



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

RP

5369

No.

5369

Name

William Mercer

Co. E

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <i>Wm Mercer</i> |
| 2. What is your full Address? | 2. <i>Upper Grand Cove No. 9</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>25</i> Years <i>0</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Labourer</i> |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 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. <i>Yes</i> |

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

Wm Mercer SIGNATURE OF RECRUIT.

Wm Mercer 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 fully 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 *13th* day of *May* 191*5*.

Ed. Dick 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 *1st* *Regt* If enlisted by special authority, such will be attached to the original attestation.

Date.....191*5* } 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

5-369

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

Name Orin Mercer
 Apparent age 25 years 0 months. Height 5 feet 2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Mercer
Upper Island Pond | Relationship father
N. Green Street
 Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-5-18</u>									
Joined <u>at</u> <u>Meigs</u> on <u>23-5-18</u>									
Combiner <u>at</u> <u>St. Columella Co. Station N.Y.</u> <u>22-7-18</u>									
Left for demobilization <u>22-5-19</u>									
Arrives <u>at</u> <u>Camdenland</u> <u>1-6-1919</u>									
Demobilization <u>at</u> <u>St. John's</u> <u>9-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-7-1919</u> (date of discharge)					1	yrs	48	days	
Pensions									

C.R. 5369.

Extract from Casualties received from the P.G.R.O.

London dated 30-6-19.

Reference Casualty report No. 456 of 1/6/19
Sheet 10: 5148 Pte. R. G. Mercer should be made to read
5369 Pte. W. Mercer.

Reference
Draft ~~Returning~~

C.R.

5369

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, June 27th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 2526-19.

5369 Pte. Wm. Mercer.

C.R. 5369

Extract from Daily Orders part 11, from Unit The Royal
Mild. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5369 Pte. William Mercer.

C.R. 5369

Extract from Daily Orders part 11, from Unit The Royal Rifles.
Regt. St. John's, dated May 25th, 1918.

#5369 Pte. William Mercer.

Attested for General Service with the Royal Rifles Regt.
from 23.5.18

C.R. 5369

**Extract from Daily Orders Part II Royal Newfoundland
Regiment, Depot St. John's, dated 12-7-19.**

**The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records from
noted date 9-7-19.**

5369, Pte. W. Mercer.

Reg. No. 5364 Rank Pta Name Mercury, W. G.
Attested 23-5-18 Address Appri Island Ave
Allotment 60 Allottee Charles Fisher (Father)
Date of Allotment 1-8-18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

24-578 Vacc, St Inoc 11-7-18, 2nd Inoc 20-7-18

7/18 Sent for Extension O.C. Report forward Doctors Certificate
7/18 Reported by Dr. C. Geo. Ulrich Son feet.
Rec From leave 2/7/18

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

MEDICAL HISTORY

OF

Surname Merce

Christian Name William

Depot 3369

Table I.—GENERAL TABLE.

Birthplace:—Parish Upper St. John's County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>22</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191	
	at <u>St. John's</u>		at _____	
Declared Age	<u>25</u> years — days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>2</u> inches		_____ feet _____ inches	
Weight	<u>128</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>35</u> inches		_____ inches	
	Range of Expansion... <u>4</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	D. E.—V = <u>6/6</u>		R. E.—V = _____	
	L. E.—V = <u>6/6</u>		L. E.—V = _____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>22</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>Regular</u>	<u>1369</u>		
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Oayac Newfoundland

Number of Sheet 606

Signature of O. C. Company O. B. Dickstein

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay					
No.	504 Messengers			Age on	years	months	J. Sherman			
Joined				Date of Enlistment		St. John's 22 5 18		Religion		
Joined				Date				Cath		
Joined				Date					Place of Birth St. Peter de B. C. G.	
Joined				Date						
		Period of								
		with Colours								
		with Reserve								

