



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1112 Name James J. ... Corps ...

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James J. ...
2. What is your full Address? 2. ...
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 0 Months
5. What is your Trade or Calling? 5. ...
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. Yes 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. Yes

I, James J. ... 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James J. ... 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 ... on this ... day of ... 191

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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 Ernest M. ...

Apparent age 20 years 1 months. Height 5 feet 11 inches

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

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William ...

| 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 _____ | | | | | | | | | |
| Joined at _____ on _____ | | | | | | | | | |
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| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to _____ [date of discharge] years _____ days
 " " Pensions " _____ [" "] " _____ "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4462 Name Mercer Ernest Corps Rif

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Ernest Mercer
2. What is your full Address? 2. Upper Old Cove. R.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years ... 1 Months
5. What is your Trade or Calling? 5. Fisherman
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
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, Ernest 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.

A.
17.4.18

Ernest Mercer SIGNATURE OF RECRUIT.
Grant C. Innes Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ernest 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 17 day of April 1918

Signature of Attesting Officer Geo. Learty Major

†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 April 17 1918

Place St. John's } 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 Ernest Mercer
 Apparent age 20 years 1 months. Height 5 feet 1 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Mercer
Upper Island Cove | 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>17-4-1918</u> | | | | | | | | | |
| Joined at <u>St. John's</u> on <u>April 17-1918</u> | | | | | | | | | |
| <u>Exchanged April 11/1919</u> | | | | | | | | | |
| <u>Demobilization St. John's 11-4-19</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to 11-4-1919 [date of discharge] years 360 days
 " " Pensions " " " " " " " " " " " "

Mercer, E

4462

Hay Sept.

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

MEDICAL HISTORY

Surname Mercer OF Christian Name Ernest

Table I.—GENERAL TABLE.

Birthplace:—Parish Upper Island Cove County Newfoundland

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|--|------------------------------------|------------------------------------|------------------------------------|
| | Right | Left | Right | Left |
| Examined | on <u>17th</u> day of <u>April</u> 191 <u>8</u> | on _____ day of _____ 191 <u>1</u> | on _____ day of _____ 191 <u>1</u> | on _____ day of _____ 191 <u>1</u> |
| | at <u>St Johns</u> | at _____ | at _____ | at _____ |
| Declared Age | <u>20</u> years _____ days | _____ years _____ days | _____ years _____ days | _____ years _____ days |
| Trade or Occupation | <u>Fishermen</u> | | _____ | _____ |
| Height | <u>5</u> feet <u>4 1/2</u> inches | _____ feet _____ inches | _____ feet _____ inches | _____ feet _____ inches |
| Weight | <u>118</u> lbs. | | _____ lbs. | _____ lbs. |
| Chest Measurement | Girth when fully expanded | <u>35</u> inches | _____ inches | _____ inches |
| | Range of Expansion | <u>4</u> inches | _____ inches | _____ inches |
| Physical Development | _____ | _____ | _____ | _____ |
| Vaccination Marks | Arm | _____ | _____ | _____ |
| | Number | _____ | _____ | _____ |
| When Vaccinated | _____ | _____ | _____ | _____ |
| Vision | R. E.—V= <u>6/6</u> | R. E.—V= _____ | R. E.—V= _____ | R. E.—V= _____ |
| | L. E.—V= <u>6/6</u> | L. E.—V= _____ | L. E.—V= _____ | L. E.—V= _____ |
| (a) Marks indicating congenital peculiarities or previous disease | (a) _____ | (a) _____ | (a) _____ | (a) _____ |
| (b) Slight defects but not sufficient to cause rejection | (b) _____ | (b) _____ | (b) _____ | (b) _____ |
| Approved by (Signature) | <u>Lemuel Patterson</u> | | _____ | _____ |
| (Rank) | <u>Major</u> | | _____ | _____ |
| | Medical Officer. | | _____ | _____ |
| Enlisted | at <u>St Johns</u> | at _____ | at _____ | at _____ |
| | on <u>17th</u> day of <u>April</u> 191 <u>8</u> | on _____ day of _____ 191 <u>1</u> | on _____ day of _____ 191 <u>1</u> | on _____ day of _____ 191 <u>1</u> |
| | Corps. _____ | Regtl. No. _____ | Corps. _____ | Regtl. No. _____ |
| Joined on Enlistment | <u>The Royal Nfld Regt</u> | | _____ | _____ |
| Transferred to | _____ | _____ | _____ | _____ |
| Became non-effective by | _____ | _____ | _____ | _____ |
| | on _____ day of _____ 191 <u>1</u> | on _____ day of _____ 191 <u>1</u> | on _____ day of _____ 191 <u>1</u> | on _____ day of _____ 191 <u>1</u> |
| (Signature) | _____ | _____ | _____ | _____ |
| (Rank) | _____ | _____ | _____ | _____ |

