



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4360 Name Robert J. Mercer Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Robert J. Mercer
2. What is your full Address? 2. Bay Roberts
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years - Months
5. What is your Trade or Calling? 5. Radio Operator
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, Robert J. 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.

Robert J. Mercer SIGNATURE OF RECRUIT.
R. Edwards Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert J. 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 9 day of March 1915.
W. H. ... 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).....

Mercer, Robt.

#360

Ray sept.

April 21, 1919

#4360 Cpl. Robert Mercer,

Bay Roberts.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1919."

Yours truly

Paymaster & U. i/c Records
Captain,

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4360 Rank Cpl Name Mercer Robert
 Intended place of residence Bay Roberts
2. Occupation Cable Operator
 Classification of soldier E Medical Category A.I.
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 ST. JOHN'S

Date APR 1 1919

H. Mews Lieut.
 for 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.

Place and date ST. JOHN'S

1-4-19

SUBJECT TO ADJUSTMENT OF PAY *Robert Mercer*
 Signature of soldier

J. A. Snowfoot
 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

1-4-19

Robert James Mercer
 Signature of soldier

E. Wilson Pgt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 9-3-18 No of days on Military
 Discharged from service 7-4-19 plus 14 days Service 1409

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

Date APR 7 1919

R. H. Lait Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St. John's Nfld

Date April 21/1919

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

2912 2079/1919

The Royal Newfoundland Regiment

Class for Demobilization 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 14.19.

Regimental No. 4360

Name Messrs Robert Cpl.

Address Bay Roberts

Present Medical Category A1

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

Members of Board

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

W.H. ...
Senior Medical Officer

S.W. ...
M. O. Depot

Capt. J. M. Howley
Militia Dept. 5302

Dear Sir -

Kindly mail me my
second payment of the "War
Service Gratuity" money when
due. as I am working now
and cannot go to St. John's
for it.

Yrs Respy

(4360 Cpl.)

R. J. Mercer
C/o. W. U. Tel. Co
Bay Roberts.
N.F.

Mailed June 7

Bay Roberts.
4/6/19.

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 resume former occupation
(Operator)

Robert James Mercer
Signature of Man.

J. H. Snowling
Signature of the Vocational Officer or his Representative.

Reg. No. *4360*

Place **ST. JOHN'S**

Date **APR 1 - 1919**

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4360 Rank Sgt. Name Marcel Robert
 Date of Enlistment 9-3-18 Address Bay Robert District St. George
 Occupation Public Operator Classification for Discharge E1 Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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	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 1-4-19

H. Mrs. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Robert James

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 AMC. Long Stoken

Date 2-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R1136* to his home
at *Bangkok* and Release Certificate No. *1930* issued.

Date *1-4-19*

J.A. Crawford
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 *21-4-19*

Date *1-4-19*
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY A/C

H. News Srwt.
Depot Paymaster.

Discharge approved for *7-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	<i>Form B</i>
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			" 6	
B 179c	B 120	M 93				

Date *1-4-19*

J.A. Crawford
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 *APR 7 1919*

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

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

Date

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

MEDICAL HISTORY

Surname Mercer OF Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish Bay Robert. County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 9 day of <u>March</u> 191 <u>6</u>	on _____ day of _____ 191 <u>1</u>	at _____	at _____
Declared Age	19 years — days	_____ years _____ days	_____ years _____ days	_____ years _____ days
Trade or Occupation	<u>Cable Operator.</u>		_____	_____
Height	5 feet 5 1/2 inches	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches
Weight	115 lbs.		_____ lbs.	_____ lbs.
Chest Measurement	Girth when fully expanded... 35 inches		_____ inches	_____ inches
	Range of Expansion.. 5 inches		_____ inches	_____ inches
Physical Development	_____	_____	_____	_____
Vaccination Marks	Arms	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____	_____	_____	_____
Vision	R. E.—V= L. E.—V= <u>6/6</u>	_____	R. 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>Lamin Paterson</u>		_____	_____
(Rank)	<u>Major</u>		_____	_____
Enlisted	at <u>St. John's</u>	at _____	_____	_____
	on _____ day of <u>March</u> 191 <u>6</u>	on _____ day of _____ 191 <u>1</u>	_____	_____
	Corps. _____	Regtl. No. _____	Corps. _____	Regtl. No. _____
Joined on Enlistment	<u>Royal</u>		_____	_____
Transferred to	<u>Headquarters</u>		_____	_____
Became non-effective by	_____	_____	_____	_____
	on _____ day of _____ 191 <u>1</u>	on _____ day of _____ 191 <u>1</u>	_____	_____
[Signature]	_____		_____	_____
[Rank]	_____		_____	_____

tal or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case 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

Discharged to duty.