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Hazley Down Camp	2/10/18	Pvt		Dirty on Parade	Sgt. Fagente				
"	"	"		" Dirty on Parade	Sgt. Cox	3 days CB.	4/10/18	W.S. Knight 2/lt.	W.S.K.
"	16/10/18	"		Protesting on parade	Pl. H. Fossie				
"	"	"		found	" Crocker	3 days CB.	17/10/18	W.S. Knight 2/lt.	W.S.K.
Hazley Camp	19.10.18	"		Dirty rifle	Sgt. Cox	2 days CB.	19.10.18	Capt. Piffa	W.P.
"	10.11.18	"		Heating to comply with an order	Pl. Stein	2 days CB.	11.11.18	W.S. Knight 2/lt.	W.S.K.
"	29.3.18	"		Absent from 3 PM Parade	10. S. M. Calagey	2 days CB.	30.3.19	Lieut. P. Demossier	

To be carried over.

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 Coy. Former Trade or Occupation } Fisherman
2. Regtl. No. 5369 3. Rank... Plt 7a. If the soldier claims previous service in Army, he should state—
4. Name Mexco William (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... 25
6. Posted for duty on..... at.....
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."
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.
- nil
nil
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 | | |
| (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? }

The Complaint of his disability

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.)

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?

Repatriciation

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. Rame
 Medical Officer in charge of case.

Station *Woolleytown*
 Date *1.14.19*

* 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.

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 F., 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 Newfound Land* 7. Former Trade or Occupation } *Seaman*
2. Regtl. No. *5369* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Mercer* *William* (a) Former Regts. or Corps with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on at.....
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 (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.

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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.
- nil*
nil
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 | | |
| (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? }

The Complaint of the disability

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.

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

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

Repatriation

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

W. G. Procuier Capt Rames

Station *Wagley Barr*

Date *8/4/19*

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.

Merces

will not mention officers
soldi. (Cyril Commander's letter)

Rac. - letter to Mr. B. -
del. - signed by Mr. H.

Wm. C. C. C.

W. Mercer

C.R. 5369

P. B. P.

No. 21056/2590

066265

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

To:

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

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

24 DEC 1918

18th December 1918

1918

Subject: 5369, Pte. W. Mercer,

Receipt hereunder.

With reference to the following telegram (10988) from the Hon. Minister of Militia, received

Carroll

LIEUT. COLONEL

COMMANDING OFFICER, NEWFOUNDLAND BATTALION,
Royal Newfoundland Regiment.

Pay to 5369 Mercer £2:1:0

Received the sum of two

Draft £ 2:1:0 is enclosed for payment to this Soldier. Kindly obtain his receipt. hereon.

Round one shilling account of cable remittance from Newfoundland.

W. Mercer

A. A. Minisill Maj.
Chief Paymaster & O. 1/c Records.

No. 5369 Rank Private

Witness T. R. Hennebo

B

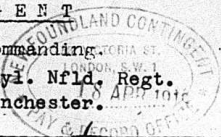
N^o. 5836/849

N.F.P. /79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding
2nd Batt. Ryl. Nfld. Regt.
Winchester.



14th April 1919

April 16th 1919

5369 Pte W. Mercer

With reference to the following telegram from the Minister of Militia / / (132)

"Pay to- 5369 Pte W. Mercer
£5. 0 0.

Cheque £ 5. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder

LIEUT. COLONEL.
OFFICER COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

Received the sum of £5.0.0

Five pounds. in respect of telegraphic remittance from the Minister of Militia.

No. 5369 Rank Pte

Witness

A. D. Minson Maj.

W. Mercer *his mark*
Geo Henry Jc

6
No. 16718/2086

065442
FR
NEWFOUNDLAND CONTINGENT

N.F.P./79.

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

19th November 1918

Subject: 5369, Pte. W. Mercer

With reference to the following telegram (9925) from the Hon. Minister of Militia, received

Pay to 5369 Mercer £4:0:0

Draft £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. D. Minnett Maj.
Chief Paymaster & O. i/c Records.

November 22 1918

Receipt hereunder
Chas. P. LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of Four
Pounds on account of
cable remittance from Newfoundland.

