



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4816 Name Bernard Pearce Corps RC

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Bernard Pearce
- 2. What is your full Address? 2. Spelter's Cne 101A
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 20 Years Months
- 5. What is your Trade or Calling? 5. Fireman
- 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, Bernard Pearce 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.

1-5-16

Bernard Pearce SIGNATURE OF RECRUIT.
J. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Bernard Pearce 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 Spelter's Cne on this 5th day of May 1916.

Signature of Attesting Officer Wm. Churchill Lieut

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 compiled with. I accordingly approve, and appoint him to the

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

Date May 1 1916
Place Spelter's Cne } Approving Officer.

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) f 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 Maximilian Pearce
 Apparent age 20 years 0 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Samuel Pearce
Spellan Cove NB | Relationship Wife

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 L'epot.	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 full engagement reckons from <u>1-5-18</u>									
Joined at <u>St John's</u> on <u>1-19-18</u>									
Discharged July 1919									
Embarked <u>St John's train to Halifax NB</u> <u>11-6-18</u>									
Embarked <u>for St J</u> <u>26-10-18</u>									
Presented <u>Increase</u> <u>26-10-18</u>									
Joined <u>St John's</u> <u>3-11-18</u>									
Transferred from <u>Rovers</u> <u>22-4-19</u> Arrived <u>Resident</u> <u>22-4-19</u>									
to <u>St John's</u> for <u>demobilization</u> <u>22-5-19</u>									
Arrived <u>St John's</u> <u>1-6-19</u>									
Demobilization <u>St John's</u> <u>5-7-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>5-7-1919</u> (date of discharge)					1	years	66	days	
" " Pensions " " " "									

C.R. 4816

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

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records on 5-7-19

#4816 Pte. Bernard Perce

C.R. 4861
4816

Extract from Daily orders Part II Unit The Royal WFLD,
Regt. Depot St. John's, June 12th, 1918

The discharge of the unferreted on deactivation has been
APPROVED by G.O. Discharge Depot with effect from June 22/18

16
4861 Pte. Bernard Pearce

C.R. 4816

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

Date

10-6-19.

4816 Pts. Bernard Paerco

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4816

The undermentioned of the 1st. Battalion
Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4816 Pte. B. Pearce.

C.R. 4816

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Bdgt. by T.G. Mathias, D.S.O., Commanding 1st Batta.
3-21-16.

The following joined the Batta. 3-21-16.

4816 Pte. B. Pierce.

0 Coy.

C.R. 4816

Extract from Serial Re-assignment Draft No. 55: Amherst Folkeston 25/10/18
Sergeant and Driver, Royal Newfoundland Regiment, Hasleby Barracks Camp, Winchester,
to 1st Bn. Royal Newfoundland Regiment, B.N.F.

4816 Pte. Pearce, B.

NR.

WINDYBOND BOND

C.R. 4816

Extract from Daily Orders part 11, from Unit The Royal
Wilt. Regt. St. John's dated June 14, 1918.

#4816 Pte. B. Pearce.

Embarked for overseas with draft 11-6-18

C.R. 4816

Extract from Daily Orders part II, from Unit The Royal Nfld.
Regt. St. John's, dated May 2nd, 1918.

#4816 Pte. Bernard Pearce.

Attested for General Service with the Royal Nfld. Regt. from
1/5/18.

B. Pearce

C.R. 4816

P. + P. 6

To:- The Chief Paymaster.,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year, commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
1816	PLT	Learce B.	£250	B. Preece

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

Harold Preece

Date July 1/18

FORM K

No. 4437



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bernard Pearce, Regl. No. 4816

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 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4305	Mother	Mrs Daniel (Kate) Pearce, Spillers Cove, Bonavista.		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. [Signature]
Capt.
 Officer Commanding

(S) B Pearce
 (Rank) Pte

A Company
St. John's.
10-6-1918



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bernard Pearce, Regi. No. 4816
 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 16 6 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4305	Wife	Mrs Daniel (Kate) Pearce, Spillstone, Bonaville		
				60
			Total Allotment, \$	60

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

Sig.) J. H. Cunningham
J. H. Cunningham
 Officer Commanding
 A Company
 Sgt. J. H. Cunningham
10-6-1918

(S) B Pearce
 (Rank) Plt

No ~~1448~~/1514.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. Royal Newfoundland Rgt.,
Hazeley Down Camp,
Winchester.

150700
JRP
September 16th, 1918

Sept 17 1918

Subject: 4816, Pte. B. Pierce,

With reference to the following telegram (8099) from the Hon. Minister of Militia, received

"Pay to 4816, Pte.B.Pierce, £3:0:0.

