



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF



No. 2490 Name Wm. Mercer Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wm. Mercer
2. What is your full Address? 2. Bay Roberts (Country Road)
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. 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. None
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. Yes.
to be signed by you if you are accepted? }

FOR THE DURATION OF THE WAR

I, Wm. 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.

Wm. Mercer.....SIGNATURE OF RECRUIT.

H. O. D. Budge.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm. 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.....

on this 12 day of Apr.....1916

H. O. D. Budge.....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.....1916..... } Approving Officer.

Place..... }

† 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 Wm. Mercer.
Apparent age 19 years 0 months. Height 5 feet 7 1/2 inches
Chest Measurement { Girth when fully expanded 37 inches
Range of expansion 2 inches
Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Hy. Mercer
Bay Roberts | Relationship father

Particulars as to Marriage

Table with 4 columns: (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.

Particulars as to Children

Table with 2 main columns: Christian Names; Date and Place of Birth.

STATEMENT OF THE SERVICES

Large table with columns: 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 (Years, Days), Service in Reserve not allowed to reckon towards G. C. Pay (Years, Days), Signature of Officers certifying correctness of entries.

Total Service forfeited as above
Total Service towards Engagement to (date of discharge) years days
Pension

2490



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2. What is your full Address? 2. Bay Roberts (Country Road)
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. 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, Wm. 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.

S. of. 11/16 Wm. Mercer SIGNATURE OF RECRUIT.
R. D. Outbridge Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm. 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 12 day of Apr 1916

Signature of Attesting Officer R. D. Outbridge

†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..... } Approving Officer.
 Place..... }

† 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.

Wgo

Name *John*

Apparent age *14* years *0* months. Height *5* feet *7 1/2* inches.

Chest Measurement { Girth when fully expanded *37* inches
Range of expansion *2* inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *Mr. [unclear]* | 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 <i>11-4-16</i>									
Joined <i>John</i> on <i>April 11th 16</i>									
Discharged <i>July 5th 19</i>									
<i>Embarked at John's St. Julian for Italy 19th 16</i>									
<i>Admitted 9th Coy. Queen's Company of 3rd Div. 1st Div. to England 5th 17</i>									
<i>Discharged Home 27th 17</i>									
<i>Attached 2nd Coy. 28th 17</i>									
<i>Embarked for 1918. 5th 17</i>									
<i>at Home 7th 17</i>									
<i>Transferred to England 12th 17</i>									
<i>Reports R.M. Office 26th 17</i>									
<i>Attd. Ho. 13th 17</i>									
<i>Embarked for 1918. 25th 17</i>									
<i>James Barth on the field 31-7-18</i>									
<i>Wounded (L.H.) 25th 18</i>									
<i>Admitted to M. Co. 25-9-18</i>									
<i>Admitted to 1st Coy. 20-10-18</i>									
<i>Ground work in the field 14-1-19</i>									
<i>Transferred to 16th 19</i>									
<i>Arrived Winchester 19th 19</i>									
<i>1st Rtd for demobilization 22nd 19</i>									
<i>Arrived Rtd 1-6-19</i>									
<i>Demobilization John's 4-7-1919</i>									
Total Service forfeited as above.....									

Total Service towards Engagement to *4-7-19* (date of discharge) *3* years *91* days

Pension



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 *William H. Jones*

aged *21*

conducted at *DLB*

Date: *Apr 10/16*

Recruiting Officer:

NO OF TEST

FINDING

1

no

2

no

3

no

4

no

5

no

6

no

7

yes

8

yes.

9

no

10

1

11

1

12

1

13

Bad teeth

14

1

15

1

16

1

17

1

18

1

19

6/6 Bad

20

1

21

1

22

1

23

1

24

1

25

1

26

1

27

1

28

1

29

1

30

1

31

1

32

1

33

no.

34

*5/12 25/37
13/17*

35

36

scholar.

37

parents - Mrs. Henry Jones - Bay Roberts.

38

father (mother) (partly)

39

William Roberts.

Signature of Medical Examiner:

F. H.

nt 90

Used only for Special Reserve Recruits, and for Special Reservists enlisting into the Army.