W. Mercer
No. 5369 Rank Pte

Witness *Robert Jones*



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Mercar, Regl. No. 5369
 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 August 1st/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4836	Father	Charles Mercar	Upper Island Cove Certificate 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.) _____

Officer Commanding
 E Company

St. Johns
 July 8th 1918

(Sig.) Wm Mercar
 (Rank) Plt

J. J. Burke Wt.

No. 6336



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Mercer, Regl. No. 5369

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 August 1st/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4836	Father	Charles Mercer	Upper Island Coos Conception B	60
Total Allotment, \$				60

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

(Sig.) _____

Officer Commanding
E Company.

St. Johns
July 8th 1918

(Sig.) William Mercer
Private

(Rank) _____
W. J. Burke W.M.

Merces, D^u

5569

Ray Sept.

July 11, 1919

#5369 Pto. William Morcer.

Upper Island Cove, 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
Quymaster & Officer 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 26th. 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 William Bruce Surname Mercer.....

3. Rank Private..... 4. Regt. No. 5369.....

5. Address in full to which future payments of gratuity are to be forwarded. Upper Island Cove
Heartbrave District.....

6. Date of enlistment in the Regiment June, 1918.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
None paid.....

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?.....

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

12. Give total length of time which you served on active service, whether in Mfld. or Overseas.

From June, 1918
(not overseas) to June, 1919.....

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

Enlisted once only.

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.

None received.

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

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.

I do not know.

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

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

19. Are you now serving in the Regt.? *Yes*. If not give? - (a) Date of discharge. *August 1918.* (b) Reason for discharge. *Went*

discharged; not desir. of being.

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.

Went overseas in Fall of 1918; did not go to France; at base all time while in 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. *No.*

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

Signature of Applicant:

William M. Reese
Head

Place of Residence:

Upper Island Lake

Declared before me at:

Delbert H. Hunsicker

This *26th*

day of *June* 19*.19*....

William A. Ke

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, & Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Disability.	Net amount due
.....
.....
Certified correct.				Paymaster

July 9, 1919

#5369 Pte. William Mercer,

Upper Island Cove, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2875

Yours truly

Captain
Paymaster & O.I.C. Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5369 Rank Pte Name Mercer W.
 Intended place of residence Upper Field Cove, H. Grace.
2. Occupation Fishing
 Classification of soldier F. Medical Category F.F.
DEMOBILIZATION.
3. The above named man is discharged in consequence of.....

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 JUN 24 1919
 Date ST. JOHN'S *M. S. Grant*
 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 JUN 24 1919
ST. JOHN'S *Wm Mercer*
 Signature of soldier
M. S. Grant
 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 JUN 24 1919
ST. JOHN'S *Wm Mercer*
 Signature of soldier
M. S. Grant
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No of days on Military
 Discharged from service 25-6-19 PLUS 14 DAYS Service 4.13

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S *R. H. Grant Major*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
- Date JUN 25 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place *St. John's, Nfld*
 Date July 19/1919 *M. Bowley Capt*
 Officer i/c Records
 The Royal Newfoundland Regiment

AFB 2029/2875

The Royal Newfoundland Regiment

Class for Demobilization:—
E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-6-19

Regimental No 5369

Name Mawcer, Wm.

Rank Pte

Address Upper Island Cove

Present Medical Category A1

Recommended for:— { (a) Immediate discharge

{ (b) ~~Standard Medical Board~~

R. J. ...

Members of Board {

O.C. Discharge Depot.