April 11, 1919

#4462 Pte. Ernest Mercer,

Upper Island Cove,

Hr. Grace Dist.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1863."

Yours truly

Captain
Paymaster & O.i/c Records



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

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

Earnest ~~Quinn~~ ^{Quinn}

~~1162~~

aged

20 yrs.

conducted at

Head Quarters

Date:

April 1 1918

Recruiting Officer:

NO OF TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 ye
- 8 ye
- 9 no
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 to book
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n
- 33 no
- 34 5 FT 11 1/2
- 35 118 lbs
- 36 H 31-35
- 37 n
- 38 Father William Upper D. Cone to 10.
- 39 nobody.

Signature of Medical Examiner:

W. Borden

21



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St John's, Nfld*

Date *Feb 26th 1918*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>21</i> |
| 2. Regimental No. <i>4462</i> | 6. Enlisted on <i>17th April 1918</i> |
| 3. Rank <i>PLC</i> | at <i>St John's</i> |
| 4. Name - <i>Mercer E.</i> | 7. Former trade or occupation <i>fisherman</i> |

8. Disability

Endocarditis

9. History *This man absent from barracks without leave for 2 months. A certificate from Dr. Cron Lt. Mac. shows that he was suffering from endocarditis*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Complain of Pain in
Cardiac Region.
no murmur.

11. Was sanatorium advised and refused? no
operation

12. Do you recommend discharge as permanently unfit? yes

Signature Archibald
Rank or Qualification M.O. Report

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x cannot be considered as aggravated by due to

(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) ~~Ordinary Military Service~~
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Palp 100. Enlargement of heart & short of breath

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 60% or

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? nil or

(State in percentage.)
Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to } General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retention in~~ the Army

Remarks if any:—

[Signature]
.....
President
Signatures *[Signature]*
.....
[Signature]
.....

Place *[Signature]*
Date *Feb 27 1919*

APPROVED BY THE BOARD OF MEDICAL SERVICE
Station *[Signature]*
Date *Feb 27 1919*
NEWFOUNDLAND

[Signature]
.....
Administrative Medical Officer



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 *Ernest Mercer*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4462*

Intended address *Upper Island Cove St. John's*

Height on discharge *5 Feet 6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Minnie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Upper Island Cove 1898 July*

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) *Ernest Mercer* (Rank) *Plt*

Witness Klornichal

Station *St. John's* Date *26. 2. 19*

ST. JOHN'S
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.

Medical Officer i/c Hospital
Unit, or Command Depot



Station

Date

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:

Do same work as Menier

Wid
his
Ernest Menier
Signature of Man.

Reg. No. *4462*

Ernest Menier

Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *12-3-19* 191

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *27.2.19*

Regimental No. *4462*

Name *Mason Ernest*

Address

Present Medical Category *E*

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board {

R. H. Sait Capt

O.C. Discharge Depot.

M. P. Hansen

Senior Medical Officer

W. O. Gordon

M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4462 Rank Private Name Ernest Ernest
 Date of Enlistment 1-7-14 Address Upper St. John's District St. John's
 Occupation Gasoliner Classification for Discharge B Medical Category 4
 Recommendation S.M.B. for payment of pay Disability Rating 60%
 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 | | Board 1st | " 2 | |
| B 178a | 1. D 400A | 1. B 1915 | 2 | do 2nd | " 3 | 3 |
| B 179 | 2. D 400B | Form L | | do 3rd | " 4 | |
| B 179a | D 400C | Form K | 1 | do 4th | " 5 | |
| B 179b | B 103 | ME 2 | 1 | 202 B | " 6 | |
| B 179c | B 120 | M 93 | | | | |

Date 12-3-19

H. M. S. Lark
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

Ernest Ernest
Merced

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. Snow

Date 12-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R73079240 to his home at Upper Dunes and Release Certificate No. 1494 issued.