MEDICAL HISTORY

OF

Surname Shenker

Christian Name William

1271

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

Examined	SPECIAL RESERVE.		REGULAR ARMY	
	on <u>10</u> day of <u>April</u> 191 <u>6</u>	at <u>St. Johns N.S.</u>	on _____ day of _____ 191 <u>1</u>	at _____
Declared Age	<u>21</u> years	_____ days	_____ years	_____ days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>7 1/2</u> inches	_____ feet _____ inches	_____ feet _____ inches	_____ lbs.
Weight	<u>137 1/2</u> lbs.	_____ lbs.	_____ inches	_____ inches
Chest Measurement	Girth when fully expanded...	<u>37</u> inches	_____ inches	_____ inches
	Range of expansion...	<u>2</u> inches	_____ inches	_____ inches
Physical Development				

Vaccination Marks	Right	Left	Right	Left
	Arm	Number	Arm	Number

When Vaccinated				
Vision	R.E.—V= <u>6/6</u>	L.E.—V= <u>6/6</u>	R.E.—V= <u>6/6</u>	L.E.—V= <u>6/6</u>

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to Cause Rejection

Approved by (Signature) L. M. Paterson
 (Rank) Major Medical Officer. Medical Officer.

Enlisted at St. Johns on 10 day of April 1916

Joined on Enlistment	Corps. <u>12th Field Coy</u>	Regtl. No. <u>51490</u>	Corps.	Regtl. No.
Transferred to				

Became non-effective by _____ on _____ day of _____ 1911

(Signature) _____ (Rank) _____

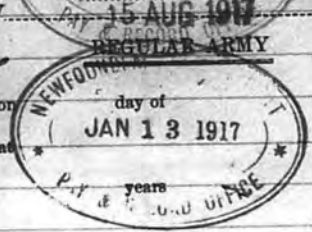


Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

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 further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
University War Hosp. Southampton	6	1	17	23	2	17	Dysentery	48	Onset 15.12.16 nearly pers. Sent to No 9 Gen Hosp. Rouen Home by H.S. Glenard Castle 70 normal 6.1.17 Feces. {9.1.17} negative {8.1.17} urine {15.1.17} {17.1.17} Recovery delayed by bronchitis & laryngitis	M. J. J. J.

No. 2490 Name Mercer W. Sqn., Batty., or Company } B, Corps Newfoundland. Date of enlistment } Apr. 11/16. G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } none. No. and date of last drunk } none. Period not reckoning towards freedom from extra fine } Sheet No. 1 Signature O.C. } *Personnel* Company, etc. } *curr* Character } *good*

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
		Pte							
				Invalided to England	5.1.17	RtJ			

Army Form B. 152
 Invalidated
 Jan 17
 1917
 J.S.O.
 P.S.A.

No. *2490* Name *Chas. H. Mercer* Sqr., Batty., or Company *E.* Corps *Newfoundland* Date of enlistment *11/4/16* G.C. Badges *1* Service or Proficiency Pay *1*
 Date of last entry in Company Conduct Sheet *2/18/16* No. and date of last drunk *1* Period not reckoning towards freedom from extra fine *1* Sheet No. *1* Signature O.C. Company, etc. *J. J. M. C. Capt.* Character *Good*

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>Rover</i>	<i>7/8/17</i>	<i>Pl</i>		<i>When on active service dependent of kit</i>	<i>S. M. Channel</i>	<i>detent 3 days for pay for delinquency</i>	<i>7/8/17</i>	<i>W. H. Egan</i>	<i>WN</i>

16 AUG 1917

Army Form B. 129

No. 2490 Name *Marsden Wm Ate*

Sq., Batt.,
or Company

H A Corps *Royal Newfoundland*

Date of
enlistment

11/4/16

G.C.
Badges

Service or
Proficiency Pay

Date of last entry in
Company Conduct Sheet

8/12/17

No. and date
of last drunk

Period not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

Character

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Rowen</i>	<i>15/4/19</i>	<i>Pte</i>		<i>Defenced of Ket - 5$\frac{1}{2}$</i>	<i>CQMS Wardlaw</i>	<i>Pay for same</i>	<i>15/4/19</i>	<i>Major Bowen</i>	<i>R.E.</i>

As a hospital 259 15

Army Form B. 129

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No 2490

Name Mason W M Rank

Address Bay Roberts

Present Medical Category F

Recommended for:— { (a) Immediate discharge

(b) Standard Medical Board

Members of Board {

R. H. Last Major
O.C. Discharge Depot.

H. Atkinson
Senior Medical Officer

G. W. Burdett
M. O. Depot.

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**.....
2. Regtl. No. **2490** 3. Rank... **Pte.**.....
4. Name ... **Mercer W.**.....
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (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."
11. Date of origin of disability.
12. Place of origin of disability.
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.