Draft £ 3:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. J. Burtin
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Commandg. Batt'n
Royal Newfoundland Regiment

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

Bernard Pearce
No. 4816 Rank Pte.

Witness

Pte. C. Manning

5279/245

1/Bn. Royal Newfoundland Regiment,
B.E.F.

3rd April

9

4816 Pte. Pearce B.

114

4816 Pearce

£3. 0. 0.

✓

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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. *T. 1. 6* 3. Rank... *Plt*
4. Name *Pearce Bernard*
(Surname) (Christian Names)
5. Age last birthday... *21*
6. Posted for duty on *May 1/17* at... *St John's*
in category (or grade).....
7. Former Trade or Occupation } *Isleman*
- 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.
(d) Particulars of Pension or Gratuity (if any)
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

Note.—The foregoing particulars are to be filled in and A.F.B. 179 a (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
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?

na

na

15. What is his present condition?

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

He complains of no disability.

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

16. Was an operation performed? If so, when and what was its nature?

na

17. If not, was an operation advised and declined?

na

18. *In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W.E. Prosser. Capt R.A.M.C.

Medical Officer in charge of case.

Station

Date

Kangley D. Camp
30-4-19

* 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

No. 4816 Name Peace D. Sqn., Batty., or Company } C Corps ROYAL NEWFOUNDLAND REG. Date of enlistment } 1/5/18 O.C. Badges } [Signature] Service or Proficiency Pay } [Blank]
 Date of last entry in Company Conduct Sheet } [Blank] No. and date of last drunk } [Blank] Period not reckoning towards freedom from extra fine } [Blank] Sheet No. One Signature O.C. Company, etc. } [Signature] Character } [Blank]

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
Ronan	29/3/19	PTG		Def. of kil	CAMS. Watson	pay for same	1-4-19	May Bernard	Wm H

Army Form B. 122.

Hearce, B

4815

Ray Sept.

July 7, 1919

#4816 Pte. Bernard Pearce,

Spillers Cove, T.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster & C.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.

- MAE*
- Christian name *Bernard Percy* 2. Surname *Small*
3. Rank *Pte* 4. Regt. No. *4033 4816*
5. Address in full to which future payments of gratuity are to be forwarded.....
*Secretary Mr. W. D. B.
Spillar's Cove, N. B.*
6. Date of enlistment in the Regiment. *May 1/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
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 Wfld. If so, give dates and particulars of such service.....
Overseas
12. Give total length of time which you served on active service, whether in Wfld. or Overseas.....
*From May 1/18
to June 7/19.*

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

..... *No*

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

.....

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

16. Have you, during the present war, served in the Imperial Forces?..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

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

19. Are you now serving in the Regt.?..... *No* If not give? - (a) date of discharge..... *June 7/19*

..... *Temporary 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, Belgium + Germany - From Oct. 1918 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..... *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: *Bernard Pierce*
 Place of Residence: *Moreton St. N.W. B*
 Declared before me at: *S. Johns, Nfld*
 This *7th* day of *June*, 19*19*....
John McCarthy

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

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

Signature of Applicant:

Signature of Barrister:

Declared before me at:

This

day of

19

at

Signature of Barrister:

Declared before me at:

This

day of

19

at

Signature of Barrister:

Declared before me at:

This

day of

19

at

July 5, 1919

#4816 Pte. Bernard Pearce,

Spillars Cove, N.B

Dear sir:-

Please find enclosed Discharge Certificate
No. 2686.

Yours truly

Captain
Paymaster & C. i/o Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4816 Rank Pvt Name George BernardIntended place of residence Spillars Cove B. B.2. Occupation FishermanClassification of soldier E Medical Category A1

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

DEMOBILIZATION.**Eligible for War Service Gratuity**

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

Place ST. JOHN'S.....Date JUN 7 1919..... *J. M. West*
Comanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S.....JUN 7 1919..... *B. Pince*
Signature of soldier
M. Johnston
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S.....JUN 7 1919..... *B. Pince*
Signature of soldier
J. O'Sullivan
Signature of witness *SP-1*

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18..... No of days on MilitaryDischarged from service 21-6-19 plus 14 days..... Service 431.....

