



FIRST NEWFOUNDLAND REGIMENT

No. 3757 Name Alfred A. Pierpoint Corps C. of C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Alfred A. Pierpoint</u> |
| 2. What is your full Address? | 2. <u>3 Devon Road St Johns</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>25</u> Years <u>1</u> Month <u>9</u> Days |
| 5. What is your Trade or Calling? | 5. <u>clerk. Dry Goods</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>territorials</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes.</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes.</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes.</u> |

I, Alfred A. Pierpoint 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.

F 11-5-7 W. Stoddart Recruit SIGNATURE OF RECRUIT.
W. Stoddart SIGNATURE OF WITNESS.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this..... day of..... 1915.
W. Stoddart Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
 If enlisted by special authority, such will be attached to the original attestation.
 Date..... 1915
 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) Newfoundland on the (Date) May 11/15

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Alfred Harold Pierpoint
 Apparent age 25 years 1 months. Height 6 feet — inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

23 Cornsett Rd.
 Name and Address of next of kin Alfred Ephraim Pierpoint
Newbridge Wells Kent | Relationship Father
England .Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

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

3757



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3757. Name Alfred A Pierpoint Corps C of E

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Alfred A Pierpoint
- 2. What is your full Address? 2. 3 Devon Row St John's
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 25 Years 1 Months
- 5. What is your Trade or Calling? 5. Clerk Dry Goods
- 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. Territorials
- 8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
- 9. Are you willing to be enlisted for General Service? } 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Alfred A Pierpoint 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.

Alfred A Pierpoint SIGNATURE OF RECRUIT.
R E Edward Signature of Witness.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 11 day of May 1915.
Signature of Attesting Officer [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 1915 }
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 conscientiously endorsed in red ink, as follows, viz:—(Name) Alfred A Pierpoint re-enlisted in the (Regiment) C of E on the (Date) May 11/15

21
30
31
31
30
31
20
31
31
28
7
316

19794-P

No: _____

N.F.P./61.

NEWFOUNDLAND CONTINGENT

Copy

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

Oct 23rd 1918

Miss L.S. Miller, V.A.D.
L. of London Genl. Hospital
Ruskin Park Extension
Denmark Hill S.E.

Subject:

No 3757 Sq. A.H. Pierpoint
enquiry

With reference to your communication dated 1/1

() on the subject of the above named NCO
of the 1st Bn. The Royal Newfoundland Regt.

I beg to inform you that he is now in the Military
Hospital Endell St. W.C.2. suffering from
Shrapnel wound neck.

J

Chief Paymaster & Officer i/c Records.

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

MEDICAL HISTORY

OF

Surname Pierpoint Christian Name Alfred Harold

Table I.—GENERAL TABLE.

Birthplace:—Parish Kent, England. County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>10</u> day of <u>May</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
Declared Age	at <u>Headquarters</u>		at _____	
Trade or Occupation	<u>25</u> years <u>1</u> month <u>0</u> days		<u>_____</u> years <u>_____</u> days	
Height	<u>Clerk. Dry. Yards.</u>		_____	
Weight	<u>6</u> feet _____ inches		<u>_____</u> feet _____ inches	
Chest Measurement	<u>138</u> lbs.		<u>_____</u> lbs.	
	Grith when fully expanded ... <u>36 1/2</u> inches		_____ inches	
	Range of Expansion .. <u>3 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	<u>1 Scar.</u>	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/9</u>		R.E.—V=_____	
	L.E.—V= <u>6/9</u>		L.E.—V=_____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>Lammie Peterson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns.</u>		at _____	
	on <u>11</u> day of <u>May</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>41st F.L.D. 3757</u>		_____	
Transferred to	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Rank)	_____		_____	

[P.T.O.]

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

Name of Hospital:	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
MILITARY HOSPITAL FENDELL ST	18	10	18	11	11	18	G.S. W. Neck II I. ... P. leg. II I.	24	Wounded 14.10.18. Single wound. X-rays show metal fragments in part of cervical spine. No complications. Recovery.	Edward Anderson

C.R.

3757

Extract from Daily Orders part II, Depot St. John's
dated March 11th., 1919.

The discharge of the undernoted on demobilization
has been APPROVED by O1 C. Discharge Depot on
8-3-19.

3757 Sgt. Alfred Pierpont.

C.R. 3757

Mar 8th., 1919

To: Paymaster
From: Chief Staff Officer.