G.S.W. SEPT 1918.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .. .. . | ..... | ..... |
| (ii.) Previous active service.. .. . | ..... | ..... |
| (iii.) Climate in pre-war service .. .. . | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. . | ..... | ..... |
| (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? **He complains of no disability. He complains that he suffers from gas-poisoning. (76F.A.25/9/18.) Being shocked up each morning. Coughing a good deal.**
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
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?

20. Do you recommend— **Repatriation.**
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W.E. PROCUNDER. CAPT. R.A.M.C.
Medical Officer in charge of case.

Station **H.D.C.**

Date **17/5/19.**

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. **Gas-Poisoning.**
- (b) The present condition thereof.

**Pulse 120. Complains of choking in Larynx ~~XXXXX~~ & considerable cough
Deficient in expansion. Teeth in bad condition.**

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war	Yes. .. .. .	.....
(ii.) Previous active service.. .. .	.....	.....
(iii.) Climate in pre-war service .. .. .	.....	.....
(iv.) Ordinary military service before the war .. .. .	.....	.....
(v.) Serious negligence or misconduct on the part of the soldier	No. .. .. .	.....

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

Gas.

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

**30% 6 Months.
& Treatment.
(Deficient Lung expansion.)**

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Yws.

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

Yes.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station **St. John's** **N. S. FRASER** { President or
Chairman.
Date **June 16/19** **J. S. TAIT** } Members.
..... **L. PATERSON, MAJOR**

Discharge Approved under Para. 392 (xvi) King's Regulations.
Station **(SGD) CLIFFY MACPHERSON, MAJOR** } Only applicable
Date **Officer in charge, Central Hospital.** } in cases of
Hospitals.

OR
Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.
(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
Date
O.C. Discharge Centre.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2490 Rank Plt Name Thurcek ^{W m}
 Intended place of residence Bay Roberts ^{H Grace}
 2. Occupation Fisherman
 Classification of soldier B Medical Category E

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
 Date ST. JOHN'S JUN 19 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.

Place and date ST. JOHN'S
JUN 18 1919
 Signature of soldier W. Mercer
 Signature of witness J. A. Snow Capt.

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 JUN 18 1919
ST. JOHN'S
 Signature of soldier W. Mercer
 Signature of witness James Sheehan

STATEMENT OF SERVICE

7. Enlisted for service 10-4-16 No of days on Military
 Discharged from service 21-6-19 **PLUS 14 DAYS** Service 1182

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
JUN 21 1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld.
 Date July 5/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

2490 29/2694

W. Mercer

C.R.

2490

Ref D

For God, For King & For Country



PATRON
Y.M.C.A. NATIONAL COUNCIL
H.M. THE KING.



PATRON
MILITARY CAMP DEP.
H.R.H. DUKE OF CONNAUGHT.

Reply to _____ Company A. Bat. _____ Regt. 1st N.S.F. 10. Selwarrick 241917.
Stationed at Barton on Sea.
Convalescent Home.

18X 6 2 FEB 1917

Dear Sir,

Would you please send on
1 set of Shoulder Badges and 1 Cap
Badge. I arrived here from
hospital and there is know place
here to buy them. I would be
very thankful to you if you
could send them on as
as possible.

11
Sent
24.17

and kind
I remain yours truly
W. Mercer.
No. 2470. 12. Division
Barton on Sea. War.
new. Milton Grants.
no 39. tent.

1ST NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	1007
Rec'd.	FEB 26 1917
Ack'd.	
Ans'd.	
File No.	

7

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
58 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 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
2490	Pte	Mercer W	\$ 2.50	W Mercer

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

Date

12/7/18

W Mercer

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No. 2490 rank Pte

Name Mercer W.

Pay	R. Allow	Working	Total
<u>1.00</u>	<u>.10</u>		<u>1.10</u>
Less Allotment			<u>.60</u>
Net Rate			<u>.50</u>

Date	DEBITS	£ s d	CREDITS	£ s d
1917	Balance	/ / 1	Balance	27/10/17 2 2 7
	<u>P.M. ADVANCES:</u>		<u>Pay @ Net Rate:</u>	
	A.B. 64.		154	
	Acquittance rolls	14 4	28/10/16 to 30/3/17 = days	
	Hospital Advances	13 6	@ .50 = \$ 77.00	15 16 5
	<u>STOPPAGES:</u>		<u>Nelson accounts</u>	
	Hospital dys =		30/3/17 to 2/4/17 = 10 days	
	Forfeited Pay dys =		@ .20 = \$ 1-0-0	1 0 0
	Miscellaneous	1 0 0	1 / 1 to 1 / 1 = days	18 19 0
	Cable <u>depos</u>		@ = \$	
	<u>P.&R.O. PAYMENTS:</u>			
	Sundry Bills	2 7 10		
	Cash			
	<u>Bank Cash</u> 3rd/1/16	16 10 0		
	<u>P-2505</u>			

OK. JPH

C.R. 2490

Extract from Orders by Major T.G. Mathias, D.S.O. Commanding
1st Batta. Royal Nfld. Regt. 3/7/18.