Date

12-3-19

O. 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 11-4-19

Date

13-3-19

H. Mims Lt.
for Depot Paymaster.

Discharge approved for

14 3 19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | |
|------------|---------|---------|--------------|---------|----------|
| N.F. Pj36. | B 268. | B 121. | N.F. Med. | D.F. 1. | |
| F 178. | W 3494. | B 122. | Board 1st. | " 2. | <u>1</u> |
| F 178a. | D 400A. | B 1915. | do 2nd. | " 3. | <u>2</u> |
| B 179. | D 400B. | Form L. | do 3rd. | " 4. | |
| B 179a. | D 400C. | Form K. | do 4th. | " 5. | |
| B 179b. | B 103. | ME 2. | <u>25301</u> | " 6. | |
| B 179c. | B 120. | M 93. | | | |

Date

14 3 19

O. 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~~

Date

MAR 14 1919

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

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4462 Rank Private Name Mercer Ernest

Intended place of residence Upper Island

2. Occupation Interman

Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMOBILIZATION

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

Place St. John's

Date MAR 13 1919 *H. Mous H.*
The Comanding 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.

Place and date ST. JOHN'S *Ernest X Mercer*

13-3-19

Signature of soldier

Joseph H. Snowfield
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 *Ernest X Mercer*

12-3-19

Signature of soldier

W. J. Beaton
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17.4.18 No of days on Military

Discharged from service 14.3.19 Plus 28 days Service 360

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S *R. H. Lait Capt*

MAR 14 1919

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's *M. Bowley Capt*

Date April 11/1919 Office i/c Records
The Royal Newfoundland Regiment

Q.A. B. 5097/1863



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ernest Mercer, Regl. No. 4462

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Sixty 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 1st June 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|--------------------------|-----------------------------|----------------------|
| 3911 | Mother | Mrs Wm (Minna) Mercer | Upper Island Love, C. B. | |
| | | | | |
| | | | | |
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| | | | | |
| | | | Total Allotment, \$ | <u>609</u> |

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

Sig.) [Signature]
Officer Commanding
A. Company
[Signature]
May 17th 1918

(Sig.) Ernest Mercer
(Rank) Pte
Witness:
James Arkhie, A/Serjt

N^o 4044



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ernest Mercer, Regl. No. 4462

hereby agree, until further notification by me and in similar official form to make an Allotment of Seven 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 1st June 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-------------------------------|-----------------------------|----------------------|
| 3911 | Mother | Mrs Mercer (Minnie) Mercer | Upper Island bove, C. E. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | 60 ⁰⁰ |

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.) James Sicut
 Officer Commanding
a Company

¹¹⁰
 Sig.) Ernest Mercer
 mark
 (Rank) Pte

St John's
May 17th 1918

Witness:
James Arkhie, A/Serjt

Nº 4044



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ernest Mark, Regl. No. 4462

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and _____ 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 1st June 1915

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|----------------|--------------------------|----------------------|
| 5911 | Wife | Ernest Mark | St. John's, Newfoundland | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | 604 |

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

Sig. James Sicut

 Officer Commanding
a
 Company

(S) Ernest Mark

 (Rank) Pte

 Witness
James Arkhie
Cy Sgt

ST. JOHN'S, Mar 3rd / 19

Royal Newfoundland Regiment.

Billeting Account,

To M^{rs} J. Good
McNeill. Street

Billeting Soldiers as undermentioned

from Feb 24th / 19 to Mar 3rd / 19

4462. H. E. Merice 8 30

*Mrs J. Good
Unit Quartermaster
Paid
8.30*

| | |
|------------|---------------------|
| ACCOUNT | <u>B. V. M. Fee</u> |
| CH. NO. | <u>1217</u> |
| IND. LEVY | --- |
| PAY LEVY | --- |
| GR. MOBILE | --- |

Certified correct for \$ 8.30

R. J. Joseph A. Newbert.
77 Billeting Officer.

ST. JOHN'S, Mar 10 /19

Royal Newfoundland Regiment.

