>Jason (Lizzie) Mercer.</u></i>	<i>37 N. Kay St City</i>	70 <i>50</i>
Total Allotment, \$				<i>50</i>

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.) *[Signature]*
Officer Commanding

Company

*W. J. Long H. F.
July 20 1917*

(Sig.) *[Signature]*

(Rank) *Pte*

Aug 7 1920

Major Howley
O. I. C. Records

Please pay to C. Mercer, 3820
the sum of sixty dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$60.00

Pension Nil

J. C. R.

B. Butler
for Vocational Officer

C. Mercer

ACCOUNT	1503	INITIALS	<i>[Signature]</i>
CN. NO.		INITIALS	<i>[Signature]</i>
INT. LEDGER		INITIALS	<i>[Signature]</i>
PAY LEDGER		INITIALS	<i>[Signature]</i>
GEN. LEDGER		INITIALS	<i>[Signature]</i>

Casualty Form - Active Service.

C.I.A.

Regiment or Corps *1st Royal Newfoundland*

Rank *Pte* Surname *Mercer* Christian Name *Ches*

Religion *S. An.* Age on Enlistment *18* years *—* months

Enlisted (a) *28.5.17* Terms of Service (a) *Duration* Service reckons from (a) *28.5.17*

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation *Blacksmith* *L. F. Garland 2nd Lt* Signature of Officer

Report		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.
Date	From whom received				
		Embarked	<i>27 MAR 1918</i>		
		Disembarked ...	<i>29 MAR 1918</i>		
		Joined Battalion	<i>4.4.18</i>		
		Transferred to U. K. <i>for Repatriation</i>			<i>Corps 3/5.</i>
		<i>JMS</i>			<i>Capt Col</i>
			Officer to Non Infantry Section		
			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) Signaller, Sloughing Smith, &c.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.


Forms
B 121.
39.

Regiment of 1st Newfoundland.

Number of Sheet First

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>Mercer. Ches.</u>	Age on	18 years - months	<u>Blacksmith</u>		
<u>3820</u>		Place and Date of Enlistment	<u>St. John's</u>			Religion
Joined _____ Date _____			<u>28-5-17</u>			<u>S. A.</u>
Joined _____ Date _____		Period of	with Colours <u>288</u> years.			Place of Birth
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>Demobilized St. John's 11 ³/₁₉</u>					

To be carried over

23820

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5820 Rank Private Name James C.

Date of Enlistment 22.5.17 Address 52 St. John's District St. John's

Occupation Blacksmith Classification for Discharge E3 Medical Category A1

Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	5
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 22.2.19

W. May Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

James C.
Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing~~ Supplied James C. May

Date 25-2-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at Pt. Lohan and Release Certificate No. 1202 issued.

Date 25-2-19 C. D. White Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-3-19

Date 25-2-19 C. D. White Capt.
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY 1924

Discharge approved for 25. 2. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	30m B P.C.S.
F 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2	1238 1	" 6	
B 179c	B 120	M 93			

Date 25. 2. 19 C. D. White Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

FEB 25 1919

Date R. J. [Signature]
O. C. Discharge Depot.

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

Date March 11 1919 [Signature]

Reg. No. 3820 Rank Plt Name Merrett, Chas.
Attested Address 37 Mc Kay St.
Allotment Allottee
Date of Allotment Returned from Overseas 2-19
Embarked for Overseas Cause Discharge

FEB 22 1919 PASSED TO DEMOBILIZATION OFFICER.

25-2-19.

DISCHARGE APPROVED ON DEMOBILISATION.