VII -

The following arrived yesterday and is attached to A.Co.

2490 Pts. W.Mercer.

C.R. 2490

Extract from Nominal Roll of H.M. Regt. Draft No. 28
from 2nd In. Depot, to 1st In. B. ~~of~~ ~~the~~ ~~War~~ ~~Department~~
5-8-17.

2490 Pte. W. Mercer.

C.R. 2490

Extract of Nominal Roll of Draft for Repatriation, 1st Bn.
Royal Newfoundland Regiment, which arrived at Hasleley Down
Camp. 19-4-19, from B.E.F.

2490 Pte. W. Mercer.

C.R. 2490

Extract from Daily Orders part II, Unit, The Royal Wilt.
Regiment dated 9-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i / C Records on noted date.

#2490 Pte. Wm. Mercer

4-7-19.

C.R. 2490

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. John's, June 28th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 20-6-19.

21-6-19

2490 Pte. WM. Mercer

C.R. 2490

Extract from MEDICAL BOARD held June 16th. 1919.
The following were the findings.

Recommended discharge from the Army.

REQUIRES TREATMENT.

2690 pTe. WM. MERCER.

C.R. 2490

Extract from Daily Orders Part A1 Depot, St. John's,

Date

June 18th 1919.

2490, Pte. W. Mercer.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 2490

Extract from Nominal Roll of Nfld. Regt. Draft No.12,
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked South-
ampton, 11-10-16.

2490 Pte. W.Mercer.

C.R. Counter No. 2490

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	Rcd	By	Sent	by	Check

Dated

Oct 28th, 1918

To

Henry Mercer, Bay Roberts

Regret to inform you that Record Office, London, officially reports No. 2480, Private William Mercer at 1st Convalescent Depot Boulogne Oct 20th

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia. Minister of Militia.

FOR TYPEWRITER

C.R. 2490

Extract from Nominal Roll from 2nd Battalion to E. B. F.,
that embarked at Southampton 23/7/18

#2490 Pte. W. Mercer

C.R. 2490

Extract from War Office Ist. #. A. 30560

#2490 Pte. W. Mercer.

ADMITTED TO 1 COL. DEP. BOULOGNE 20 OCT. 1918.

Wounded

CR 100
Counter No. 480

NEWFOUNDLAND POSTAL TELEGRAPHS.



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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Oct 10th 1918**
To **Henry Mercer, Bay Roberts,**

Regret to inform you that Record Office, London,
officially reports **No. 2480, Private William Mercer**
gassed on Sept 25th, no particulars

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. . . Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 2490

April 25th, 1918

G.E. Russell, Esq., J.P.,
Water Street,
Bay Roberts.

Dear Sir:-

Your letter of 22nd inst. requesting furlough for No. 2490, Private William Mercer, has been received, and I am directed to inform you that your application will be forwarded to the other side. We have very little hopes of your request being granted, as the new War Office Regulations are that no soldier can be repatriated except those being sent home for discharge.

Yours faithfully,

Major, C.S.O.

A Conception Bay Advertising Medium

Fine Job Printing

Guardian Ads Pay

The Guardian

\$1.00 per year in advance

U. S. subscriptions \$1.50 in advance

C. E. RUSSELL, Proprietor

Water Street, Bay Roberts, Nfld.

ANSWERED

APR 25 1918

apl. 22/18

Hon. J. R. Bennett,
Min. of Militia
St. John's

Dear Sir:- The father of No. 2490 Pte. Wm. Mercer, Country Rd., Bay Roberts, has requested me to ask you to try and get furlough for his son who is at present at Hazleig Down Camp, Winchester, Eng., suffering, as I understand it, from Trench ft. He is marked B 3.

Yours truly
C. E. Russell
J.P.

C.R.

C.R. 2490

942

CASUALTIES.

No. 2490, Pte. W. Mercer has been discharged from the
Dysentery Convalescent Hospital, Barton, New Milton, Hants, and
and proceeds direct to Depot, Ayr, N. B. He is considered fit
for duty. 27/3/17.