G. S. Mission
CAPT., R. A. M. S.



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 *Robert Mercer*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4360.*

Intended address *Bay Roberts.*

Height on discharge *5* Feet *7.*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Wm*

Christian name of Mother *Mary.*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Bay Roberts, 23rd Feb. 1899*

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) *Robert James Mercer.*

C. H. H.
(Rank)

Station *St John's*

Date *31-3-19*

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

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Newfoundland Regt.* 7. Former Trade or Occupation }
 2. Regtl. No. *4360* 3. Rank... *Cpl.* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Mace* *Robert* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday... *19*
 6. Posted for duty on... *9/3/18*... at... *H. J. Davis*...
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
nil.
 11. Date of origin of disability.
 12. Place of origin of disability.
na
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
Complains of no disability

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war *na*
 - (ii.) Previous active service.. .. . *na*
 - (iii.) Climate in pre-war service *na*
 - (iv.) Ordinary military service before the war *na*
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

Complain of no disability increasing from military service

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Rehabilitation

*Worley, Capt
 Downy*

Station *Hazel Brown Camp*

Date *5/21/19*

Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland Regt.* } former Trade
or Occupation }
2. Regtl. No. *4380* 3. Rank *Capt.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *MERCER.* *Robert.*
(Surname) (Christian Names)
5. Age last birthday. *19 yrs.*
6. Posted for duty on. *7th Nov. 1914. S. 10th Nov. 1914*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
nil.
11. Date of origin of disability. *na.*
12. Place of origin of disability. *na.*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
He explains no disability

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | na | na |
| (ii.) Previous active service | na | |
| (iii.) Climate in pre-war service | na | |
| (iv.) Ordinary military service before the war | na | |
| (v.) Serious negligence or misconduct on the man's part. } | na | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability occurring prior to military service.

16. Was an operation performed? If so, when and what was its nature? na.
17. If not, was an operation advised and declined? na.
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na.
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na.

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatritation.

*J. J. Jones
 Capt. R. R. R.*

Station *Haycleigh Down Camp Winchester*
 Date *5/7/19*

Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

May 8th., 1919

#4360 Corp l. Robert Mercer,

Bay Roberts, C.B.

Dear Sir :-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the "War Service Gratuity."

Yours truly

Captain,
Paymaster & O.i/c Records

Bay Roberts
3/5/19

Dear Sir -

17216
4891

While getting my discharge about April 1st I was told to fill out a War Service Gratuity Form.

After filling it out and and passing it into the Militia Dept I was told to expect the first instalment of Gratuity money with my discharge certificate, But of up to this date I have not received anything although I received my certificate (Serial no 1919) about April 20th.

Will you kindly let me know how much will be due me and how and when I will get it.
I remain

Yrs Resp'y

4360. Cpl. Robert. Merce

P. O. Box 87

Bay Roberts.

N. F.

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 20th, 1919.

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

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

- Christian name..... *Robert* 2. Surname..... *Merrett*
3. Rank..... *Company* 4. Regal. No..... *H 360*
5. Address in full to which future payments of gratuity are to be forwarded..... *Box Robert C.B*
-
6. Date of enlistment in the Regiment..... *March 9: 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
-
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..... *Overseas*
-
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Thirteen months*
- one month* *1 1/2*

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.

** 92.20 Clothing & Ration allowance*

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? *no*

19. Are you now serving in the Regt.? *no* Is not give? - (a) date of discharge *April 15/19.* (b) Reason for discharge

Demobilization

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.

England

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.