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S.....JUN 21 1919..... *R. H. East*
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St. John's.....Date July 1919..... *M. Bowley*
Officer in Charge
The Royal Newfoundland Regiment*2782079/2686*

The Royal Newfoundland Regiment

Class for Demobilization: *6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

 Date *6.6.19*

 Regimental No. *4816*

 Name *Peace Bernard*

 Address *Bonavista*

 Present Medical Category *A1*

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

Members of Board {

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

L. Paterson
Senior Medical Officer

Geo. Burden
— M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4816 Rank Pte Name Bernard Pearce
 Date of Enlistment 1-5-18 Address Miller's Cove District B. B.
 Occupation Fisherman Classification for Discharge F Medical Category A I
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	f.	N.F. Med.	D.F. 1.	1.	W3495	v
B 178	W 3494	B 122	/	Board Ist.	" 2.			
B 178a	f. D 400A	B 1915	f.	do 2nd	" 3.	3		
B 179	D 400B	Form L		do 3rd	" 4.			
B 179a	f. D 400C	Form K		do 4th	" 5.			
B 179b	B 103	ME 2			" 6.			
B 179c	B 120	M 93						

Date 6-6-19

[Signature]
O. C. Discharge Depot.

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 \$6.00

(b) Clothing Supplied _____

Date 7-6-19

[Signature]
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1563 9623 to his home at Spillers Lane and Release Certificate No. 2427 issued.

Date 7-6-19 *J.A. Snow*
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 7-6-19 *H. M. ...*
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
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1215	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		

2 Form B

Date 7-6-19 *J.A. Snow*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date 11th Oct 1919 *R.H. ...*
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
B. Pina*

Signature of Man.

Reg. No. *7816*

J. B. Snow Capt.
Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

MUN 7. 1916

191

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

MEDICAL HISTORY

OF

Surname

Pearce

Christian Name

Hernan

Table I.—GENERAL TABLE.

Birthplace:—Parish

Spillers Cove BB

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May		191
	at	<i>S. Johns</i>	at	
Declared Age	20	years		days
Trade or Occupation	<i>Fisherman</i>			
Height	5	feet	8	inches
Weight	128	lbs.		lbs.
Chest Measurement	Girth when fully expanded	36		inches
	Range of Expansion	4		inches
Physical Development				
Vaccination Marks	Right		Right	
	Left		Left	
When Vaccinated				
Vision	L. E.—V—	<i>6/6</i>	R. E.—V—	
		<i>6/6</i>	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)	<i>Lamm & Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>S. Johns</i>	at	
	on	1 day of	on	day of
		<i>May</i>		<i>1918</i>
		Corps.		Regtl. No.
Joined on Enlistment	<i>The Royal</i>			
	<i>Nfld Regt</i>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				



OFFICER COMMANDING

11th Regt.

TO BE DISCHARGED
HOSPITAL TO MORROW
FIT TO REJOIN UNIT

4816 Pte Pearce B.

C. Morse

MAJOR R.A.M.C. (S.R.)

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. *4516* 3. Rank. *Pte*
4. Name *Pearce* *Bernard*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on. *May 1/18* 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? (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.

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. *h. i. e.*
12. Place of origin of disability. *h. i. e.*
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. *h. i. e.*
h. i. e.

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. *4816* 3. Rank. *Pte*
4. Name *Peace* *Bernard*
 (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *May 1/18* at *St. John's*
 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? (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.

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
- (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? }

h a
h a

15. What is his present condition?

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

He complains of no disability

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.

16. Was an operation performed? If so, when and what was its nature?

h a

17. If not, was an operation advised and declined?

h a

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?

h a

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?

h a

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

Station Langley D. Camp Re.

Sgd W F procurer Capt R.A.M.C
Medical Officer in charge of case.

Date 30-4-19

* 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

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4816 Rank _____

Name Pearce B

Warned for demobilization on

JUN 7 1919

SEPARATION ALLOWANCE.

Claimant. Mrs Dan Pearce Mother

On account of Bernard Pearce No 4816 Rank. Pte

Decision. Refused
husband not totally incapacitated

Date. April 28/1920
W. R. Rendell, Lieut. Col.
M. Bowler, Major

Instructions.....
.....
.....

Allotment of 60⁰⁴ per day payable to Mrs Daniel Pearce
his ~~mother~~ mother from 16/6/18 to 27/7/19.
Discontinued on account of being discharged.

R. Hemmery

NEWFOUNDLAND ROYAL NAVAL RESERVE
(Increase in Separation Allowance.)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.

(1) Name of Reservist *Donald Pearce* Official Number *4846*
(If more than one give all names)
Form No 15437

(2) Name of applicant, and age *Donald Pearce*

(3) State whether you are the natural mother, stepmother or foster-mother. *Natural Mother*

(4) Name of applicant's husband and his age. *Don. Pearce 37*

(5) If he is not supporting you state the reason

(6) If you are a widow, state date of your husband's death.

(7) Have you married again since death of the above mentioned husband?