(Sd)

Capt. R. A. M.C.
M. O. "D" Divn.



NEWFOUNDLAND POSTAL TELEGRAPHS.



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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated January 9, 1917.

To Mr. Henry Mercer,

Bay Roberts.

Regret to inform you that Record Office,

London, officially reports No. 2490, Private William Mercer, is at the University War Hospital, Southampton, suffering from a slight attack of dysentery.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

NEWFOUNDLAND CONTINGENT
58 VICTORIA ST.
LONDON, S.W.
JAN 5 1917

TERRITORIAL FORCE. - YORK RECORD OFFICE.

LIST No. H.A. 5465.

2783	Pte. Gooding, W.H.	8-Durh. L.I.	Old G.S.W. Hand L. Mild.	Trans. to 6. Con. Dep. Etaples ex. 4. Gen: Hos. 27th. Dec' 16.
77888	" Bellfield, H.	6-North'd. Fus.	Myalgia. Mild.	Adm. 6. Gen: Hos. Rouen 25th. Dec' 16.
3681	" Rouse, D.	8-Durh. L.I.	do. do.	do.
6598	" Walton, J.	8- do.	do. do.	do.
7437	" Gladden, E.N.	7-North'd. Fus.	I.C.T. Feet. Sev.	do.
3635	" Rate, B.	4- do.	Influenza. Mild	do.
2768	" Scott, W.G.	5-North'd. Fus.	do. do.	do.
5462	" Hill, J.	4- do.	Carbuncle do.	do.
5087	Sgt. Chipperfield, F.C.	4- do.	I.C.T. L. Shldr. Mild.	Adm. 9. Gen: Hos. Rouen 27th. Dec' 16.
5552	L/C. Breese, W.	7- do.	do. L. Leg. Mild.	do.
4687	Pte. Hunter, S.	4-E. Yorks R. Att.	Impetigo. Mild.	do.
		150-T.M.B.		
3552	" Oliver, R.S.	7-North'd. Fus.	do. do.	do.
3552	" Oliver, R.S.	7- do.	do.	Trans. to Con. Camp ex. 9. Gen: Hos. Rouen 27th. Dec' 16.
4687	" Hunter, S.	4-E. Yorks R. Att.	do.	do.
		150-T.M.B.		
3106	" Leng, H.C.	4-Yorks R.	G.S.W. Chest & R. Leg	To Eng. ex. 9. Gen: Hos. 27th. Dec' 16.
3184	" Bullock, W.	1-1. Yorks Huss.	Rheumatic Fever.	do.

[Handwritten signature/initials]

ROYAL HORSE GUARDS RECORD OFFICE REGENT'S PARK N.W.

LIST No. H.A. 5465.

1199	Tpr. Fethon, C.	R.H.Gds. 5-G. Base	Spr. R. Ankle Mild.	Adm. 9. Gen: Hos. Rouen 27th. Dec' 16.
------	-----------------	--------------------	---------------------	--

CAVALRY RECORD OFFICE. - CANTERBURY.

LIST No. H.A. 5465.

10437	Pte. Reed, A.	7-Drag. Gds.	Inf. Bladder.	Trans. to Con. Camp Ex. 9. Gen: Hos. Rouen 27th. Dec' 16.
2826	" Pollock, J.	2- do. 5-G.B.	Psoriasis.	do.
957	Cpl. Mealey, E.R.	1-R. Drags.	Influenza. ? Venereal	Trans. to 1. Sty. Hos. Rouen ex. 9. Gen: Hos. 27th. Dec' 16.

INDIAN FORCE. - INDIA OFFICE.

LIST No. H.A. 5465.

8978	Dvr. Jones, A.	R.F.A. Att. 1-Ind. Cav.	Trench Feet. Sev.	Adm. 9. Gen: Hos. Rouen 27th. Dec' 16.
			Aux. Horse Trans.	

SOUTH AFRICAN EXPEDITIONARY FORCE.

LIST No. H.A. 5465.

9386	Dvr. Reeve, G.	South African Eng. N.Y.D.		Adm. 6. Gen: Hos. Rouen 25th. Dec' 16.
		Sig. Co. R.E. Sect.		

NEWFOUNDLAND CONTINGENT.

LIST No. H.A. 5465.

2490	Pte. Mercer, W.	1-Newfoundland R.	? Dysentery. Mild.	Adm. 9. Gen: Hos. Rouen 27th. Dec' 16.
------	-----------------	-------------------	--------------------	--

[Handwritten mark]

[Handwritten mark]

C.R. 2490

Extract from Hospital Roll, Hospital St. John's for Overseas,
per O.S. "Station" July 19, 1916.