Billeting Account,

To Mrs. Good
J. McNeil. Hut

Billeting Soldiers as undermentioned

from Mar 3rd /19 to Mar 10th /19

*446 L. ...
P. ...
J. ...
W. ...*

| | |
|-------------------|-------------|
| J. C. A. | |
| <u>Eng Mercer</u> | <u>7 20</u> |
| <u>134 m</u> | |
| <u>125 23</u> | <u>20</u> |

Certified correct for \$ 7. 20

Joseph H. Snow
Billeting Officer.

C.R. 4462

Newfoundland

Mail Assorting Office,

North Sydney, N.S.



June. 15/20.

Lieut Col. Rendell.

Royal Nfld Regt.

St. John, s.

Dear Walter.

I have not had word from you
with reference to the letter and the
Certificate I sent you of the Marriage of
Feb 26, 1920
Ernest Mercer. I paid my passage to Sydney
and return by train and paid the parson 50 ¢
for the Certificate .all going well will call
to see you when I get to St John, s sometime
about August. in all it cost me \$1.50.

Fraternally. Yours.

A.W. Mans

AM
Please?

Don't know what he refers to.

C.R. 4462

Extract from Daily Orders part II, Depot St. John's
dated April 15th., 1919.

The discharge of the u/a on demobilisation has been
CONFIRMED by Officer i/a Records on 11-4-19.

#4462 Pte. Ernest Mercer.

C.R. 4462

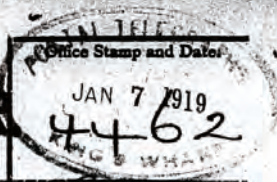
Extract of DAILY ORDERS PART II Royal Newfoundland
Regiment Depot St. John's dated March 14th/19.

The Discharge of the undernoted on Demobilization
has been APPROVED by U.C. Discharge Depot from n
noted dat e.

#4462 Pte. Ernest ~~Mercer~~.

14/3/19.

Newfoundland Postal Telegraphs.

Prefix..... SERVICE MESSAGE

Time received..... by..... Time sent..... by.....

From

To

Postal

R Bennett

Upper Island Cove advising
 your message yesterday
 to Mr. Wm Mercer undelivered
 Can you give better address
 or Christian name
 of Mr Mercer

C.R. 4462
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

| Line Number | Recd | By | Sent | by | Check |
|-------------|------|----|------|----|-------|
| | | | | | |

Dated Jan, 6th, 1919.

To Mr. Wm. Mercer,

Upper Island Cove, C.B.

Beq to inform you that your son 4462 Pte. Mercer, is now improving.

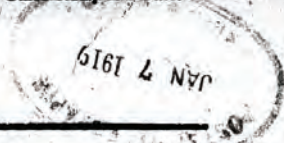
J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

Newfoundland Postal Telegraphs.

C.R. 446

Office Stamp and Date.



SERVICE MESSAGE

Prefix.....

Time received.....by..... Time sent.....by.....

From

Postal 4462

To

J. R. Bennett

Upper Island Love advises
your message yesterday
mercer now delivered ok

4462



C.R. 4462

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

#4462 Pte. E. Mercer.

Attested for General Service, with the Royal Wfld.
Regiment, from 17/4/18. *ff*

A 4462

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. *4462* Rank *Pls* Name *Merces Ernest*
 Date of Enlistment *17-11-18* Address *W. P. ...* District *St. John's*
 Occupation *Bookkeeper* Classification for Discharge *B* Medical Category *1*
 Recommendation S.M.B. *permanent* Disability Rating *60%*
 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 | | Board 1st. | " 2 | |
| B 178a | D 400A | B 1915 | 2 | do 2nd. | " 3 | 3 |
| B 179 | D 400B | Form L | | do 3rd. | " 4 | |
| B 179a | D 400C | Form K | 1 | do 4th. | " 5 | |
| B 179b | B 103 | ME 2 | 1 | <i>222 B. 1</i> | " 6 | |
| B 179c | B 120 | M 93 | | | | |

Date *12-3-19* *H. News Lunt*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Ernest Merces

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *£6.00*

(b) Clothing Supplied *Joseph Snow*

Date *13-3-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K/3019276* to his home at *Upper Seabrook* and Release Certificate No. *1294* issued.