(8) State names, ages of your other children, whether married or single or widowers. *Frank 11 Israel 13 years unmarried*

Name	Age	Occupation	Married or single
------	-----	------------	-------------------

(9) Have any of the children mentioned in "8", volunteered for service during the great war 1914 - 1918? If so state Names, and where possible give official numbers and the units in which they enlisted, with dates of enlistment.

Name Bernard Pearce

Enlisted in A Company

Official Number 4816 Date 10-6-1918

(10) State amount earned by
(a) Yourself
(b) Your husband

Nothing
5 00

(11) State amount and source of any other income.

No other

(12) State actual amount contributed by Reservist during the year prior to his enrollment (If more than one state amount for each separately).

Gave his Patriotic Services in work and died

(13) Did this amount include the cost of his board, etc?

(14) State his occupation before enrollment, and his wages per month and the name of his last employer.

Fisherman with Mother

(15) State amount received as Allotment and Separation Allowance, on his account since his enrollment.

9.00 to 18.00

(16) From what date have you received this amount?

7th July 1918

(17) State amount contributed by your other children per week.

Nothing

(18) If not receiving support from other children, state cause

From Mother and Sister

(19) Have you received Separation Allowance on account of ~~any~~ any son who may have enlisted in the land forces

None

(20) If so, state his name and the unit in which he served giving his official number.

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

Signature Mrs Dan ^{her} ~~James~~ ^{mark}

Address Spillars Cove Bonaville N. H. L.

Declared before me at Bonaville this 31 day of March 1920

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

Nicholas Ryan

We, the undersigned, have reviewed the replies given in the foregoing declaration, and to the best of our knowledge they are correct, and the applicant is mainly and totally dependent on the Reservist first mentioned.

Signature of Clergyman Rev. M. P. Dwyer P.P.
now absent - probably in St. John's

Signature of Member of Patriotic Fund Committee Frank Fitzgerald

Frederick W. White

May 4, 1920

Mrs. Dan Pearce,
Spillars Cove,
Bonavista.

Dear Madam:-

with reference to your application for Separation Allowance, I have been directed to state that same cannot be granted to you, because your husband is not totally incapacitated, consequently you cannot be considered to be totally dependent upon your son Bernard.

Yours truly

Major

Paymaster.

No 4437



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bernard Pearce, Regl. No. 4816
 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 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4305	Mother	Mrs. Daniel (Kate) Pearce, Spillers Cove, Bonavista.		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. [Signature]
 Officer Commanding

(Sig.) B Pearce
 (Rank) Pte

A. Company
St. John's.
10-6-1918

8313

Jan 20th 20

Spencer Cove
New Bonaville

Dear Sir
And Jay Master

As I did not make
any claim for Separation
allowance I am now
doing so. As I meant to
say that my son Bernard
I rec^d 48-16 in one way
is my only support
Yours very truly

Yrs Daniel Pierce
Bonaville
Spencer Cove

Send form.

January 31, 1920

Mrs. Daniel Pierce,
Spillar's Cove,
B. B.

Dear Madam:

With reference to
your letter of recent date, kindly have the
enclosed form completed in the presence of
a Magistrate or a Justice of the Peace, and
return.

Yours truly,

Lieut.
For Paymaster.

10843.

May 18 88

of enpoument with a
wife one child so our
Help is very small so
you know yourself its
up to ye to help us out
so as it is due to us
as well as the cost of
the boys, we got 5 months
gratuitous money, and nothing
else clear of the Dublin
so separation allowance is
due and we are ⁱⁿ need
Please Help

Mrs Daniel Trisco
Jullat Lane
Donarata

Dear Mrs and Jay Trisco
I have had an application
made and filled out
long ago, and so far
as not received the
money, I am determined
to still keep writing as
the money is due me, as
as I meant to say our
help is small, my two
boys is of me help as
yet my son TB 4816
Bernard Trisco is out

ACCOUNT	Trans	
CH. NO.	9306	RECEIPT
IND. LEDGER		INITIALS
KEY LEDGER		INITIALS
GEN. LEDGER		INITIALS

The Department of Militia

The sum of Five Dollars \$5.00 Dollars is due

Mr. Pease B. Spillants ^{Co. 1}
 Reg No. 4816 Rank Pte Name Pease B. Spillants
 From Bonanza To Spillants Co

Account for \$5.00

Toucher attached

W. P. A.
 Captain
 Demobilization Officer.

3-9-19

No. *8* *622*

TRAVELLING WARRANT

Date *7-6-19* The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. *4816* Rank *1st Lt* Name *Learce B.*

From *ST. JOHN'S* To *Spillars Cove*

Bonavista

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. A. Shaw

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot - Newfoundland

Boasont July 1st 1774

Spillers Cove

Dear Sir please
I had a drive by
John Hemings
thru to Spillers
Cove when I came
home at \$5⁰⁰/_{xx}
five dollars

Your servant

Bernard Pease



Oct. 2, 1919

Pts. B. Pearce,
Spillar's Cove.