(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 413 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

Commissions Board

Please receive documents as indicated below

No. 1369. *St. Muree Com*

No.	RANK AND NAME	Non-effective account.	Medical history sheet.	Nfld. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards	Attestation paper	Identity certifi- cate	Allotment papers	A.P.W. 3463	Headquarters Travelling Board	Proceedings on discharge
		N. F. P. 698	B. 178	B. 178a	B. 179	B. 268	W. 3404	D. 400A	B. 103	B. 120	R. 121	B. 122	1st. Board	B. 1015	Form L	Form K		D. P. 2	D. F. 1

Received above noted documents,

Dated _____ 19 _____

Signature of Officer forwarding documents:

Date 4.7 1919 *Hags*

The Royal Newfoundland Regiment

Class for Demobilization: —

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24.6.19

Regimental No. 5369

Name Frederick Wain Rank Private

Address W. J. Lane, St. John's, Nfld.

Present Medical Category A1

Recommended for:— (a) Immediate discharge _____
(b) Standard Medical Board _____

Members of Board

R. H. East
O.C. Discharge Depot.

H. H. H. H.
Senior Medical Officer

S. W. B. D.
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5369 Rank Cpl. Name Marcel W.
 Date of Enlistment 23-5-18 Address Upper St. John's District St. John's
 Occupation Liberian Classification for Discharge A Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 24-6-19 O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action W. J. Chorney

Date _____

2. Clothing:

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Chlo. Crust

Date _____

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *P.1919* to his home at *Upper 9th St. to one* and Release Certificate No. *2995* issued.

Date

24-6-19

J.A. Snow left
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

Date

24-6-19

9-7-19
J.A. Snow left
Depot Paymaster

Discharged approved for

25-6-19

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	<i>2 Form B</i>
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 108	ME 2		" 6	
B179c	B 120	M 93			

Date

24-6-19

J.A. Snow left
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 25 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Mercer N.

Signature of Man.

Reg. No. 5369.

J. D. Snow Capt.

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

24-6-19

191

FORM K

No 6336



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

 I, *William Mercer*, Regl. No. *53 69*

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 *August 1st/18*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4836</i>	<i>Father</i>	<i>Charles Mercer</i>	<i>Upper Island Cove Conception B</i>	<i>60</i>
			Total Allotment, \$	<i>60</i>

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

(Sig.)

 Officer Commanding
E Company

St. Johns
July 8th 1918

(Sig.)

William Mercer
 2nd Lt

(Rank)

J.D. Burke Wt.



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 *5369*

Intended address *Upper Jeld Cove, CB*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Charles*

Christian name of Mother *Annie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Upper Jeld Cove, 25th June, 1893*

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)

Wm Mercer
West Cork

PL
(Rank)

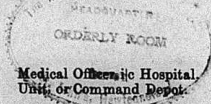
Station

Hospitals

Date

24-6-19

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's Hospital
Unit or Command Depot

Station

Date

ST. JOHN'S,

JUN 24 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pt. A Mercer

Billeting Soldiers as undermentioned

from June 1/19 to June 2/19

5369 Pts A Mercer 25.00

ACCOUNT	<u>BIM</u>
CN. NO.	<u>24850</u>
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 25.00

Amelobustus

Billeting Officer.

A Mercer
mark with

lets.

The Royal Newfoundland Regiment

2536

DEMobilIZATION OF

Reg. No. 2536 Rank Cpl Name Harvey W. [unclear]
 Date of Enlistment 23-5-18 Address [unclear] District [unclear]
 Occupation Fisherman Classification for Discharge [unclear] Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1	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 2-1-19 O. C. Discharge Depot. [unclear]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$507.00
 (b) Clothing Supplied [unclear]

Date _____

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 34767 to his home at 1111 72nd St. S.W. and Release Certificate No. 34767 issued.

Date 24-6-19 *J.H. Snowball*
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 1-7-19

Date 24-1-19 *J.H. Snowball*
Depot Paymaster.

Discharge approved for 25-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P ₃₆	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board Ist.	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
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			

Date 24-6-19 *J.H. Snowball*
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 25 1919 *R.H. Sait* MAJOR
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot *J. M. Heath*
Date July 8/19 *W. G. ...*

Reg. No. *5769* Rank *Y6* Name *Wesley Wm.*
Attested Address *Spaniards Bay*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S. *Cassandra* Cause *Discharge*

24.6.19
25.6.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION.