



Newfoundland Forestry Companies

ATTESTATION OF

No. 8019 Name Ralph Pearcey Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Ralph Pearcey</u> |
| 2. What is your full Address? | 2. <u>16 Flowers Hill</u> |
| | <u>St. Johns</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Laborer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. What is your Religion? | 9. <u>C of E</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>Yes</u> } Name |
| | Corps |

I, Ralph Pearcey 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.

Ralph Pearcey SIGNATURE OF RECRUIT.
E R / 4 / 17 W. J. James Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Ralph Pearcey 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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. Johns on this 21st day of April 1917.
 Signature of Attesting Officer W. J. James Captain

† 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 1917
 Place

} Approving Officer.

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Ralph Pearcey
 Apparent age 21 years 2 months. Height 5 feet 5 inches

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

Distinctive marks Brown eyes dark Brown hair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Ann Pearcey
16 Flowers Hill | Relationship Sister

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. |
|--|---------------------------------|----------------------|--|
| | | | |

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 _____ | | | | | | | | | Signature of Officers certifying correctness of entries |
| Joined at _____ on _____ | | | | | | | | | |
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| Total Service forfeited as above..... | | | | | | | | | |

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



Newfoundland Forestry Companies

ATTESTATION OF

No. 19 Name Ralph Pearsey Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Ralph Pearsey
- 2. What is your full Address? 2. 16 Flowers Hill
St Johns
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 21 Years 2 Months
- 5. What is your Trade or Calling? 5. Laborer
- 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. What is your Religion? 9. C of E
- 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? 10. Yes { Name
Corps

I, Ralph Pearsey 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.

Ralph Pearsey SIGNATURE OF RECRUIT.

2 B/4/17

H. G. James Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ralph Pearsey 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 Johns

on this 7th day of April 1917
Signature of Attesting Officer J. G. James

†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 7 Co

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

Date 20th/5/17 1917
Place St Johns Approving Officer J. G. James

† 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

1300

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

Name Ralph Kearney
 Apparent age 21 years 2 months. Height 5- feet 5- inches
 Chest Measurement { Girth when fully expanded _____ inches
 Ranges of expansion _____ inches
 Distinctive marks Brown eyes dark Brown hair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Ann Kearney
16 Flowers Hill | Relationship mother

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 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 _____ | | | | | | | | | Discharged. St. John's. July 16/1918. |
| Joined at _____ on _____ | | | | | | | | | |
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| Total Service forfeited as above..... | | | | | | | | | |

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

This space to be left blank
for the Chelsea Number.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

| | | |
|--|--------------------------|--|
| No. <u>8019.</u> | Army Rank <u>Private</u> | |
| Name <u>Ralph Pearcey</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.) | | |
| Corps <u>Mfed. Forestry Companies.</u> | | |
| Battalion, Battery, Company, Depot, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.) | | |
| Date of discharge <u>July 16th 1918</u> | | |
| Place of discharge <u>St. John's, Mfed</u> | | |
| 1. <u>Description at the time of discharge.</u> | | |
| Age <u>22</u> years <u>5</u> months | Descriptive marks. | |
| Height <u>5</u> feet <u>5</u> inches | | |
| Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. | | |
| Complexion _____ | | |
| Eyes <u>brown</u> | | |
| Hair <u>dark brown</u> | | |
| Trade <u>Labourer</u> | | |
| Intended place of residence (To be given as fully as practicable) { <u>16 Flower Hill</u> <u>St. John's</u> | | |
| (The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.) | | |
| 2. The above-named man is discharged in consequence of <u>being no longer physically fit for active service.</u> | | |
| (The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.) | | |
| 3. Military character:— | | |
| 4. Character awarded in accordance with King's Regulations:— | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. | | |
| Initials of Commanding Officer. | | |
| Army Form B. 2068 has been issued to* | | |

To be filled in on the soldier quitting the Colours.

* Strikes out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

{ _____

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John's Wood R Pearcey (Signature of Soldier.)

(Date) July 16/1918 _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No reservations
R Perry

COMPANY

REGIMENTAL CONDUCT SHEET.

Age 21 yrs 2 mos
Edw. Labourer

Newfoundland Forestry Companies

Number of sheets) *First*
 (in words)
 Signature of C.O. or Adjutant) *Lt Hugh A. Wilding Cole*

Regimental Number and Name) *R. Pearsey*

Attested *J. S. P. 18/4/17* 19

Joined _____ 19 _____ Regiment.

| Place | Date of Offence | Rank | Date of Discharge | OFFENCE | Names of Witnesses | PUNISHMENT awarded | Date of award, or of order disposing with trial | By whom | Date of Commence-ment | Date of Expiration | REMARKS |
|----------------------------|-----------------|------------|-------------------|------------------------|----------------------|--------------------------|---|--------------------|-----------------------|--------------------|------------|
| <i>See Cause No. 24/17</i> | <i>24/17</i> | <i>Pte</i> | | <i>Late on Parade</i> | <i>CSM Sgt Moore</i> | <i>14 days CB</i> | <i>24/17</i> | <i>Lt Goodyear</i> | | | <i>JWS</i> |
| <i>See Cause No. 24/17</i> | <i>24/17</i> | <i>"</i> | | <i>Neglect of Duty</i> | <i>CSM Moore</i> | <i>15 hrs Extra Work</i> | <i>24/17</i> | <i>Lt Goodyear</i> | | | <i>JWS</i> |
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Medical Report on an Invalid.

Station Military Hospital Perth
 Date 8-3-18

1. Unit 1st Afld Frez Coy
 2. Regimental No. 8019
 3. Rank Pte
 4. Name Parcey Ralph
 5. Age last birthday 22 1/2 18-3-17
 6. Enlisted ^{on} at St Johns Newfld.

7. Former Trade or Occupation } Labourer.
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge. } NA.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

No 951(c) Hammer toes.



Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. From Infancy (mans statements)
10. Place of origin of disability. St Johns.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. He has had slight hammer toe more or less in all toes he says since he remembers. He states they are getting worse. His B 178 shows that he was in Perth war hospital from 11-9-17 to 23-2-18, suffering considerably from nephritis, tonsillitis & hammer toes.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). (a) Not attributable to or aggravated by service during the present war, climate or ordinary military service
 - (b) constitutional or hereditary, and not aggravated by service during the present war. (b) Constitutional
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. (c) NO.

13. What is his present condition? *Hammer toe is noticeable more or less in all his toes. He cannot march any distance*
 Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty? *NA*

15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion? *NA*

16. Was an operation performed? If so, what? *No*

17. If not, was an operation advised and declined? *No*

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? *NA*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. *none existing.*

20. Do you recommend—
 (a) Discharge as permanently unfit, *or* *Discharge as permanently unfit for further military service of any kind*
 (b) Change to England?
(Sgd) J. W. Meade, Capt. R.A.M.C.
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
except not in hospital

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

- (ii) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentials be given them.*
- (iv) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—
- (i.) Service during the present war ;
 - (ii.) Climate ;
 - (iii.) Ordinary military service ;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or
 - (v.) Whether it is constitutional or hereditary.