Date *12-3-19*

W. 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 *11-4-19*

Date *13-3-19*

H. M. H. H
for Depot Paymaster.

Discharge approved for *14 3 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 | |
| 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 *14 3 19*

W. Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

~~Special Service War Service Certificate~~

MAR 14 1919

Date

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

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

Date *March 19/19*

R. H. Lait
for Depot Records

This is to certify that ^{F. Gay}
Pte Ernest Mercer no 4462
has endocarditis and is
unfit for service

Belton Md.

H. Grace

26/X/18

November 16th/18

From Officer Commanding,
Depot.

To #4462, Pte. E. Mercer, of William.
Bryantz Cove.

Your letter of November 7th to Lt. Col W.F. Rendell concerning your request to be married has been passed to me. Before I give you the necessary permission I wish to find out your present position as regards leave of absence from

the Depot. The last record we have of you is that you returned from leave on the 10th June and since that there has been no other record entered against your name. Will you please explain your authority for being absent ~~at~~ ever since. If you are absent without leave, or are not in a position to produce Doctor's certificate that you were sick, you will return to barracks immediately or be arrested as a deserter.

If you have received authority to be absent you will write and quote it as soon as possible. When I hear from you I shall consider the question of granting you permission to marry.

Captain,
O.C. Depot

4462 - Pls E. Mercer

Entered 17-4-18.

Taken fresh while
about without leave

~~11-3-19~~

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To Pension Board.

Please receive documents as indicated below

RANK AND NAME

W. A. Murray. G.

| | |
|--------------|--|
| N.F. 106 | Non-effective account. |
| B. 178 | Medical history sheet. |
| B. 178a | Nfd. medical history sheet. |
| B. 179 | Medical report on an invalid. |
| B. 268 | Proceedings on discharge. |
| W. 3494 | Civil life qualifications. |
| D. 400A | Descriptive return. |
| B. 103 | Active service casualty form. |
| B. 120 | Regimental conduct ticket |
| B. 121 | Company conduct sheet. |
| B. 122 | Field conduct sheet. |
| 1st Board. | Report of Newfoundland Medical Boards. |
| 2nd Board. | |
| 3rd Board. | |
| 4th Board. | |
| Board | |
| B. 1915. | Attestation paper. |
| Form L. | Identity certificate. |
| Form K. | Allotment papers. |
| A.P.W. 3463. | Headquarters Travelling Board |
| D.F. 2 | Proceedings on discharge. |

//

Received above noted documents,

Date _____ 19__



Signature of Officer forwarding documents: _____

Date 18.3. 1919



COPY

Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



CABLE CONNECTION WITH ALL THE WORLD.

ALL MESSAGES SENT ARE SUBJECT TO THE FOLLOWING CONDITIONS:

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

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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 | Rep | By | Sent | By | Check |
|-------------|-----|----|------|----|-------|
|-------------|-----|----|------|----|-------|

Dated 21-2-19 _____

To 4462 Pte. Ernest Mercer _____

Upper Island Cove _____

You will please report to Empire Barracks immediately so that matters concerning your discharge may be finalized.

Capt. Duley

Reg. No. 4462 Rank Pvt Name Mercer Ernest
Attested 17.4.18 Address Upper Island Cove.
Allotment 600 Allottee Mrs. Wm Mercer (Mother)
Date of Allotment 1-6-18 Returned from Overseas _____
Embarked for Overseas _____ Cause _____

Wacc 24th, 1st Inc. 7-5-18 2nd Inc. 17-5-18 3rd Inc. 14/7/18
H.S. from 26-4-18 to 2-5-18
S.R. 28-5-18 to 8-6-18 R.L. 10th/18.

12.3.19

PASSED TO DEMOBILIZATION OFFICER

14.3.19

DISCHARGE APPROVED ON DEMOBILIZATION.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of The Royal Rifle

Signature of O. C. Company [Signature]

| | | | | | | |
|----------------------------|---------------------------|--------------|---------------------------------|------------------|---|--|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | |
| No. | <u>4167 Ernest Mercer</u> | Age on | <u>26</u> years <u>0</u> months | <u>Fisherman</u> | | |
| Joined | | Date | Religion | | | |
| Joined | | Date | Place and Date of Enlistment | | | |
| Joined | | Date | Period of | | | |
| Joined | Date | with Colours | <u>36</u> years. | Place of Birth | | |
| Joined | Date | with Reserve | <u>366</u> years. | <u>St John's</u> | | |

| 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, " 4/19</u> | | | | | |

To be carried over

Army Form B. 121.