



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5859

Name Jacob Percy

Corps Infantry

Questions to be put to the Recruit before Enlistment

1. What is your name? Jacob Percy
2. What is your full Address? Thomas Ct 9 B
3. Are you a British Subject? Yes
4. What is your age? 20 Years 0 Months
5. What is your Trade or Calling? Ironman
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? Yes Name Jacob Percy Corps Infantry
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? Yes

I, Jacob Percy 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.

Jacob Percy SIGNATURE OF RECRUIT.

15/5/18

J. Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Jacob Percy do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 15 day of May 1918.

Lawley Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the Infantry.

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

Date May 15 1918 Place St. John's 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) Jacob Percy re-enlisted in the (Regiment) Infantry on the (Date) 15/5/18.

DESCRIPTIVE REPORT ON ENLISTMENT

5059

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

Name Jacob Percy
 Apparent age 20 years 0 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mr Simon Percy
Normans Cove J. Bay Relationship 4th
 Particulars as to Marriage

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

(a) _____ (b) _____ (c) _____ (d) _____

Particulars as to Children

Christian Names

Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards list of engagement reckons from <u>15-5-18</u>									
Joined at <u>St. John's</u> on <u>15/18</u>									
Discharged <u>July 1919</u>									
Embarked <u>St. John's N. Colombia</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
Embarked for <u>B.C.I.</u> <u>23/18</u>									
Joined <u>B. Col. Ince</u> <u>5-1-1919</u>									
Transferred from <u>Lower</u> <u>22/19</u> Arrived <u>Winnipeg</u> <u>23/19</u>									
To <u>responsible for demobilization</u> <u>22-5-19</u>									
Arrived to <u>England</u> <u>1-6-1919</u>									
Total Service forfeited as above <u>Demobilization St. John's</u> <u>18-7-1919</u>									
Total Service towards Engagement to <u>18-7-1919</u> (date of discharge)									
Pensions									

C.R. 5059

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. John's, July 23/19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 18-7-19.

5059 Pte. Jacob Piercey.

C.R. 5059

Extract from Daily Orders Part 11 Unit The Royal MIA.
Regt. St. John's, July 5th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by G.C. Discharge Depot, with effect from 5-7-19.

5059 Pte. J. Piercey.

C.R. 5059

Extract from Daily Orders Part 11 Depot. St. John's,

Date June 18th 1919.

5059, Pte. J. Piercey.

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

C.R. 5059

Extract from Nominal Roll of draft No. 56, from the 2nd.,
Battalion of the Newfoundland Regiment to the ~~2nd~~ 1st.,
Battalion of the Royal Newfoundland Regiment. Embarked
Southampton 23/11/18.

#5059 Pte. J. Piercey.

C.R.

5059

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

The following men embarked for overseas on H.M.S.
"Columbella" July 28, 1918.

#5059 Pte. Jacob Piercey.

Extract from Daily Orders part 11, from Unit The Royal 22d.
Regiment, St. John's, dated May 16th, 1918.

#5059 Pte. J. Piercey.

Attested for General Service with the Royal 22d. Regt.
Date 15/5/18

J. Piercey

C.B. 5059

P. 180

Medical Report on an Invalid.

Station Hazley Down.Date 1-5-19

1. Unit Royal Newfoundland.
2. Regimental No. 8059
3. Rank Pte
4. Name Percy J.
5. Age last birthday 21
6. Enlisted on May 15th 1918
 at St John's
7. Former Trade or Occupation } Fisherman.
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(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).

nilStatement 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. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

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.

13. What is his present condition?

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

See explanation for 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.

20. Do you recommend—

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

Repaturation

Major J. J. [Signature]

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Wagley Down*

Officer in charge of Hospital.

Date *1-5-19*

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

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

Pierce, Jacob

5059

May - Sept.

June 19. 1919

Mr. Simeon Piercey,
Herman's Cove.

Dear Sir:

With reference to your letter of May 3rd. enclosing \$35.00, I beg to advise you that I have cabled 27.1.10, being the equivalent of this amount, less the cost of message to No. 5059, Pte. Jacob Piercey.

Yours truly,

Lieut,
For Paymaster.

July 19, 1919

#5059 Pte. Jacob Piercey,

Norman's Cove, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3092.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5059 Rank Pte. Name Piercy Jacob
 Intended place of residence Normans Cove
 2. Occupation Fraterniser
 Classification of soldier II Medical Category FI

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL - 2 1919

H. M. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL - 2 1919

Jacob Piercy
 Signature of soldier
M. C. Towler
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL - 2 1919

Jacob Piercy
 Signature of soldier
J. W. Chancey
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-5-18 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 430

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 4 1919

R. H. D. Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 18/1919

A. H. Bowley
 Officer in Charge
 The Royal Newfoundland Regiment

a 4/20 79/3092

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30-6-19

Regimental No 5059

Name Piercey, Jacob

Rank Pte

Address Normans Cove

Present Medical Category A1

Recommended for :— (a) Immediate discharge

(b) Standard Medical Board

Members of Board

R.H. Paterson
O.C. Discharge Depot.

(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 430 days

The Royal Newfoundland Regiment

Class for Demobilization: 8

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30.6.19

Regimental No. 5059

Name Harvey Jacob Rank Rifle

Address German Camp

Present Medical Category A1

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

Members of Board

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

J. Petersen
Senior Medical Officer.

See Curden
M.O. Depot

The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30.6.19

Regimental No 5059

Name Harvey Jacob

Rank Plt

Address Germania Camp

Present Medical Category AT

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

Members of Board

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

Paterson
Senior Medical Officer

McCusker
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2009 Rank Plt Name Percy Jacob
 Date of Enlistment 15-5-18 Address Normansford District Trinity
 Occupation Fisherman Classification for Discharge 1 Medical Category A.1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.P. 136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 / D 400A	1 / B 1915	1 /	do 2nd	" 3	3
B 179	1 / D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 30-6-19

J. M. Stewart
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Jacob Piercey

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 2-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R2133} to his home at Formosa Creek and Release Certificate No. 3097 issued.

Date 2-7-19

J.A. Snow
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 15 7-7-19

Date 2-7-19

H. M. ...
Depot Paymaster.

Discharged approved for 4-7-19

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

N.F. 136	B 268	B 121	1 N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	1 D 400A	1 B 1915	1 do 2nd	" 3
B 179	1 D 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

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

Date 2 7 - 19

APPROVED.

Documents as above forwarded to:-

Officer i/c Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 4 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Jacob Piercy

Signature of Man.

Reg. No. 5739

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

Place

ST. JOHN'S.

Date

April - 2 1919

191

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

MEDICAL HISTORY

Surname

Piercey

OF

Christian Name

Jacob

Table I.—GENERAL TABLE.

Birthplace:—Parish

Normans Cove

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	on <i>15</i> day of <i>May</i> 191 <i>8</i>	at <i>S. Jones</i>	on	day of 191
Declared Age.....	<i>20</i> years	days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>5 1/2</i> inches		feet	inches
Weight	<i>145</i> lbs.		lbs	lbs
Chest Measure- ment {	Girth when fully expanded...	<i>38</i> inches		inches
	Range of Expansion..	<i>4</i> inches		inches
Physical Development..				
Vaccination Marks {	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>66</i>	R. E.—V=	
	L. E.—V=	<i>66</i>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>L. J. Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>S. Jones</i>		at	
	on <i>15</i> day of <i>May</i> 191 <i>8</i>		on	day of 191
	Corps	Regt. No.	Corps	Regt. No.
Joined on Enlistment.....	<i>The Royal 5009</i>			
	<i>Nfld Regt</i>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Jacob Piercy*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5059*

Intended address *Norman's Cove*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *-*

Figure on discharge *Medium*

Christian name of Father *Simon*

Christian name of Mother *Patience*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth *Norman's Cove, Jan 23rd, 1898*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Jacob Piercy *Plt.*
(Rank)

Station

St John's

Date

30-6-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date

Medical Report on an Invalid.

Station Tracy D CampDate 1. 5. 19

1. Unit Royal Newfld
2. Regimental No. 4059
3. Rank Pte
4. Name Pursey J.
5. Age last birthday 21
6. Enlisted { on May 15, 1918
at St John
7. Former Trade or Occupation } Fisher
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(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).

nilStatement 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. nil
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
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). nil
- (b) constitutional or hereditary, and not aggravated by service during the present war. nil
- (c) attributable to or aggravated by want of proper care, on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

He complains of no 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?

na

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?

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.

na

Repatriation

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

MR. [Signature]
Major [Signature]

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station *N. D. Camp*

Officer in charge of Hospital.

Date *1. 08. 19*

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

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

July 24, 1919

#5059 Pte. Jacob Biercey.
Norman's Cove,
Trinity Bay.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th, 1919.

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

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

- Christian name... *James* 2. Surname... *Piasey*
3. Rank... *private* 4. Regt. No. *5-059*
5. Address in full to which future payments of gratuity are to be forwarded... *Worms Cove L.B.*
6. Date of enlistment in the Regiment... *May 15, 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge...
Simon Piasey
8. Relationship of such dependents... *son*
9. Address in full of such dependents... *Worms Cove*
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 Mfld. If so, give dates and particulars of such service... *France & Germany*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *twelve months*
- 13

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.

No

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

No

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

No

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No

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

No

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

19. Are you now serving in the Regt.?

No ... If not give:- (a) Date of discharge

July 2, 1919 (b) Reason for discharge.

Dismissed

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France Belgium Germany

was not fighting

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee?

No

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

7773

Normans Cove
Nov 24th
1919

Captain Howley

Dear Sir

I am writing you to see if
I am intitled to any
separation allowance I had
a son to war and he was
my only support
would you kindly let me
know my sons name was
Jacob Piercey ^{No 5059}

Yours truly
Mrs Simon Piercey
Normans Cove
Trinis Bay

deu form

December 24th.1919

Mrs. Simon Piercy,
Norman's Cove,
T.B.

Dear Madam:

With reference to
your letter of recent date, I enclose herewith
form of claim for War Service Gratuity Separation
Allowance, which kindly have completed in
the presence of a Magistrate or a Justice of
the Peace and return to this Office,

Yours truly,

Major
Paymaster.

JUL 2-1919

ST. JOHN'S,

Royal Newfoundland Regiment.

Billeting Account,

To Lt. J. Pursey

Billeting Soldiers as undermentioned

from June 1st /19 to June 28th /19

part Pursey

5059	Lt. J. Pursey	28 80
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ACCOUNT 2060
 NO.
 PAY LEDGER
 GEN. LEDGER

Certified correct for

[Handwritten signature]

P. J.

Billeting Officer.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

No 58 59
Name..... *Jacob Purcey*

Date *Nov. 18*.....

Place *Normans Cove Trinity Bay*.....

C.F.

No. 5059 Name Piercy J. Sq., Batty., or Company } D. Corps Newfoundland Date of enlistment } 15/18 G.C. Badge } 17/18 Service or Proficiency Pay } 10/18
 Date of last entry in Company Conduct Sheet } 2/19 No. and date of last drunk } 1/19 Period not reckoning towards freedom from extra fine } 3/4 Sheet No. } 5059 Signature O.C. Company, etc. } [Signature] Character } Good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<u>2nd</u>	<u>8/4/19</u>	<u>Pte</u>		<u>Def.</u>	<u>[Witnesses]</u>	<u>Pay for course</u>	<u>8/4/19</u>	<u>Major Bernard</u>	

Army Form B. 199.

Received British war medal

FORM 11555

Signature 5059. pt. J piercy

Date October 31st/21.

Address 1076 Gertrude St. Verdun. Montreal

[P.T.O.]

Receipt for Army Book 64

No. 5059 Name J. Piercey

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

Name Jacob Piercey

Date Aug 16

Place Montreal, Canada

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

W.

5059
The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. *2009* Rank *Plt* Name *Percy Jacob*
 Date of Enlistment *15-5-18* Address *Norman's Cove* District *St. John's*
 Occupation *Sulman* Classification for Discharge *1* Medical Category *H1*
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents: — *P-1*

N.F. 136	B 268	B 121	F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	400C	Form K	do 4th	" 5	
B 179b	103	ME 2		" 6	
B 179c	B 120	M 93			

Date *20-6-19* O. C. Discharge Depot *J. Mews H*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Jacob Percy

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *\$100.00*

(b) Clothing Supplied *All Clothing*

Date *2-7-19* O i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. **R2133** to his home at **Forrester Cove** and Release Certificate No. **3097** issued.

Date **2-7-19** *J.A. Newcomb*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to **75-7-19**

Date **7-7-19** *H. M. ...*
Depot Paymaster.

Discharge approved for **4-7-19**
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	B 268	B 121	F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	1915	do 2nd	" 3
B 178	D 400B	Form L	do 3rd	" 4
B 178a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Fam B

Date **2-7-19** *J.A. Newcomb*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date **JUL 4 1919**
O. C. Discharge Depot.

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

Date **July 11/19** *J.A. Newcomb*

Reg. No. *1199* Rank *1st Lt* Name *Piercy J.*

Attested Address *Normans Lane.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Normans* Cause *Discharge*

30.6.19
4.7.19

DISCHARGE APPROVED ON DEMobilisation

REGISTRATION OFFICER

1208 Joseph Street
Verdun Montreal
Canada

August 16, 1920

Dear Sir C.R. 5059

I have leaved
Newfoundland and came
here to live.

I remain yours truly

Jacob Pursey

5059
Pursey