2490 Pte. Mercer W.

C.R. 2490

William Mercer was attested for General Service with
the NEWFOUNDLAND CONTINGENT on April 11th 1916
Regimental No⁸⁴⁹⁰ was allotted to Pte William Mercer

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

Merces, W^m

2490

Ray Sept

July 7, 1919

#2490 Pte. William Mercer,

Country Road.

Bay Roberts.

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.

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 questions 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 *Williams* 2. Surname *Therese*
3. Rank *Private* 4. Regt. No. *7496*
5. Address in full to which future payments of gratuity are to be forwarded..... *County Rd. Bay Roberts*
6. Date of enlistment in the Regiment..... *April 1896*
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..... *Not Applicable*
9. Address in full of such dependents..... *Not Applicable*
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..... *2 1/2 years 79 days*

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

Not Applicable

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.

Not Applicable

15. Have you been issued with a War Service Badge? *no*

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

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.

Not Applicable

18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not Applicable*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not Applicable*

19. Are you now serving in the R.C.S.? *no* If not give? - (a) date of discharge. *21/7/19* (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.

France. Feb 1916 to April 1919

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. *Not Applicable*

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: *William Mercer*
 Place of Residence: *Country Road Bar Roberts W. V.*
 Declared before me at: *Johnston*
 This *19th* day of *June* 19*19*...

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

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
Certified correct.				Paymaster

BB/ME

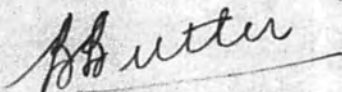
July 14. 1919

To/ Dr. Parsons, M. C.

From/ V. O.

2490 Wlm Mercer. Country Road Bay Roberts. _

The above named man was an applicant for re-training and his case came before the Committee on June 20th but was deferred as he had been recommended for hospital treatment. He writes me under date of July 2nd asking when he has to report to the hospital. Can you kindly give him the required information.



Captain,
for Vocational Officer.

July 5, 1919

#2490 Pte. William Mercer,

Bay Roberts, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2694.

Yours truly

Captain
Raymaster & O.i/c Records.

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 take up Labouring work.

W Mercer

Signature of Man.

Reg. No. 2490

Clumpley Capt

Signature of the Vocational Officer or his Representative.

Place Greifsee Hall,

Date June 19, 1919.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2490 Rank Pte Name Mercur Wm
 Date of Enlistment 10.4.16 Address Bay Roberts District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 30% 6 mo
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3194	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 18.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. Wm Mercur

Particulars passed to Vocational Officer for information and action.

Date 19-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied McClouston

Date 19-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1866 to his home at Boys Roberts and Release Certificate No. 2922 issued.

Date 19-6-19

J.A. Knowlton
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 25-7-19

Date 19-6-19

J.A. Knowlton
Depot Paymaster.

Discharged approved for 21-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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
B179c	B 120	M 93		

2 Form B

Date 19-6-19

J.A. Knowlton
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUN 21 1919

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

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

Date

2490 Mercer W.

P.M.

Please settle W. S. G. a/c

\$58⁸⁰

6/11/19

W.S.G.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 58 ⁸⁰ —

Nov. 6 th — 1919

Received from the First Newfoundland Regiment
the sum of Fifty Eight ⁸⁰ — Dollars.
~~on account~~ of Pay. WSEY
balance

W Mercer

Ch. No. 19147	Initials. WSEY
Pay Ledger 302	Initials. WSEY
Gen. Ledger.....	Initials.....

[Handwritten signature]

Regtl. No..... Rank.....

No. 2490

Rank 1st

Name W. Mercer

ST. JOHN'S, June 19th /19

Royal Newfoundland Regiment.

Billeting Account,

To W. H. Mercer

Billeting Soldiers as undermentioned

from June 1st /19 to June 19th /19

2490 - W. H. Mercer 19 90

ACCOUNT	<u>B. M.</u>
SH. NO.	<u>2400</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$: 19 90

W. H. Mercer
Billeting Officer.

R. J.

Reg. No. 2490 Rank Pte Name Murray WA

Attested Address Bay Roberts

Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Corsican Cause Discharge

17619

Recd. Discharge from Army
Requies Treatment

18619

PASSED TO DEMOBILIZATION OFFICER

21619

DISCHARGE APPROVED ON DEMOBILIZATION

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 5 1921.

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

William Mercer

in respect of his service as No. 2490 Rank Pte.

Name W. Mercer

Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received deft Militia St John's

Signature William Mercer

Date Jan 16th

Address country Port Bay Roberts
deft of Militia St John's

[P.T.O.]

Receipt for Army Book 64

No. 2490 Name W. Mercer
2

To certify that I have received the AB 64 of the above
named soldier.

Name William Mercer

Date 9 of Sep 1920

Place Sydney B. A.

N.B. For completion and return to the Department of Militia
Insert in corner of envelope "AB 64"

W. Mercer

Casualty Form—Active Service.

Regimental Number 2490

Regiment or Corps 21st New Brunswick Regt.
 Rank Pr. Surname Mercer Christian Name William 1941
 Religion CofE. Age on Enlistment 21 years _____ months.
 Enlisted (a) 11/4/16 Terms of Service (a) War Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records.



Date	Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213, Army Form A. 33, 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. 33, or other official documents
	Date	From whom received				
				Embarked Southampton	1 OCT 1916	
				Disembarked ...	12 OCT 1916	
			Joined Battalion		22 OCT 1916	
	5 Aust F.A.	Admitted French	transf 6th S. Brie		31/10/16	ED 5913
	8					
	88 F.A.	Admitted	Enteritis 20/12/16	transf 29 D.S.	20/12/16	ED 7645
	29 D.S.	Admitted	Do.	France	20/12/16	ED 7669
	29 D.S.	Transferred		N.3. St. A. Amiens	24/12/16	ED 8074
	9 Gen Hoop.	Admitted	Dysentery	Lower	27/12/16	HA 5465
	AS	Glenart Co	Invalided to England		5/1/17	45 3083

Hub Burchell CAPTAIN.

(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.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland Regimental Number 2490

Rank Pte Surname Mercer Christian Name William

Religion Ch of England Age on Enlistment 21 years — months.

Enlisted (a) St Johns Terms of Service (a) Duration Service reckons from (a) 11/4/16

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

Extended — Re-engaged — Qualification (b) —
or Corps Trade and Rate A

Occupation Fisherman

[Signature]
Signature of Officer i/c Records.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 56, 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. 56, or other official documents
		LONDON, ENGL. 24 APR 1919 OFFICE	Embarked <u>Southampton</u>	<u>25.7.18</u>	
	<u>D.S.B.D</u>	<u>Joined</u>	Disembarked... <u>France</u>	<u>26.7.18</u>	
		<u>Joined Battalion</u>	<u>Rouen</u>	<u>27.7.18</u>	<u>Roll</u>
				<u>31 JUL 1918</u>	
	<u>of 76 T.A.</u>	<u>Wounded "Go"</u>	<u>Tues</u>	<u>25.9.18</u>	<u>B 213 29/10</u>
	<u>7 Winder 14p</u>	<u>No "Go" there</u>	<u>36 Cels</u>	<u>25/9/18</u>	<u>CO 7217</u>
	<u>1 Coa recd</u>	<u>" " "W"</u>		<u>27/9/18</u>	<u>W 5911 27/9/18</u>
	<u>"D" (P.2)</u>	<u>Amnis</u>	<u>Boulogne</u>	<u>20/10/18</u>	<u>W.A. 30560</u>
		<u>Returned Unit 14/11/18</u>	<u>Kanun</u>	<u>19/11/18</u>	<u>Roll</u>
		<u>Trans to Eng. for Demob.</u>		<u>16/1/19</u>	<u>B 213. 29/1/19</u>
					<u>W 1080 20/2/19</u>

[Signature]

[Signature]
Captain for
Officer i/c Infantry Section No. 1
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, Shoenig-smith, & Co.
Form B. 103

Next of Kin: Mother - Mercet Henry Bay Roberts Mica

[P.T.O.]

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. *Regal Newfoundland*
2. Regtl. No. *2490* 3. Rank. *Pte*
4. Name *Mercer* *W*
(Surname) (Christian Names)
5. Age last birthday *24*
6. Posted for duty on *Apr 11/16* at *St-Johns*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

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."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
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. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i) Service during the present war | | |
| (ii) Previous active service.. .. . | | |
| (iii) Climate in pre-war service | na | } |
| (iv) Ordinary military service before the war | | |
| (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? } | 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.)

no complaint of no disability

16. Was an operation performed? If so, when and what was its nature?
 17. If not, was an operation advised and declined?
 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?
 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

na

Recommend treatment

na

Repatriation

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.