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: *Robert Mercer*

Place of Residence: *Bay Roberts CB*

Declared before me at: *St John's*

This 1st day of *April* 1919

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

John M. Carthy

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4 months</i>	75.00
.....	<i>280.00</i>
.....

Certified Correct.

Byraster.

Mc

Mc



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert James Mercer, Regl. No. 4360
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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4051	Mother,	Mrs. William (Mary Susannah) Mercer,		60
			Bay Roberts, C.B.	
			Total Allotment, \$	60

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.)

John ...
Officer Commanding
'A' Company

St. John's
29-5 1918

(Sig.)

Robert James Mercer

(Rank)

Pte

ST. JOHN'S, APR 1 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To *Cpl. R. Mercer*

Billeting Soldiers as undermentioned

from *Mar 24th /19* to *April 7th /19*

4360 - Cpl. R. Mercer 15 50

NO. OF SOLDIERS	<i>54 m</i>
GR. NO.	<i>14992</i>
ISS. NO.	
P. NO.	
Q. NO.	

Certified correct for \$ *15 50*

RJ

Lieut
W. Clouston
for Billeting Officer.

Robert Mercer

J. Mercer

C.R. 4360

~~*P. 10*~~

R. Mercer

C.R.

4360

~~*P. H. O.*~~

FORM K

№ 4284

A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert James Mercer, Regl. No. 4360
 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4051	Mother,	Mrs. William (Mary Susannah) Mercer	Bay Roberts, C.B.	60
Total Allotment, \$				60

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.) J. K. [Signature]
 Officer Commanding
 'A' Company

St. John's,
29-5 1918

(Sig.) Robert James Mercer
 (Rank) Pte.

LAST PAY CERTIFICATE

N.F.P./94.



To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 4360 Rank Cpl. Name R. Mercer. Unit Royal Newfld. who was Repatriated to Newfoundland on 12/3/19 Authority _____ Cause _____

STATEMENT OF ACCOUNT

NR.	PARTICULARS	\$			£			PARTICULARS	\$			£						
		d	s	c	s	d	d		s	c	d	s	c					
	Balance Dr. from							Balance Cr. from										
	Allotment 26 days @ 60 ^l .	15	60		3	4	1	Pay 26 days @ \$1 ¹⁰	28	60								
	Cash Payments:							Field Allow 26 days @ \$1 ¹⁰	2	60		6	8	2 ^l				
	21-2-19(6)					12	0											
	28-2-19(3)					1	0	Other Allowes days @ \$										
	7-3-19(3)					3	0	Other Credits:										
	Other Debits					2	11											
	Total Debits					7	19	0 ^l					6	8	2 ^l			
	Balance due by Paymaster													1	10	10 ^l		
	Total Credits													7	19	0 ^l		
	Balance due to Paymaster															7	19	0 ^l (7-19-0)

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

7th Company.
Harley Down Camp Mayo 1919
 (Place) (Date)

J. M. Mercer
 (Signature)
London to 7/3/19
 (City) (Date)

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
March 19 1919.

Chief Paymaster & O. i/c Records.

PERIOD: FROM 15/2/19 TO 12/3/19
 84
 19-3-19

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 4360 Rank Spl. Name R. Mercer Unit Royal Newfld. who was Repatriated
to Newfoundland on 12/13/19 Authority _____ Cause _____

STATEMENT OF ACCOUNT

MR. _____ CR. _____

PARTICULARS	\$			£			PARTICULARS	\$			£		
	d	s	p	d	s	p		d	s	p	d	s	p
Balance Dr. from							Balance Cr. from						
Allotment 26 days @ 60¢	15	60		3	4	1	Pay 26 days @ \$1 ¹⁰	28	60				
Cash Payments:							Field Allow 26 days @ \$ ¹⁰	2	60		6	8	2
21-2-19(1)					12	0							
28-2-19(2)				1	0	0	Other Allow days @ \$						
7-3-19(3)				3	0	0							
Other Debits					2	11	Other Credits:						
Total Debits					7	19	Total Credits					6	8
Balance due by Paymaster						0	Balance due to Paymaster					1	10
												7	19
						0							0

PERIOD: FROM 15/2/19 TO 12/3/19

ERT
19-3-19

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of "6" Company
Hazley Down Camp Mar 10 1919

and is therefore subject to amendment if and as may be found necessary. London to 1919

By & Record Office, London, March 19 1919 Chief Paymaster & O. i/c Records.