No. 3757, Sergt. H. Pierpoint

The above mentioned N.C.O. has made application to have his discharge carried out this week; I should be glad if you will comply with his request is possible.

Lieut. Col.,

Chief Staff Officer.

C.R. 3757

Extract from Preliminary Report of Medical Board held on Friday
Afternoon, Feb. 21st 1919.

3757 Sgt. Pierpont, A.

Recommended Discharge from the Army. All.

C.R. 3757

Extract from Daily Orders Part II Unit No Regal
B214. Regt. St. Johns, 11-2-19.

The undernoted returned from Overseas and reported to
Depot 7-2-19.

Registered on A.P. B173.

3757 Sgt Alfred Pierpoint.

C.R. 3757

Extract from Medical Roll of the Royal Wilt. Regt.
~~Manufacturing~~ S.S. Division, Jan. 30/19.

3757 Sgt. Pierpoint.

C.R. 3757

Extract from Orders by Lt. Col. B. J. Barten D.S.O.
Commanding 2nd Battalion Royal Newfoundland Regiment.

The following reported back from the 1st Battalion is
taken on the strength and posted to "H" Company, as from
26/11/18.

3757 Sht. Pierpoint.

C.R. 375-7

Extract from Casualties received from Bay and Record Office,
London dated Nov. 12th 1918.

3757 Sergt. Pierpoint

was discharged from the Military Hospital, Endell Street W.C.2,
and granted furlough from 12/11/18 to 21/11/18. He is considered
fit for I, Duty.

Authority:-

Memo from Hospital, Endell, St.

C.R.

3757

Extract from War Office List No. G. 1723. dated 1. 11. 19

5757 Pst. H. Pierpont.

Wounded 10. 11. 18.

BC.

C.R. 3757

Extract from War Office List No. H. A. 30381. dated Oct. 24th. 1918

#3757 Sergt. A. M. Pierpont.

G. S. W. Neck Slight,

BC.

ADMITTED 55 GEN. H. BOULOGNE BASE 15th OCT. 1918.

C.R. 3757

Extract from Nominal Roll of Sick and wounded
to the Military Hospital Endell Street, 18/10/18.

3757 Sgt. A. H. Pierpont

G.S.W. Neck (Shrap).

C.R. 3757

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,

B.E.F. France, 17/8/18.

3757 Cpl. A) Sgt. Pierpint H.

Tombe Sergt. from 4/3/18.

C.R. 3757

Extract of Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Folkestone 2

3757 R/Sgt. A.H. Pierpoint.

25-5-18.

C.R. 3757

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46,-120 Other Banks from 2nd.
Bn., Depot, Winchester, to 1st Battn., The Royal Newfoundland Regiment,
B.E.F. Embarked Folkstone, 25/5/18.

3757 A/Sgt. Pierpoint, A.H.

A.Fs. B. 103 (one for each soldier) sent to 3rd Echelon, B.E.F.

C.R. 3757

Extract from DailybOrders part 11, by Lieut.Col.R.A.
Berners, D.S.O., Commanding 2nd,Bn., Royal Newfoundland.
Regiment, dated 25/2/18.

#3757 Cpl. H. Pierpoint.

To be Acting Sergeant.

C.R. 3757

Extract from Nominal Roll, embarked St. John's per S.S. FLORIZEL

December 11th 1917.

&

#3757 CPL. H. PIERPOINT.

C.R.

3757

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., Nov. 30th, 1917.

3757 ~~E/Cpl.~~ A.H. Pierpoint.

To be A/Cpl. from Dec.1st. 1917.

C.R. 3757

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, July, 30th, 1917.

3757 Pte. A.H. Pierpoint.

To be Lance Cpl. from July 31st, 1917.

C.R. 3757

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, May 11th, 1918.

3757 Pte. A.H. Pierpoint.

Attested this day, posted to P. Co., assigned number as
shown.

C.R. 3757

Extract from Nominal Roll ~~Extract from~~ from Nfld. Regt.

Draft No. ~~46~~ from 2 nd Bn. Depot, to 1st Bn. B.E.F.

Embarked ~~25-5-18~~

25-5-18

3757 A/Sgt. A.H. Pierpoint.

C.R. 3757

Extract from Orders by Major G.T. Mathias, D.S.O.

Commanding 1st Bn. R.N.^fld. Regt. 9-8-18.

The following promotion is made this day.