No
No
No
No
Not applicable

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

not applicable

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

No

23. Is the disability permanent?

Yes

24. If not permanent, how soon do the Board recommend re-examination?

not applicable

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Nil

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

not applicable

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) ~~Change to England?~~

Discharge as permanently unfit

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

No

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signature: *Edinburgh*

Station

Date

18-3-18

(Sgd) P. Machillar Dewar President.
(Sgd) R. S. Mackinnon Major *and* *sub. Secy.*
(Sgd) R. Fraser Capt *and* *Secy.*

Approved

Station

Date

Edinburgh

18-3-18

(Sgd) P. Machillar Dewar *and* *sub. Secy.*
Administrative Medical Officer.
Approving

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 Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

A Name in full *Harvey Ralph Wood Forestry Companies*
Regiment from which discharged *Wood Forestry Companies*
Regimental Number *8109*
Where born (Parish, Town and County), and when *St. Dunstons, London, 1896*
Intended address *St. Dunstons, London.*
Height on discharge *5* Feet *4* Inches
Colour of Hair on discharge *Black* **Colour of Eyes** *Blue*
Descriptive marks *Scars forehead.* **Complexion** *Fresh*
Figure on discharge *Slender*
Christian name of Father *Moses*
Christian name of Mother *Mary Ann*
Wife's Maiden name in full *Not married*
Date and Place of Marriage _____
Christian names of Children _____ *None*
Nature and locality of civil employment desired *Light Employment Newfoundland.*



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) *Harvey Ralph Wood* (Rank) *Plt*
 Station *St. Dunstons* Date *8-3-18*

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.

(Signature of Medical Officer) *W. Wood* Medical Officer i/c Unit
 Station *Rich Military Hospital* Date *8-3-18* Hospital *not in office*

| B Period of Service and in what Corps ... | Regiment | Years | Days | All Service Abroad with Stations | Years | Days |
|---|--|-------|------|----------------------------------|-------|------|
| | | | | | India | |
| | | | | S. Africa | | |
| Disallowed ... | | | | | | |
| Service towards Pension ... | | | | | | |
| Date inclusive to which pay has been issued | Sum due on account of advance of Pension } | | | | | |
| Sums due on account of public debts ... | | | | | | |

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
 Date _____ Records.

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 Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.
Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full **PEARCEY RALPH**
Regiment from which discharged **NFLD. FORESTRY CO.**
Regimental Number **8109**
Where born (Parish, Town and County), and when **FLOWER HILL 1896**
Intended address **ST. JOHN'S NFLD.**

Height on discharge **5** **Feet** **4** **Inches**
Colour of Hair on discharge **BLACK** **Colour of Eyes**
Descriptive marks **SCAR FOREHEAD** **Complexion** **FRESH**
Figure on discharge **SLIM**
Christian name of Father **MOSES**
Christian name of Mother **MARY ANN**
Wife's Maiden name in full
Date and Place of Marriage
Christian names of Children
Nature and locality of civil employment desired **LIGHT EMPLOYMENT**

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) **(SGD) RALPH PEARCEY**
(Rank) **PTE**
Station **DUNKELD** **Date** **8/3/18**

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.

(SGD) J. W. MEADE, CAPT. R.A.M.C. *Medical Officer i/c Hospital.*

Station **DO** **Date** **DO**

| | Regiment | Years | Days | All Service Abroad with Stations | Years | Days |
|--|--|-------|------|----------------------------------|-------|------|
| B Period of Service and in what Corps ... | | | | India | | |
| | | | | S. Africa | | |
| Disallowed | | | | | | |
| Service towards Pension | | | | | | |
| Date inclusive to which pay has been issued | Sum due on account of advance of pension) | | | | | |
| Sums due on account of public debts ... | | | | | | |

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges **Medals**
Wounds, and Actions in which received

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge**
Date _____ **Records.**

DEPARTMENT OF VETERANS AFFAIRS
WAR VETERANS' ALLOWANCE DISTRICT AUTHORITY

DEPARTMENT
VETERANS' AFFAIRS
MAR 21 1952
WAR SERVICE RECORDS
OTTAWA -

Dept. of Veterans Affairs
War Service Records
Referred To:
MAR 20 1952
File No.:
Charged To:

Address P.O. Box E-242,
ST. JOHN'S, NFLD.

MARK YOUR REPLY:
For attention of:

Director,
War Service Records,
Department of Veterans Affairs,
Ottawa, Ontario.

Re: PIERCEY, Ralph Regt. No. 8019
(Surname) (Christian Names)

Veteran is stated to have served in the following units in:

W.W. I THE ROYAL NEWFOUNDLAND REGIMENT.

~~W.W. II~~

~~S.A. WAR~~

Dear Sir:

To enable this War Veterans' Allowance District Authority to determine the eligibility of the above named, will you kindly furnish the following particulars concerning his service.

March 25, 1952.

DVA. 95-9-5- (WSR 5)

1. Theatre of Service in W.W. I THE ROYAL NEWFOUNDLAND REGIMENT.
Newfoundland and United Kingdom.
W.W. II Embarked for United Kingdom: 19 May, 1917.
~~S.A. WAR~~
2. If service in S.A. WAR: (a) Port of disembarkation.....
(b) Date of disembarkation.....
Day Month Year
3. Date and place of all enlistments. 18 April, 1917 - St Johns' Newfoundland.
4. Date of all discharges and reason. 16 July, 1918 - Medically Unfit.
5. Rank on discharge. Private
6. Date and place of birth as per attestation paper. 1896 - Flowerhill, St Johns' Newfoundland.
7. Marital status: If married, name in full of wife. Single
8. Any prior military service. No
9. Decorations, if any. Nil

H.M. Jackson,
Director of War Service Records.

Veterans
AffairsAffaires des
anciens combattants

N/C

DEATH NOTIFICATION — AVIS DE DÉCÈS

FILE NO — DOSSIER N°

1163716

NAME — NOM

Pearsey Ralph

SERVICE NO — MATRICULE

8019 NFLD forestry
corp army WW1

DATE OF DEATH — DATE DU DÉCÈS

30/8/81

CPC NO — CCP N°

2903243

WVA — AAC N°

056871

PLACE OF DEATH — ENDROIT DU DÉCÈS

Gen. Hosp. St. John's

INFORMATION RECEIVED FROM — INFORMATION RECUE DE

DVA 93 St. John's NFLD

y/s

FOR RECORDS MANAGER — POUR LE GESTIONNAIRE DE DOSSIERS

22/10/81

DATE

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

| | |
|---|---|
| No. <u>8019</u> | Army Rank <u>Private</u> |
| Name <u>Pearcey Ralph</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small> | |
| Corps <u>Newfoundland Forestry Companies</u> | |
| Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small> | |
| Date of discharge _____ | |
| Place of discharge _____ | |
| 1. Description at the time of discharge. | |
| Age <u>22</u> years _____ months Height <u>5</u> feet <u>4</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Fresh</u> Eyes _____ Hair <u>Black</u> Trade <u>Labourer</u> | Descriptive marks. <u>Scar forehead.</u> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. No. <u>H6602</u> DATED <u>25 MAR 1918</u> </div> |
| Intended place of residence (To be given as fully as practicable) <u>St Johns Newfoundland</u> <small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small> | |
| 2. The above-named man is discharged in consequence of _____ | |
| <small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small> | |
| 3. Military character :— _____ | |
| 4. Character awarded in accordance with King's Regulations :— _____ | |
| Certified that the above is an accurate copy of the character given by me on Army Form B. 2087* and that Army Form D. 480 was awarded in this case. | |
| Initials of Commanding Officer. _____ | |
| Army Form B. 2088 has been issued to* _____ | |

To be filled in on the soldier quitting the Colours.

C.R. 8019

from
Extract/Preliminary Report received From: The Director of
Medical Services, to Officer Commanding, Depot. St. John's
dated April 24, 1918.

#8019 Pte. R. Pearcey.

Recommended admission to General Hospital.

C.P. 8019

Wld. Forestry Corps
Extract from Daily Orders part 11, from Unit ~~1st~~ ~~2nd~~ ~~3rd~~
~~1st~~ ~~2nd~~ ~~3rd~~ August 2, 1918.

#8019 Pte. R. Piercey.

Having been found Medically Unfit is discharged from
16-7-18.

C.R. 8019

Extract of Nominal Roll "Potestry" embarked for Overseas
per S.S. Florisel" May 19th, 1917.

8019 Pte. R. Piercey.

C.R. 8019

Extract of Nominal Roll "Potestry" embarked for Overseas
per S.S. "Lorizel" May 19th, 1917.

8019 Pte. R. Piercey.

C.R. 8019

Extract from Nominal Roll "Foresters" Embarked St. John's for
Overseas, per S.S. FLORIAN, May 19th, 1917.

18019 Pte. R. Pearcey

C.R. 8019

Extract from Daily Orders part 11, from Unit The ~~Royal~~
Newfoundland Forestry Companies, St. John's, April 22/18.
The following man returned from Overseas and report to
Headquarters on April 19, 1918.

#8019 Pte. R. Pearcey.

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 Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.
Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Pearcy, Ralph*
Regiment from which discharged *N.F.L.D. Forestry Coy*
Regimental Number *8109*
Intended address *H. Johns Newfoundland*
where born Parish of St. Johns, St. Johns, Newfoundland, N.F.L.D. 1896
Height on discharge *5* Feet *4* Inches
Colour of Hair on discharge *Black* **Colour of Eyes** *Blue*
Figure on discharge *Slim* **Complexion** *Fair*
Christian name of Father *Moses*
Christian name of Mother *Mary Ann*
Wife's Maiden name in full *not married* } *has address*
Date and Place of Marriage _____ } *upon*
Christian names of Children _____ }
name & locality of employment desired, Light employment, Newfoundland

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) *Ralph Percy*
 (Rank) *Pte*
 Station *Lumbold*
 Date *8-3-18*

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 *RAF military Hospital* Date *8-3-18*
 Medical Officer i/c *J. J. ...*
 Hospital *...*

| B Period of Service and in what Corps ... | Regiment | Years | Days | All Service Abroad with Stations | | Years | Days |
|---|--|-------|------|----------------------------------|-------|-------|------|
| | | | | India | Other | | |
| Disallowed ... | | | | | | | |
| Service towards Pension ... | | | | | | | |
| Date inclusive to which pay has been issued | Sum due on account of advance of Pension } | | | | | | |
| Sums due on account of public debts ... | | | | | | | |

COPY SENT TO
 O.C. H.Q.
 S. Africa T. JOHNS, N.F.L.D.
 P. 38. No. *4661/18*
 DATED *25 MAR 1918*

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
 Date _____ Records.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39.

Number of Sheet First

Regiment of Newfoundland Forestry Companies Signature of O. C. Company H. H. Hilling

| Regimental Number and Name | |
|----------------------------|------------------------|
| No. | <u>8019 R. Pearcey</u> |
| Joined | Date |
| Joined | Date |
| Joined | Date |
| Joined | Date |

| Enlistment | |
|------------------------------|--|
| Age on | 21 years 2 months |
| Place and Date of Enlistment | <u>St. John's 18/4/17</u> |
| Period of | with Colours 1 ⁹⁰ years. with Reserve 1 ⁹⁰ years. |

| | |
|----------------|-----------------|
| Trade | <u>Labourer</u> |
| Religion | <u>6 of 9</u> |
| Place of Birth | |

Good Conduct Badge, Service pay or proficiency pay

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.

W.F. 438. No. 4660/24

DATED 25 MAR 1918

By whom awarded

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | REMARKS |
|---|-----------------|------------|----------------------|------------------------|--------------------------|--------------------------|---|---------------------------------------|
| <u>Race Course Race, Lunenburg, Scotland</u> | <u>21-6-17</u> | <u>Cte</u> | | <u>Late on Parade</u> | <u>C. & M. Morse</u> | <u>2 dys C.P.</u> | <u>21-6-17</u> | <u>Lieut Goddard</u> <u>G.A.B.</u> |
| | <u>24-7-14</u> | <u>Cte</u> | | <u>Neglect of Duty</u> | <u>C. & M. Morse</u> | <u>15 hrs Extra Work</u> | <u>25-7-14</u> | <u>Lt. Goddard</u> <u>G.A.B.</u> |
| <u>Actually unfit for duty 16⁷/₁₈</u> | | | | | | | | |
| To be carried over | | | | | | | | |

Army Form B. 121.

Medical Report on an Invalid.

Station Military Hospital, Perth

Date 8/3/18

1. Unit **Nfld. Forestry Corps**

7. Former Trade } **Labourer**
or Occupation }

2. Regimental No. **8019**

7A. If with previous service in Army, state—

3. Rank **Private**

(a) Former Unit;

4. Name **Pearcey, Ralph**

(b) Regimental No.;

5. Age last birthday **22**

(c) Date of Discharge;

6. Enlisted { on **18/3/17**
at **St. John's, Nfld.**

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

No. 951 (c) HAMMER TOES

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **From infancy (man's statement)**

10. Place of origin of disability. **St. John's**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He has had slight hammer toe more or less in all toes he says since he remembers. He states they are getting worse. His B.178 shows that he was in Berth War Hospital from 11/9/17 to 23/2/18 suffering continually from nephritis, tonsillitis and hammer toes

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

Not attributable to or aggravated by service during the present war, climate or ordinary military service

(b) constitutional or hereditary, and not aggravated by service during the present war.

Constitutional

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

No

13. What is his present condition?

Hammoertoe is noticeable more or less in all his toes. He cannot march any distance

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

None existing

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as permanently Unfit for military service of any kind.

(Sgd) J. W. MEADE, CAPT. R. A. M. C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except † **not in hospital**

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.-- (i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

- 1. (a.) State whether the disability is clearly attributable to—
 - (i.) Service during the present war ;
 - (ii.) Climate ;
 - (iii.) Ordinary military service ;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or
 - (v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent? **Yes**

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

Nil

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as permanently unfit

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium ;
- (b) Hospital ;
- (c) Convalescent home ;
- (d) Asylum ; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 114 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:— (Sgd) P. MacLILLAN DEWAR, CAPT. R. A. M. C. President.

Station Edinburgh A. L. M MacKINNON, MAJOR R. A. M. C.

Date 18/3/18 A. F. FRASER, CAPT. R. A. M. C. Members.

Approved.

Station DO (SGD) P. MacLILLAN DEWAR, CAPT. R. A. M. C. Administrative Medical Officer.

Date

MEMORANDUM 1300

To

8019. Piercing:

On invitation in Berlin, in 1917.
On invitation and your book.
How has trading conditions. demand to
be dependent upon. take up care.
I have your report. Of various
report to the effect as referred to
Imperial Ministry. I am in the
this consideration:

M. C. A.
M. C. A.

Original

This man is being boarded according to instructions from minutes of Medical S. J. Johns

Army Form B. 179.

1300

Medical Report on an Invalid.

Station Military Hospital Perth

Date 8-3-18.

- 1. Unit N.F.L.D. Freshly Coy
- 2. Regimental No. 8019.
- 3. Rank Plt
- 4. Name PEARCEY, RALPH.
- 5. Age last birthday 22
- 6. Enlisted { on 18th March 1917.
at St Johns Newfoundland.
- 7. Former Trade or Occupation } Labourer
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

N.A.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 10).

No. 951(C) Hammer toes

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
XFP.38. No. 4660/24
DATED 25 MAR 1918

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. From Infancy (man's statement)
- 10. Place of origin of disability. St. John's

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He has had slight hammer toe more or less in all toes he says since he remembers. He states they are getting worse.

This B. 178 shows that he was in Perth Hospital from 11-9-17 to 23-2-18 suffering consecutively from nephritis, tonsillitis & hammer toe.

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

(a) not attributable to or aggravated by service during the present war, climatic or ordinary military service

(b) Constitutional

(c) no.

13. What is his present condition? *hammer toe is irreparable more or less in all his toes. He cannot march any distance.*
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—
(a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?
} N.A

15. Was a Court of Inquiry held on the injury?
If so—(a) When?
(b) Where?
(c) Opinion?
} N.A

16. Was an operation performed? If so, what? *no.*

17. If not, was an operation advised and declined? *no.*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? *N.A*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. *none existing*

20. Do you recommend—
(a) Discharge as permanently unfit, **
(b) ~~Change to England~~
Discharge as permanently unfit for military service of any kind

J.M.C.

J.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except J.M.C. out in hospital*

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

No.
No.
No.
No.
Not applicable.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Not applicable.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

No.

23. Is the disability permanent?

Yes.

24. If not permanent, how soon do the Board recommend re-examination?

Not applicable.

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Nil

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

Not applicable.

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) ~~Change to England?~~

Discharge as permanently unfit.

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

No.

With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended? Does the man require the constant attendance of another person?



Signatures:—

G. G. G. G.

P. Peaches Dore President

A. H. H. H. Members.

A. H. H. H.

Date 18 March 1918.

Approved.

G. G. G. G.

Station

P. Peaches Dore Capt.

Administrative Medical Officer.

Date

18 March 1918.

capt.

Newfoundland Forestry Companies.

No ~~1~~ Rank _____ Name Pircey. R.

I recommend the above noted man to be ^{boarded} ~~appointed~~ for the reasons herein stated:-

This man has been in hospital for 5 months & twelve days - He has hammer toes which have not been operated upon.

Dunkeld, Perthshire,

J. A. Taylor, M.D.
Actg. M. O.

No. 2

ENTERED
PAYABLE
NUM. LOGG
ALLOWED IN
REGISTER
EXAMINED



ST. VICTORIA ST.,
LONDON, S.W.
JUN 13 1917
RECORD OFFICE

Newfoundland Forestry Companies.

I, Ralph Perciey, Regl. No. 8019, ALLOTMENTS

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 160 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 May 1st 1917

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-------------------------|-----------------------|----------------------|
| <u>3</u> | <u>Mother</u> | <u>Mary Ann Perciey</u> | <u>16 Flower Hill</u> | <u>60cents</u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | |

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.) W. A. Baird

Officer Commanding
Company

Ralph Perciey
(Rank) Private

Dec 10, 1932.

The Ministry of Pensions,
Men's Awards Branch, (Overseas),
Bromyard Avenue,
Acton, London, W.3.,
E N G L A N D.

Sir:

I have the honour to enclose
herewith M.P. O.S.Y. 15, in the case
of Ralph Pearcey, 8019, Newfoundland
Forestry Corps, for your attention and
necessary action, please.

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


For Secretary.

JAMcG/MMS.
Enc.1

EHS.

Telephone: Victoria 8740.

Telegraphic Address:

"Warpension, Parl, London."

Reply should be addressed to
The Secretary, Ministry of Pensions,
and the following number quoted:—

65755/OS/M.



MINISTRY OF PENSIONS,
SANCTUARY BUILDINGS,
18, GREAT SMITH STREET,
LONDON, S.W.1.

5¹⁴ July, 1933.

Sir,

I am directed by the Minister of Pensions to refer to your letter of the 4th February regarding Mr. R. Pearcey, No. 8019, Newfoundland Forestry Corps.

Consideration of the case has been deferred pending receipt of the certificate which you have asked Dr. Moores to forward but as this certificate has not been received, it has been thought desirable to acquaint you of the present position of the case.

The service records forwarded with your letter, together with the two certificates previously submitted from Dr. Jamieson, have been considered in consultation with the Medical Advisers of the Ministry, but it is not possible on the information available to associate the present condition claimed as kidney trouble with the effects of Mr. Pearcey's comparatively short period of service during the Great War.

In the event of an application for kidney trouble accompanied by similar evidence being received by the Ministry in respect of a member of the Imperial Forces, the applicant would be informed that on the information before the Department his case could not be admitted for compensation, but that if further evidence of fact became available he could submit his case again to the Ministry.

Should more precise information (e.g., a clear diagnosis either from Dr. Moores' certificate or otherwise) be forthcoming in this case, it is requested that before submitting the application again to the Ministry you will kindly obtain -

The Secretary,
Board of Pension Commissioners
for Newfoundland,
St. Johns,
Newfoundland.



(1)

- (1) Details of medical history so far as possible since the man's discharge.
- (2) Some details also as to employment history i.e., how often absence from work has been necessitated.
- (3) Evidence as to pre-war state of health particularly with reference to urinary trouble.

With regard to the disability, hammer toes, in respect of which application has also been made on Form O.S.Y.15, the Medical Board of 8th March, 1918, expressed the view that this disability was of constitutional origin and not affected by service, and this Department can find no reason at the present time for arriving at a different conclusion.

I am, Sir,
Your obedient Servant,

J.W. Hodges

for Secretary.

*Letter containing 2 moons
certificate & Employer's certificate
mailed July 3rd & crossed
this letter, dated July 1st
Now awaiting Ministry's comments
in view of the certificates received by
them subsequent to the writing
of this letter. B.G.*

Newfoundland Forestry Co.
DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 56³⁰

July 16th 1918

Received from the First Newfoundland Regiment
the sum of Fifty six ³⁰/₁₀₀ _____ Dollars.
on account of Pay.

R Peasay

| | |
|-------------------|---------------------|
| Ch. No. 17 | Initials |
| Pay Ledger .. 30 | Initials <i>MSA</i> |
| Gen. Ledger .. 2P | Initials |

Regtl. No. 8019

Rank

Pte
C. J. [unclear]

No. 8019

Rank Private

Name Ralph Pearcey

Forestry

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ ³⁵
~~20~~ ⁰⁰
x

Feb 3 1919

Received from the First Newfoundland Regiment
the sum of ~~Twenty~~ ^{Thirty Five} ~~00~~ ⁰⁰ Dollars.
amount of Pay. Clothing *R. P.*
balance

| | | | |
|------------------|-----|---------------|-----|
| Ch. No. | 409 | Initials..... | EW |
| Pay Ledger..... | 30 | Initials..... | WWS |
| Gen. Ledger..... | | Initials..... | |

Regtl. No. Rank

Ralph Percy

No. 8019 Rank Pl

Name Pearcy R

DEPARTMENT OF MILITIA.

Forestry

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10.⁰⁰

June 29th 1918

Received from the First Newfoundland Regiment

the sum of *Ten* Dollars.

on account of Pay.
balance

Cheque mailed 2/7/18

| | |
|------------------------|--------------------|
| Ch. No. <i>1331</i> | Initials <i>EW</i> |
| Pay Ledger <i>31</i> | Initials <i>EW</i> |
| Gen. Ledger <i>Pay</i> | Initials <i>EW</i> |

Regtl. No. Rank

No. 8019 Rank Pte.

Name R. Pursey

G. Hospital

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10⁰⁰

[Signature] 1918

Received from the First Newfoundland Regiment
the sum of *Ten* Dollars.
on account of Pay.
~~balance~~

| | |
|--------------------------------|-----------------------------|
| Ch. No. <i>116 of</i> | Initials <i>ew</i> |
| Pay Ledger <i>30</i> | Initials <i>[Signature]</i> |
| Gen. Ledger <i>[Signature]</i> | Initials <i>[Signature]</i> |

Regtl. No. Rank *P. Parsy*

[Signature]

No.

2019

Rank

1st Lt

Name

R Percy

41

Rearcey
DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15⁰⁰/₁₀₀

Apr 20th 1918

Received *from the First Newfoundland Regiment*
the sum of Fifteen _____ *Dollars.*
on account
balance **of Pay.**

P. R. Rearcey

| | |
|-----------------------|--------------------|
| Ch. No. <i>1170</i> | Initials <i>WR</i> |
| Pay Ledger <i>30</i> | Initials <i>WR</i> |
| Gen. Ledger <i>by</i> | Initials <i>WR</i> |

Regtl. No. _____ Rank _____

C. P. B.

No. 8019

Rank Pte

Name R. Resney

DEPARTMENT OF MILITIA.

Home REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$6.⁰⁰

May 31st 1918

Received from the First Newfoundland Regiment
the sum of Six Dollars.

on account
balance

of Pay. to 31/5/18

| | |
|------------------------|---------------------------|
| Ch. No. 1715 | Initials. <i>EW</i> |
| Pay Ledger <i>20</i> | Initials. <i>G. P. 10</i> |
| Gen. Ledger <i>Pay</i> | Initials. <i>J. R. A.</i> |

Regtl. No. *R Company* rank

2018

No. 8019 Rank Pte.

Name: A. Pearson

Forester

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 210 ⁰⁰/₁₀₀

Oct 21 1919

Received from the First Newfoundland Regiment
the sum of two hundred ~~ten~~ ^{and} Dollars.
~~on account~~ of Pay. W. S. G.
balance

| | |
|---------------|------------------|
| Ch. No. 653 | Initials. W.S.G. |
| Pay Ledger 29 | Initials. W.S.G. |
| Gen. Ledger | Initials. |

Regtl. No. Rank Paying
W. S. G. Rank Paying

No. 8019

Rank

Pt

Name

R. Wiley

St. John's, JUL 12 1918

Newfoundland Forestry Companies,

Billeting Account,

To Mrs M. Pearcey

16 Flower Hill

Billeting Soldiers as undermentioned

from July 3/18 to July 12

8019 Pts R Pearcey 810

*Bald
Walt Pearcey
July 13/18*

| | |
|-------------|------------------------------|
| ACCOUNT | <u>Board Missing</u> |
| CH. NO. | <u>13</u> INITIALS <u>JM</u> |
| IND. LEDGER | INITIALS |
| PAY LEDGER | <u>JM</u> INITIALS |
| GEN. LEDGER | INITIALS |

Certified correct for \$ 8.10

P. B. Dickson

Billeting Officer.

C.N.S.

C O P Y.

IMPERIAL MANUFACTURING COMPANY.

St. John's, Nfld.

May 29th. 1933.

TO WHOM IT MAY CONCERN:

This is to say that the bearer, Ralph Percy has been an employee for twenty years, is strictly honourable and when not incapacitated by serious illness a most faithfull servant for us. However during the past five years he has been able to work but little owing to diseased kidney. Ever since his return from overseas he has been more or less afflicted and only fit for very light work.

Yours very truly,

Imperial Mfg. Co.,

Per (SGD) A.E. PARKINS.

June 22nd., 1934.

The Superintendent,
GENERAL HOSPITAL.

RE:- 8019, Ralph Pearcey:

Dear Sir:-

The marginally named man was a patient at the General Hospital as from June 25th., 1918. Is it possible for you to advise me for what condition Mr. Pearcey was treated at this time, please.

Yours very truly,

Secretary.

BT:

St. John's, JUL 19 1918

Newfoundland Forestry Companies,

Billeting Account,

To Mr M. Pearcey

16 Flower Hill

CA No 19 DM

Billeting Soldiers as undermentioned

from JUL 12 1918 to JUL 19 1918

| | |
|------------------------------------|------|
| 8019 Pli R Pearcey | 6.00 |
| Paid Walter ^{his} Pearcey | |
| July ^{mark} 27 1918 | |

[Handwritten initials]

Certified correct for \$ 6.00

A. D. Dickson
Billeting Officer.

B.N.E.

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

21 U.K.C.

MEDICAL HISTORY

OF

Surname

Pearcey

Christian Name

Ralph

Table I.—GENERAL TABLE.

Birthplace:—Parish

St John's

County

SPECIAL RESERVE.

REGULAR ARMY.

Examined ... on 18 day of April 1917 at St John's

Declared Age ... 21 years 2 mos days

Trade or Occupation ... Labourer

Height ... 5 feet 5 inches

Weight ... 103 lbs.

Chest Measurement ...

COPY SENT TO H.Q. ST. JOHNS, N.F.L.D. DATED 25 MAR 1917

Physical Development

Vaccination Marks ...

When Vaccinated

Vision ...

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to Cause rejection

Approved by (Signature) W.S. Proemier (Rank) Lieut.

Medical Officer.

Medical Officer.

Enlisted ... at St John's on 18 day of April 1917

Joined on Enlistment ... Corps. Regtl. No. 8019

Transferred to ..

Became non-effective by ...

(Signature)

(Rank)

Table II.—Only for admission to hospital or for treatment in case of

| Name of Hospital. | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks on the cause, nature, and re-admission of treatment out of hospital |
|----------------------|----------------------|-------|------|--------------------------|-------|------|---|-------------------------|---|
| | Day | Month | Year | Day | Month | Year | | | |
| WAR HOSPITAL, PERTH. | 11 | 9 | 14 | 23 | 2 | 18 | nephritis tonsillitis Hammer toes | 165 | Slight pain in back Cured by do Corrected by op still some diffic light |

Remarks concerning the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions to and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Slight pain recovered except for occasional
pain back.
Cured by double tonsillectomy

R. G. Kannerman
Capt. Ret. U. S.
R. G. B.

Corrected by operation & special boot: he has
still some difficulty on walking, but is fit for
light duty.

R. G. B.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 6019

Rank Pte

Name (surname first) Pearcy, Ralph

Regiment N.F.L.D. Forestry Coy

1. State what special qualifications you have for employment in civil life.

Labourer

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No. 4665/1914
DATED 25 MAR 1916

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

1 Imperial Manuf Coy St Johns Newfoundland.
2 Labourer
3 5 years.

3. What is the nature and locality of the employment you desire?

Labourer N.F.L.D.

4. What is the name of your Approved Society?

none

5. Have you been employed whilst with the Colours? If so, in what capacity?

yes as a forester

Date 8-3-18

Signature Ralph Pearcy

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Notification by President of Medical Board of Approval of a Soldier's
Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Superintendent,

Central Army Pension Issue Office,

33, Baker Street, London, W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ~~14~~²¹ days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Pearcey, Christian names Ralph
(in full)

Regt. No. and Rank 8019 Pte Regt. or Corps N.F.L.D. Fourth Coy
(If T.F. this should be stated.)

His address on discharge will be St Johns

The Soldier states that* N.O allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Station _____

Date _____

President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

M-8019

Your Ref. No. 65477/OS/M.

July 3, 1933.

The Ministry of Pensions,
Sanctuary Buildings,
18 Great Smith Street,
London, S.W.1.,
E N G L A N D.

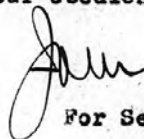
Sir:

I have the honour to enclose herewith
Cystoscopic examination held on #8019 Ralph
Piercey, Newfoundland Forestry Corps, together
with Certificate from his Employer which speaks
for itself.

I have the honour, to be,

Sir,

Your obedient servant,



For Secretary.

JAMCG/MMS.
Encs. 2.

Your Ref. No. 65477/OS/M.

Feb 4, 1933.

The Ministry of Pensions,
Sanctuary Buildings,
18 Great Smith St.,
London, S.W.1.,
E N G L A N D.

Re: 8019 R. Pearsey.
Mfld. Forestry Corps.

Sir:

In reply to your letter of the 10th. of January I have the honour to enclose herewith all available service records of the above noted for your information and necessary action, please.

We have requested Dr. Moores to forward us a certificate but to date same has not been received.

I have the honour, to be,

Sir,

Your obedient servant,

For Secretary.

JAMoG/MMS.
Encs.

WMG

Telephone: Victoria 8740.

Telegraphic Address:

"Warpension, Parl, London."

Reply should be addressed to
The Secretary, Ministry of Pensions,
and the following number quoted:—

65477/OS/M.



MINISTRY OF PENSIONS,

SANCTUARY BUILDINGS,

18, GREAT SMITH STREET,

LONDON, S.W.1.

10 January, 1933.

Sir,

I am directed by the Minister of Pensions to acknowledge the receipt of your letter of the 10th ultimo, in the case of Mr. R. Pearcey, and to invite your attention to the letter of the 15th November, 1932, from this Department in which it was requested that all available service records may be forwarded. Until these documents are available it will not be possible to proceed with the consideration of the application.

It is observed that in his statement on form O.S.Y. 15, Mr. Pearcey refers to a certificate from Dr. Moores. This certificate with any other evidence which may be available should also be forwarded.

I am, Sir,
Your obedient Servant,

for Secretary.

The Secretary,
The Board of Pension Commissioners
for Newfoundland,
St. Johns,
Newfoundland.



Telephone: Victoria 8740.

Telegraphic Address:

"Warpension, Parl, London."

Reply should be addressed to
The Secretary, Ministry of Pensions,
and the following number quoted:—

65477/QS/M.



MINISTRY OF PENSIONS,
SANCTUARY BUILDINGS,
18, GREAT SMITH STREET,
LONDON, S.W.1.

13th November, 1932.

Sir,

I am directed by the Minister of Pensions to refer to your letter of the 11th ultimo, relative to an application for pension from Mr. R. Piercey, Newfoundland Forestry Corps, and to request that all available service records may be forwarded.

It is presumed that this is the man's first application in respect of pension and form M.P.O.S.Y.15 should therefore be completed. It will also be necessary for evidence to be submitted in support of a claim that the present condition is connected with War service, which should take the form of certificates relating to any medical treatment and to any absences from employment on account of illhealth since discharge from the service.

I am, Sir,
Your obedient Servant,

L. J. Keen

for the Secretary.



The Secretary,
The Board of Pension Commissioners
for Newfoundland,
St. Johns,
NEWFOUNDLAND.

By

your attention

Paction

Form given +
Certificates requested
Dec. 6/32

and to obtain medicine
certificates - from doctors who treated him - to
and for which I believe - not long ago -
connected himself with my services - see to
W. J. G. see to

Telephone: Victoria 8740.

Telegraphic Address:

"Warpension, Parl, London."

Reply should be addressed to
The Secretary, Ministry of Pensions,
and the following number quoted:—

DM.



MINISTRY OF PENSIONS,

MEDICAL SERVICES DIVISION,

SANCTUARY BUILDINGS,

18, GREAT SMITH STREET,

WESTMINSTER, S.W.1.

22nd September, 1932.

Dear Sir,

Re. R. Piercey, Pte. No. 8019, N.F.C.

With reference to your letter, M-8019, of the 6th instant, forwarding a copy of a medical certificate, relating to the above named man, I regret to inform you that owing to the fact that no address was stated, we have been unable to trace this man. I shall be glad if you will forward the necessary information. It is presumed that you wish a Medical Board to be held on this case.

Yours faithfully,

M. Maward

for Director General of Medical Services.

The Secretary,
Board of Pension Commissioners for Newfoundland,
St. John's,
Newfoundland.



Dec 23, 1932.

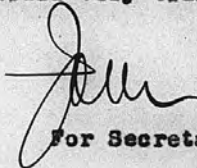
The Ministry of Pensions,
Men's Awards Branch, Overseas,
Bromyard Avenue,
Aston, London, W.3.,
E N G L A N D.

Re: 8019 Ralph Pearcey,
Mfld, Forestry Corps.

Sir:

I have the honour to enclose herewith
Medical Certificate from Dr. D.G. Jamieson,
in the case of the marginally noted, for your
information and necessary action, please.

Yours very truly



For Secretary.

/MMS.
Enc.1.

M-8019

October 11th., 1932.

Director General of Medical Services,
MINISTRY OF PENSIONS,
Sanctuary Buildings,
13, Great Smith Street,
Westminster, S W L.,

Re:- 8019, R. Piercey,
Newfoundland Forestry Corps:

Dear Sir:-

With reference to your letter of September 22nd., relative to the case of the marginally named man, I beg to state that Medical Certificate was not forwarded in this case for the purpose of Medical Examination. As a matter of fact, Mr. Piercey is living here in St. John's.

The Certificate in question was forwarded, as Mr. Piercey was a member of the FORESTRY CORPS, for the consideration and comment of the Ministry as to whether Mr. Piercey would be entitled to a Medical Board in respect to a claim for pension.

Awaiting your further comments,

Yours very truly,

Secretary.

BT:

M-8019

September 6th., 1932.

The MINISTRY OF Pensions,
Medical Service Division,
Sanctuary Buildings,
18, Great Smith Street,
London, ENGLAND.

Re:- 8019, R. Piercey,
Mfld., Forestry Corps.

Dear Sir:-

The marginally named man is making application for pension.

The attached copy of Medical Certificate is forwarded herewith for your consideration, please.

Yours very truly,

Secretary.

BT:

District Administrator,
"Nf" District.

Ottawa, February 25, 50.

Mr. Baxter Peckham

Re: 8019 - FEARCEY, Ralph
Mfld. Forestry Unit W.W.I

1432-R

Documents for the above noted, forwarded by you to this office on December 9, 1949, have been passed to War Service Records for retention.

The eight documents marked with red pencil are returned herewith, as requested.

c.c. W.S.R.

REGISTERED.

Supervisor,
Mimeograph and Document Section.

*PA. at end of
1st page of report.
Rec'd R-13
6/31/50*

No. 2



Newfoundland Forestry Companies.

ALLOTMENTS

I, Ralph Percy, Regl. No. 19

hereby agree, until further notification by me, and in similar official form to make an Allotment of 16 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 May 1st 1917

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|----------------|----------------|----------------------|
| 3 | Mother | Mary Ann Percy | 16 Flower Hill | 60c. |
| | | | | |
| | | | | |
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| | | | | |
| Total Allotment, \$ | | | | |

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.) W. A. B. Aird

Officer Commanding Company

(Sig.) Ralph Percy

(Rank) Private

No 8019

Name Lawrence R.

26/18

| Date | Particulars | Ch.No. | Dr. | Cr. | Bal. |
|---------|---------------------------|--------|--------|--------|--------------|
| Mar 31 | By Pay 5 day @ 1 1/2 | | | 5 50 | 5 50 |
| Apr 30 | " " 30 " do | | | 33 00 | 38 50 |
| May 31 | " " 31 " do | | | 34 10 | 72 60 |
| Jun 30 | " " 30 " do | | | 33 00 | 105 60 |
| July 16 | " " 16 " | | | 17 60 | 123 20 |
| | Bonus | | | 13 70 | 136 90 |
| | clothing | | | 25 00 | 161 90 |
| | do. | | | 35 00 | 196 90 |
| | To Pay at Sydney | | 2 00 | | 194 90 |
| Apr 20 | To Pay | 1120 | 15 00 | | 179 90 |
| 30 | " " | 1164 | 10 00 | | 169 90 |
| Apr 30 | To allotment 35 days @ 60 | | 21 00 | | 148 90 |
| May 31 | To Pay | | 6 60 | | 142 30 |
| | To Allotment | | 18 60 | | 123 70 |
| June 29 | To Pay | 1331 | 10 00 | | 113 70 |
| | To allotment | | 18 00 | | 95 70 |
| July 16 | To Pay | | 61 30 | | 34 40 |
| Feb 3 | " " | | 35 00 | | 0 |
| | was Anne Prater | | | | |
| | 4 mos @ 70 00 | | | 280 00 | 280 00 |
| | Bonus | | 13 70 | | 266 30 |
| Mar 1 | To Pay | 650 | 56 30 | | 210 00 |
| Oct 21 | " " | 653 | 212 00 | | 0 |
| | La | 1946 | 120 00 | 120 00 | 0 |
| | | | 596 90 | 596 90 | ✓ |

PAY LEDGER F. 30/1
 Date 12/2/21 by [Signature]

Sig. [Signature]

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 question 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.

Spec
1. Christian name *Ralph* 2. Surname *Ashley Pearsey*
3. Rank *Private* 4. Regt. No. *8019*
5. Address in full to which future payments of gratuity are to ~~be~~ forwarded *16 Flower Hill St John's*
6. Date of enlistment in the Regiment *April 19, 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*
8. Relationship of such dependents.....
9. Address in full of such dependent.....
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 *April 19, 1917 to July 16, 1918*

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.....

*Clothing Allowance \$66. —
P.D.P. 61.70*

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.....

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.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

No
July 16/18
Physical unfitness

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.....

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

No

(b). If so, are you in receipt of full pay and allowances from that Committee.....

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

Signature of Applicant: *Paul Peasay*
 Place of Residence: *16 Flower Hill, N. York*
 Declared before me at: *N. York, Nfld*
 This *3rd* day of *March* 19*19*

John W. McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY..

| Date paid | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due |
|--------------------|--------------|----------------|----------------------|----------------|
| | | | <i>4 Nuss</i> | <i>780.00</i> |
| | | | | |
| | | | | |
| Certified Correct. | | | Paymaster. | |

APL



Statement of Accounts

No. 8019 Rank Private or Name Pearcy, R.
 Company, etc. A. Newfoundland Forestry Corp
 From 16/3/18 to 26/3/18 (dates).

| DEBITS | | | | CREDITS | | | |
|------------------|-------------|-------|--------|----------------|----------------------|---------|--------|
| Date | | | | Date | | | |
| 16/3/18 | allotment | | | 16/3/18 | 11dyp Paye | 100 | 11 00 |
| to | | | | to | | | |
| 26/3/18 | 11dyp c 60. | 16.60 | 11 7 1 | 26/3/18 | 11 - field allowance | c 10 | 1 10 |
| 26/3/18 | Casual Pay | | 11 2 8 | | | \$12.10 | 12 9 9 |
| Creditor Balance | | | | Debtor Balance | | | |
| Total £ | | | | Total £ | | | |
| 2 9 9 | | | | 2 9 9 | | | |

^{checked}
 This account is in accordance with information received at the Pay & Record Office to W. W. 5845 and is therefore subject to amendment if, and as may be found necessary.

CHECKED
 APR 1918
 26/3

Station Dunkeld
 Date 24/3/18

Certified correct,
W. W. 5845
 NEWFOUNDLAND FORESTRY CORP. Paymaster.

Statement of Accounts

No. 8019 Bank Private Name Percy R. ...
 Company, etc. R. Field Forestry Corp
 From 16/3/18 to 26/3/18

| DEBIT | | | | CREDIT | | | |
|------------------|-------------|-------|--------|----------------|---------------------------|------|--------|
| Date | Description | | | Date | Description | | |
| 16/3/18 | allotment | | | 16/3/18 | 11 day pay | 100 | 11 00 |
| 26/3/18 | 11 day c 60 | 16.60 | 11 7 1 | 26/3/18 | 11 - field allowance c 10 | 1 10 | |
| 26/3/18 | casual pay | | 11 2 8 | | | | 12 9 9 |
| Creditor Balance | | | | Debtor Balance | | | |
| Total £ | | | | Total £ | | | |
| 2 9 9 | | | | 2 9 9 | | | |

^{checked}
 This account is in accordance with information received at the Pay & Record Office to 26 MAR 1918 and is therefore subject to amendment if, and as may be found necessary.

CHECKED
 26 MAR 1918
 M.R.

Certified correct.

Signed Winkfield Date 26/3/18
 Signed Winkfield Date 26/3/18



Statement of Accounts

No. 8019 Rank private or Name Pearcey, R.
Company, etc. A. Nfld Forestry Corps
From 16/3/18 to 26/3/18 (dates).

| DEBITS | | | | CREDITS | | | |
|-------------------|-------------------------|--------------|---------------|----------------|------------------------------------|--------------|---------------|
| Date | Description | | | Date | Description | | |
| <u>16/3/18</u> | <u>Allotment</u> | | | <u>16/3/18</u> | <u>11 days Pay @ 1.00</u> | <u>11 00</u> | |
| <u>to 26/3/18</u> | <u>11 days @ 60</u> | <u>6 60</u> | <u>11 7 1</u> | <u>26/3/18</u> | <u>11 Field allowance @ 10/110</u> | <u>12 99</u> | |
| <u>26/3/18</u> | <u>Casual Pay</u> | <u>1 2 8</u> | | | <u>\$12.10</u> | | <u>12 9 9</u> |
| | Creditor Balance | | | | Debtor Balance | | |
| | Total £ | | <u>2 9 9</u> | | Total £ | | <u>2 9 9</u> |

8/12/18
OBTAINED
3/11/18
PMD

Station Dunkeld
Date 24/3/18

Certified correct,
[Signature] Adjlt.
NEWFOUNDLAND FORESTRY COYS.
Paymaster.

SEPARATION ALLOWANCE.

Claimant... *Piercy, Mary Ann (mother, widow)*

On account of... *Ralph Piercy* No. *8019* Rank... *Pte*

Decision... *Approved*
Payable from Aug. 21/1917 - date
of Gordon's marriage.

J. R. Bennett
W. Russell Lieut. Col
M. Howley Capt

Date... *14/5/19*

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

Allotment of *60¢* per day payable to *M^{rs} Mary Ann Piercy*
his mother from *1/5/17* to *16/7/18*
Discontinued on account of *medical unfit.*

All Loveys m.

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

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 and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.

Ralph Ashley Percy, Pte *8019*

2. Age of soldier. Married or Single.

23 years *Single*

3. Name in full of mother. Age. ~~Occupation~~ Permanent Address.

May Anne Percy, 50 years *16 Flou Hill*

4. Give name of your husband. Age. Occupation Where Employed.

Moses Percy, 47 *Shipwright, John Taylor*

5. If your husband is not supporting you state the reason.

Dead, (8 years)

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband.

Died at St Johns, 16 Flou Hill June 23, 1911

8. Have you married again since death of above mentioned husband?

No

9. Names of your other children. Address in full. Age. Occupation Married or Single.

| | | | |
|------------------------------|-------------------|-----------|----------------|
| <i>Charles William Percy</i> | <i>Shipwright</i> | <i>31</i> | <i>MARRIED</i> |
| <i>Ernest Victor</i> | <i>"</i> | <i>27</i> | <i>"</i> |
| <i>Fredrick</i> | <i>"</i> | <i>25</i> | <i>"</i> |
| <i>Gordon</i> | <i>Teacher</i> | <i>21</i> | <i>"</i> |

| NAME | AGE | OCCUPATION | Scap |
|---------------|-----|--------------------|------|
| Reeph, Ashby | 22 | Cheer | " |
| Lewis Pearcey | 16 | PRESTIS | " |
| Walter Erick | 13 | School | " |
| Edith Peary | 18 | Student | " |
| Hilda " | 10 | School | " |

10. State amount earned by (a) yourself
(b) your husband. *Nothing*

11. State amount and source of any other income. *Nothing*

12. State value of real property belonging to you and your husband. *Nothing*

13. State value of personal property belonging to you and your husband. *My House and other Real Property*

14. If husband is dead state value of real and personal property left by him. *Nothing*

15. Actual amount contributed by soldier during the year prior to enlistment. *\$8.00 weekly.*

J.P. ~~10. Weekly Pay 10 to 12.00, 1 year 90 Days~~

16. Was this amount contributed weekly or monthly. *Nothing weekly*

J.P. 17. Did this amount include payment of son's board, etc. *Yes.*

18. State your son's trade or occupation prior to enlistment. *Chimes Chemist.*

19. State amount of his wages per week. *Five light Dollars,*

20. State name and address of his last employer. *Messrs Perkins & Lawrence, Post St,*

21. State amount of monthly support from son since enlistment. *18.00 Per month,*

22. State amount of allotment received by you from son since enlistment. *18.00 Per month*

J.P. 23. State from what date did you receive allotment? *May 7: 1917.*
7th of each month

24. Actual amount contributed by other children. Weekly *\$7.* Monthly ~~\$8~~

J.P. 25. Are any of these children in the employ of you or your husband? *No*

If not receiving support from other children, state cause. Explain fully.

My home families of the olden days

27. With whom are you residing at present?

At my own Dwelling Place,

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.

No. I know nothing of its title to use to take to office

29. Are you already in receipt of Separation Allowance from any source? If so, how much?

Nothing

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much.

I have received \$50, only. (In all.)

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government.

No

32. In what capacity and in what place?

No

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.

Nothing.

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant...

Mary Ann Pearce

Place of Residence.....

St. John's, Nfld.

Declared and subscribed before me at.....

St. John's Nfld

this.....day of.....

26th

May

1919

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

[Signature]
Bartholomew

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman.....

Jacob Brinson

Signature of member of the Patriotic Fund Committee.

Honora L. Peterson

No. 2



ENTERED
 PAY LEDGERS
 NUM. ROLL
 ALLOT. INDEX
 REGISTER
 EXAMINED

Newfoundland Forestry Companies.

ALLOTMENTS

I, Ralph Piercey, Regl. No. 8019

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and (60) Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person or Persons concerned, viz.:

Allotment begins May 1st 1919

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|------------------|---------------------|----------------------|
| 3 | Mother | Mary Ann Piercey | 16 Flower Hill | 60 cents |
| | | | | |
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| | | | Total Allotment, \$ | |

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.) W. A. Baird

Officer Commanding Company

(Sig.) Ralph Piercey

(Rank) private

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

The inapplicable addresses to be struck out.

To

| | | |
|---|-----------------------|-----------------------|
| } | Officer i/c Hospital | N.F.L.D. Fourty Coy's |
| | <i>or,</i> | |
| | O.C. Command Depot | |
| | <i>or,</i> | |
| | O.C. (Soldier's Unit) | |

(as the case may be)—see A.C.I. 1623 of 1916.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ~~14~~²⁴ days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Pearcy, Christian names Ralph
(in full)

Regt. No. and Rank 8019 Pte Regt. or Corps N.F.L.D. Fourty Coy's
(If T.F. this should be stated.)

His address on discharge will be St. Johns

This information is for the Central Army Pension Issue Office only.

The Soldier states that* None allowance is being issued in respect of him.

* Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

One or both paragraphs to be struck out as may be necessary.

(For O.C. Command Depot.)—You are requested to forward the Soldier's Field Conduct Sheet (Army Form B. 122) to the Officer i/c Records, without delay.
(For O.C. Unit)—You are requested to forward the Soldier's duplicate Attestation with all documents pertaining thereto, to the Officer i/c Records, without delay.

Station _____

Date _____

President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St London S.W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ~~14~~²⁸ days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Pearcy, Christian names Ralph
(in full)

Regt. No. and Rank 8019 Pte Regt. or Corps N.F.L.D. Forests Coy
(If T.F. this should be stated.)

His address on discharge will be H. Johns

This information is for the Central Army Pension Issue Office only.

The Soldier states that* NO allowance is being issued in respect of him.

* Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station _____

Date _____

President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.



Newfoundland Forestry Companies

ATTESTATION OF

No. 20 Name Thos J Ryall Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Thos J Ryall</u> |
| 2. What is your full Address? | 2. <u>Colonial Bldg</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>15</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Carpenter</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. What is your Religion? | 9. <u>RC</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>Yes</u> { Name |
| | { Corps |

I, Thomas J Ryall 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.

Thomas J Ryall SIGNATURE OF RECRUIT.

H. James Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas J Ryall 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 Johns on this 20th day of April 1917.

Signature of Attesting Officer J. J. [Signature]

† 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 20th April 1917

Place St. Johns

J. J. [Signature] Approving Officer.

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....