LAST PAY CERTIFICATE

N.F.P./94.

to be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 4360 Rank Cpl. Name R. Mercer Unit Royal Newfld. who was Repatriated
 to Newfoundland on 12/3/19 Authority _____ Cause _____

STATEMENT OF ACCOUNT

NR.	PARTICULARS					PARTICULARS					CR.				
	\$	¢	£	s	d	\$	¢	£	s	d	\$	¢	£	s	d
						Balance Cr. from									
						Pay <u>26</u> days @ \$ <u>1¹⁰</u>	<u>28</u>	<u>60</u>							
						Field Allow <u>26</u> days @ \$ <u>1¹⁰</u>	<u>2</u>	<u>60</u>	<u>6</u>	<u>8</u>	<u>2</u>				
						Other Allowances days @ \$									
						Other Credits:									
						Balance Dr. from									
						Allotment <u>26</u> days @ <u>60[¢]</u>	<u>15</u>	<u>60</u>	<u>3</u>	<u>4</u>	<u>1</u>				
						Cash Payments: <u>2-3-19(1)</u>			<u>12</u>	<u>0</u>					
						<u>28-2-19(2)</u>			<u>1</u>	<u>0</u>	<u>0</u>				
						<u>7-3-19(3)</u>			<u>3</u>	<u>0</u>	<u>0</u>				
						Other Debits			<u>2</u>	<u>11</u>					
						Total Debits			<u>7</u>	<u>19</u>	<u>0</u>				
						Balance due by Paymaster									
						Total Credits						<u>6</u>	<u>8</u>	<u>2</u>	
						Balance due to Paymaster						<u>1</u>	<u>10</u>	<u>10</u>	
									<u>7</u>	<u>19</u>	<u>0</u>				
															<u>(7-19-0)</u>

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

H. C. Company
Hazelton, B.C. Mar. 10 1919

W. M. Green Capt
 Chief Paymaster & O. i/c Records

made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
Mar 17 1919

Chief Paymaster & O. i/c Records.

EA
 19-3-19
 PERIOD: From 15/2/19 to 12/3/19

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
59 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year,

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature.
4360	Lieut.	Mercer R.	£250	R. Mercer.

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date

July 1/18

R. Mercer.

C.R. 4360

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name.....⁴³⁶⁰
R. J. Mercer. (Ex Cpl)

Date.....
16/11/19.

Place.....
Bay Roberts.

C.R.

4360

Extract of Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated April 24th 1919.

The discharge of the uhdernoted on Demobilization has been
CONFIRMED by Officer i/o Records from noted date.

4360, Cpl. Robert Mercer.

21/4/19.

C.R. 4360

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, New April 10th, 1919.

The discharge of the undernoted on demobilization
has been APPROVED by G.C. Discharge Depot from noted dates

4360 Cpl. R.J. Mercer

7-4-19.

C.R. 4360

Extract from Daily Orders Part II Unit The Royal WFLA,
Regt. St. John's, Mar. 25/19.

The following Officer, Non-Commissioned Officers and
Men, returned from Overseas and reported at Depot 24-3-19

4360 Cpl. R.J. Mercer.

C.R. 4360

Extract of telegram from Syn., London, to Military
March 15th/19.

Following has embarked "Baltic" Liverpool for Halifax
March 12th.

Following in accordance with precedent and compassionately
as requested by you

#43601 Corp 10 Mercer.

C.H. 4360

Extract from Daily Orders by Lt. Col. B.J. Barton, D.S.O.
Commanding 2nd Bn. Royal Nfld. Regt., 8-11-18.

The following to be Acting Corporal as from 8-11-18.

4360 Pte. R. ⁱⁿ Mercer.

"C" Coy.

C.R. 4360

Extract from Daily Orders Part 11. from Unit The Royal Wfld.,
Regiment, St. John's, dated June 14th 1918.

4360 L/C R. Mercer.

Embarked for Overseas with draft 11-6-18.

C.R. 4360

Extract of Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, Headquarters, St. John's, dated
March 11th, 1918.

#4360 Pte. R.J. Mercer.

Attested for General Service with The Royal Newfoundland
Regiment with effect from 9/3/18.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4360 Rank Sgt. Name Mercer Robert
 Date of Enlistment 9-3-18 Address Bay Robert District St. George
 Occupation Cable Operator Classification for Discharge E1 Medical Category H1
 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 1-4-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Robert James Mercer

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 [Signature]

Date 1-4-19 O. C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K113* to his home

at *Bangkok* and Release Certificate No. *1938* issued.

Date *1-4-19*

J.A. Crawford
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 *21-4-19*

Date *1-4-19*

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ALLOWANCES

H. News
Depot Paymaster.

Discharge approved for *7-4-19*

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 95		

Date *1-4-19*

J.A. Crawford
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

Being additional documents.

Eligible for War Service Gratuity

APR 7 1010

Date

O. C. Discharge Depot.

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

Date *12/4/19*

J.P. Gross S.M.
for Officer i/c Records

EXTRACT FROM STATEMENT OF A/C TOLB-3-19 FROM PAY
& RECORD OFFICE LONDON.

4360 Cpl. Mercer, R.

Dr. Bal. £1-10-10

This transferred to Pay Office 22-4-19

Reg. No. *4360* Rank *Sgt* Name *Marcel R.*

Attested Address *Bay Roberts*

Allotment Allottee

Date of Allotment Returned from Overseas *21-3-19*

Returned on S.S. *Train* Cause *Discharge*

7.4.19
PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION

To M.O.

From O.C. "C" Coy.

4360 Cpl. Merwin R.

This N. CO is a cable
operator and has been applied
for by his company. Can you
arrange to board him with a
view to his repatriation with the
next draft, please?

Wm. J. Ford Lieut

of the 101st B.C.P.
21st REGT. INF. U.S. ARMY

6/2/19.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15

1921.

The accompanying ~~Warrant~~ British War Medal
is/are forwarded herewith to

Robert J. Mercer

in respect of his service as No. 4360 Rank A/Cpl.

Name R. J. Mercer Royal Nfld. Regt.
~~Warrant Officer Class~~

Receipt of the same should be acknowledged hereon.

Received British War Medal.

Signature Robt. J. Mercer

Date Oct 29/21.

Address Bay Roberts.

5081

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
59Number of Sheet *8/16*Regiment of *Royal Newfoundland*Signature of O. C. Company *H. H. H. H.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay 10-6-18 Promoted Lance Corporal. 5-11-18 Promoted act. Corporal.
No.	<i>4360 Mercer Robert</i>	Age on	<i>19</i> years - months	<i>Cable Operator</i>	
Joined	Date	Place and Date of Enlistment	<i>St. Johns</i>	Religion	
Joined	Date	Period of	<i>9-3-18</i>	<i>C of E.</i>	
Joined	Date	with Colours	<i>1st 3/68</i> years.	Place of Birth	
Joined	Date	with Reserve	years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS
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Demobilized St John's 21-4-19

To be carried over

Army Form B. 121.

C.R. 4360

Dear Sir -

Please see enclosed
"British War Medal with riband"
which I received on the 20th
inst.

Evidently there has been
a mistake made as the
medal mailed to me is
for 5148 Pte R. G. Mercer.

Kindly let me have
a reply as soon as
possible and oblige.

Yours Truly

4360 Ex-Gpl R. J. Mercer.
% W. U. Sel. Co.
Bay Roberts.
Box 87.

5148. Sent to Bay Roberts
4360 " " Shaw Falls.

5148 Col. Pte. Robert G. Mercer ^{Grandfather}
to Dept. of Militia

Return immediately,

British war medal, sent
to you in error. Will forward

~~W. F. Rendell~~
~~C. S. O.~~
~~_____~~
~~_____~~

Yours on receipt
of same

W. F. Rendell
C. S. O.