W. E. Proctor. Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley D. Camp*
 Date *17-5-19*

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war
(ii) Previous active service..
(iii) Climate in pre-war service
(iv) Ordinary military service before the war
(v.) Serious negligence or misconduct on the part of the soldier

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require :—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures :—

Station *Hazelton D. Camp* { President or Chairman.

Date *17-5-19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station Officer in charge, Central Hospital. } Only applicable in cases of Patients in Hospitals.

Date

OR

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station O.C. Discharge Centre.

Date

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Collich & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (Printed in Great Britain) 1000m 6/18s 23 58

Forms
B. 121.
29.

Regiment of 1st Newfoundland

Number of Sheet First

Signature of O. C. Company CR Ayre Capt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>Mercer, W.</u>	Age on <u>21</u> years - months		<u>Fisherman.</u>	
Joined _____ Date _____		Place and Date of Enlistment		Religion	
Joined _____ Date _____		<u>Police</u> <u>Apr. 11.16</u>		<u>C. of England.</u>	
Joined _____ Date _____		Period of	{ with Colours _____ years.	Place of Birth	
Joined _____ Date _____			{ with Reserve _____ years.	<u>Newfoundland</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>Police</u>	<u>July 2/16</u>	<u>Pte.</u>		<u>Throwing Potatoes about Mess Room</u>	<u>Corp. Conran</u>	<u>3 days CB.</u>		<u>Capt. CR Ayre</u>	<u>2as</u>
<u>Racecourse</u>	<u>2.2.8.16</u>	<u>-</u>		<u>Throwing food around dining room</u>	<u>Conran</u>	<u>2 " CB.</u>		<u>Burnard</u>	<u>EB</u>
<u>"</u>	<u>8.7.17</u>	<u>"</u>		<u>Absent from Sick parade</u>	<u>Sgt. Morrison</u>	<u>10 days CB.</u>	<u>9.7.17</u>	<u>Capt. H Rendell</u>	<u>act</u>
<u>Cygn.</u>	<u>11.7.17</u>	<u>"</u>		<u>Absent from tattoo 14.7.17 until interviewed by the military police in New Bridge Street at about 11.50 pm 14th July 1917</u>	<u>Lept. Kennedy</u> <u>M.F.P.</u>	<u>3 days CB.</u>	<u>17.7.17</u>	<u>Capt. March</u>	<u>act</u>
<u>Racecourse</u>	<u>15.7.17</u>	<u>"</u>		<u>Absent from tattoo, not reported 12 midnight same date.</u>	<u>Cpl. Johnston</u>	<u>5 days CB</u>	<u>16.7.17</u>	<u>Capt. H Rendell</u>	<u>act</u>
<u>St. Leonards Park School</u>	<u>8/12/17</u>	<u>"</u>		<u>Absent from tattoo 8-12-17 until brought back under escort at 1 P.M. 14/12/17</u>	<u>Cpl. Lewis</u> <u>Caravan</u>	<u>7 days CB</u>	<u>15/12/17</u>	<u>Capt. Fox</u>	<u>Forfeit 7 days Pay by R.W.</u>

Army Form B. 121.



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

William Mercer

Regiment from which discharged

Royal Newfoundland

Regimental number

2490

Intended address

Bay Roberts

Height on discharge

5 Feet

Color of hair on discharge

light

Complexion

fair

Color of eyes

blue

Descriptive Marks

Figure on discharge

medium

Christian name of Father

Henry

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

Bay Roberts, April 6th 1895

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)

William Mercer

(Rank)

Station

P. J. John's

Date

13-5-10

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

22490
Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2490 Rank Plt Name Mercer W
 Date of Enlistment 10.4.16 Address Bay Roberts District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category F
 Recommendation S. M. B. Permanently unfit Disability Rating 30% 6 mo
 Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 18.6.19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am not in a position to resume civilian occupation. off mercer

Particulars passed to Vocational Officer for information and action.

Date 19-6-19 [Signature]

2. Clothing.
 Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied [Signature]

Date 19-6-19 O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1866 to his home at Bury, Roberts and Release Certificate No. 2922 issued.

Date 19-6-19 *J.A. Swales*
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 5-7-19

Date 19-6-19 *J.A. Swales*
Depot Paymaster.

Discharge approved for 21-6-19
Forwarded with following documents to O.C. Discharge Depot.

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
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
B179c	B 120	M 93		

1 1 1 1 1 2 3 2 Form B

Date 19-6-19 *J.A. Swales*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 2 1919 *R.H. Sait*
O. C. Discharge Depot.

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

Date July 4/19 *Ameyath*