Dear Sir:

I enclose cheque for
\$5.00, amount of refund due you on account
of travelling expenses to your home.

Yours truly,

Major
Paymaster.

Casualty Form—Active Service.

ROYAL NEWFOUNDLAND REG.

Regiment or Corps.....

Rank *Pte* Surname *Peace* Christian Name *Dennis*

Religion *R.C.* Age on Enlistment *20* years..... months

Enlisted (a) *15/1/18* Terms of Service (a)..... DURATION..... Service reckons from (a) *7/5/18*

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

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

Occupation *Fisherman* *Flt. Lt. Excellent* Signature of Officer *[Signature]*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36 or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...		<i>26 OCT 1918</i>	
		Disembarked...			
		Joined Barracks		<i>3 NOV 1918</i>	
		<i>Arrived in UK</i>		<i>23/4/19.</i>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army B.213, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeling-Smith, & Co. (Printed in Great Britain) W.L. 1181 & 1182. 3,600,000. 1918. D & S. Form B.103. (1/1/1918)

Next of Kin Mother Mrs. Anna M. Spellans Code JB

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundlands

Signature of O. C. Company Wm. Churchill Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	4816 Pearce B.	Age on	20 years / months	G. Solomon	
Joined	Date	Place and Date of Enlistment	5 St John's	Religion	
Joined	Date	Period of } with Colours / 26 years. with Reserve / 365 years.	1. 5. 18	R. C.	
Joined	Date		Place of Birth	Spillan Cove B. B.	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized St John's 5 ⁷ / ₁₉					

To be carried over

Army Form B. 121.

Royal Nfld. Regt.

PEARCE, Bernard

4816

Pte.

British War Medal
Victory Medal

P.O. Box 458
Bonavista, Nfld.

On Prepayment:
17-3-1958.

DESP. 3 APR 1958
REGN No. 1698

The Royal Newfoundland Regiment

84816

DEMOBILIZATION OF

Reg. No. 4816 Rank Pte Name Bernard Pearce
 Date of Enlistment 1-5-18 Address Spiller's Lane District B.B.
 Occupation Fisherman Classification for Discharge E Medical Category A.I.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	1	N.F. Med	D.F. 1	1	W3495	1
B 178	W 3494	B 122	1	Board 1st	" 2			
B 178a	1. D 400A	1. B 1915	1	do 2nd	" 3	3		
B 179	D 400B	Form L		do 3rd	" 4			
B 179a	1. D 400C	Form K		do 4th	" 5			
B 179b	B 103	ME 2	1		" 6			
B 179c	B 120	M 93						

Date 6-6-19 O. C. Discharge Depot W. Pearce

PARTICULARS FOR DEMOBILIZATION

x. Civil Re-Establishment.

I am in a position to resume civilian occupation.

B. Pearce

Particulars passed to Vocational Officer for information and action.

Date

a. Clothing

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
 (b) Clothing Supplied _____

Date 7-6-19 O. i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1563 9623 to his home at Spillars Cove and Release Certificate No. 2427 issued.

Date 7-6-19 J.A. [Signature]
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 7-6-19 [Signature]
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.P. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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 7-6-19 J.A. [Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 21 1919 R.H. [Signature]
O. C. Discharge Depot.

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

Date June 14/19 [Signature]
for Records

Reg. No. H 816 Rank PLG Name Pierce, B.

Attested Address Spillers Cove

M Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Correca Cause Discharge

<u>6-6-19</u>	<u>PASSED TO DEMOBILIZATION</u>
<u>19-6-19</u>	<u>DISCHARGE APPROVED ON DEMOBILIZATION</u>
<u>H</u>	<u>M 31/192</u>
	<u>1</u>



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full

Pierce, Bernard

Regiment from which discharged

Royal Newfoundland

Regimental number

4816

Intended address

Bonaville

Height on discharge

5 Feet 8

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

Figure on discharge

Med.

Christian name of Father

Daniel

Christian name of Mother

Katherine

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Nature and locality of civil employment required

Bonaville 24 Feb 1898

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)

Bernard Pierce

(Rank)

Private

Station

ST. JOHN'S.

Date

5-6-19.

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.

Station

Date