3757 Cpl.(A/Sgt./ H. Pierpoint

Confirmed to rank 4-3-18.

No. _____

(If replying please quote
above No.)

Army Form B. 104-80A

Newfoundland

Record Office,

58 Victoria St

Station.

London
Oct-21

1918.

SIR,

I regret to have to inform you that a report has this day been received from the War Office to the effect that (No.) 3757

(Rank) Sergeant (Name) Pierpoint

(Regiment) Royal Newfoundland is ~~at~~ at

Military Hosp Exeter St. suffering

from G. S. W. Wreck (Shropshire)

Any further information received in this office as to his condition or progress will be at once notified to you.

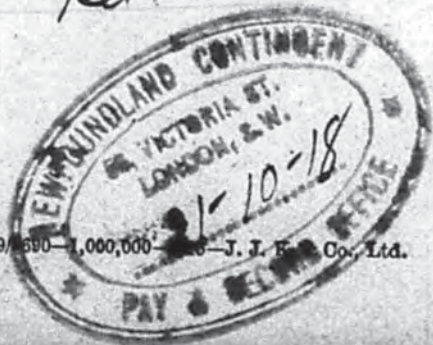
Alfred P. Pierpoint Esq
Turnbridge Well
1201

I am,

SIR,

Your obedient Servant,

Officer-in-charge of Records.



To

8847. O.K. f2-0-0
29/10/18 MR

Paymaster Receipt No 402
Pay & Record Office
1st Royal Infld Regt
Victoria St.

Sir

Please allow No 3757

Sgt. Pierpoint to draw from
his account.

pk. as to keep
Stamp sign

Lr 000
st mit

29.10.18

RR

Enace we
P.L.d.

Pierpont a.

3757

Pay Derr

March 22, 1919

#3757 Sgt. Alfred H. Pierpoint,

#50 Gower St.,

City

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1438."

Yours truly,

Paymaster "O.I/c Records" Captain.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5757 Rank Serjeant Name Joseph A. Purpound
 Date of Enlistment 11-5-17 Address 5 D. Lewis St. District St. John's
 Occupation Clerk Classification for Discharge B Medical Category A.I.I.
 Recommendation S.M.B. Physically Unfit Disability Rating Sentinel 20%
 Passed to Demobilization Officer with following documents:—

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

Date 8-3-19

H. Mews H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

L. A. Purpound

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 Joseph A. Snowling

Date 8-3-19

Joseph A. Snowling
O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at _____ and Release Certificate No. 1434 issued.

Date 8-3-19 Ansrites Capt.
 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 22-3-19

Date 8-3-19 H. Min St.
 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT. Depot Paymaster.

Discharge approved for 8th March 1919

Forwarded with following documents to O.C Discharge Depot.

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

Date 8.3.19 Ansrites Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

MAR 8 1919

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

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

Date

ST. JOHN'S, Mar 10th /19

Royal Newfoundland Regiment.

Billeting Account,

To Sgt - A. Pierpoint

Billeting Soldiers as undermentioned

from Feb 28th /19 to Mar 8th /19

~~A.C.R.~~
3757 - Sgt. A. Pierpoint 8 30

B Co
No. 12519 Cur
Cert. 8.30

Certified correct for \$ 8.30

J.A. Snowfoot
Billeting Officer.
A.H. P. [Signature]

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To *Sgt. A. Pierpoint*

Billeting Soldiers as undermentioned

from *Feb 24th /19* to *Feb 28th /19*

<i>3257 Sgt A. Pierpoint</i>	<i>7</i>	<i>20</i>
------------------------------	----------	-----------

Certified correct for \$ *7.20*

A. J. J. H. Snow
Billeting Officer.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Mar 8th, 1919

WHEN REPLYING
QUOTE No. 3757

To: Paymaster
From: Chief Staff Officer.

No. 3757, Sergt. H. Pierpoint

The above mentioned N.C.O. has made application to have his discharge carried out this week; I should be glad if you will comply with his request if possible.

Lieut. Col.,

Chief Staff Officer.

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 Occupation
as Salesman

A. H. P. [Signature]
Signature of Man.

Reg. No. 3757

[Signature]
Signature of the Vocational Officer or his Representative.

Place St. Johns

Date 8-3-19 191

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ $1 \frac{52}{100}$

Apr 9. 1919

Received from the First Newfoundland Regiment

the sum of one $\frac{52}{100}$ Dollars.

on account
balance of Pay.

a. H. Purpound

Ch. No. 15486	Initials... J. E.
Pay Ledger 333	Initials... J. E.
Gen. Ledger.....	Initials.....

Regtl. No. 3757

Rank Sgt. J. E.

No. 3757

Rank Sgt

Name

Pierpont H

used by the Quartermaster's Department for replacement issues of lost articles, and to accompany monthly Pay Lists.



1ST NEWFOUNDLAND REGIMENT

No. 1192

KIT AND EQUIPMENT ISSUES ON PAYMENT.

Name Sgt. Poirpoint

3757

Regimental No. 3757

Charged per Pay List for month of _____

Company _____

Item No.	Articles	Quantity	Price		Item No.	Articles	Quantity	Price	
			\$	c				\$	c
1	Braces	Pairs			26	Knife	Clasp		
2	Boots	"			27	Mug			
3	Boot Laces	"			28	Plate			
4	Brush	Hair			29	Spoon			
5	Brush	Tooth			30	Bandolier			
6	Brush	Clothes			31	Belt			
7	Blankets				32	Haversack			
8	Cap	Service			33	Identification Badge			
9	Cap	Sleeping			34	Pull-through			
10	Cholera Belt				35	Rifle			
11	Drawers	Pairs			36	Side Arms			
12	Great Coat				37	Water Bottle			
13	Hat or Helmet				38	Trenching Tools			
14	Housewife				39	Dubbin			
15	Kit Bag				40	Vaseline			
16	Mittens	Pair			41	Cardigan Jacket			
17	Puttees	Pair			42	Shoulder Badges			
18	Shirts				43	Cap Badges			
19	Socks	Pairs			44	Regm'al Buttons (large)			
20	Tunic				45	Regm'al Buttons (small)			
21	Trousers				46				
22	Towels				47	<u>12 St Straps</u>			
23	Undervests				48				
24	Fork				49				
25	Knife	Food			50				

I hereby acknowledge to have received the above named articles as charged, and agree to the amount of _____ Dollars Twenty five cents being deducted from my pay.

Signed Sgt. Poirpoint

Issued as above

191
S. Poirpoint
Quartermaster.

Entered {
Stork Bk. folio No.
" Recap. " "
Ledger " "

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, MAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *Alfred* 2. Surname... *Pierpoint*

3. Rank... *Sergeant* 4. Regt. No... *2757*

5. Address in full to which future payments of gratuity are to be forwarded... *Co. 1st. Battalion* *50. Lower St.*
..... *St. John's*

6. Date of enlistment in the Regiment... *May 11th* *1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge...
..... *No dependent* or *allowance whatever*

8. Relationship of such dependents... *None*

9. Address in full of such dependent... *None*

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... *No* *I was on Active Service*
..... *abroad*

12. Give total length of time which you served on active service, whether in Nfld or Overseas... *22 months*

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?... *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?... *No*

19. Are you now serving in the Regt.? *Yes*... If not give:- (a) Date of discharge. *Mar. 27. 19.*... (b) Reason for discharge... *Demobilisation.*

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. *Yes.*
From May 24. 18. to Oct. 14. 19. 18. In France...
... & Belgium.

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... (a) *No.* (b) *Yes.*

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: *Alfred Harold Pierpont*
 Place of Residence: *90 Callahan 50 Lower St.*
 Declared before me at: *St Johns*
 This *10th* day of *March* 19*19*

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4 mos.</i>	<i>280.00</i>
.....
.....
Certified Correct.				Paymaster.

[Faint mirrored text from reverse side of page]

Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt,

Dept of Militia,

St. John's Nfld.

Fold Here

July 8th. 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1275), is forwarded herewith to

Alfred H. Pierpoint,

in respect of his service as No. 3757 Rank Sergt.

Name A.H. Pierpoint, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received With Thanks HGJ.

Signature A. Harold Pierpoint

Date July 20/21

Address 99 Military Rds

1891



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 11 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Alfred H. Pierpoint

in respect of his service as No. 3757 Rank Sergt.

Name A.H. Pierpoint Royal Nfld. Regt.
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received With Thanks

Signature A.H. Pierpoint

Date Oct 12/21.

Address 79 Military Rd.

[P.T.O.]

Receipt for Army Book 64

No. *3757* Name *A. H. Pierpoint*

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

Name *A. H. Pierpoint*

Date *July 19/20*

Place *St. Johns Inf'd*

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

C.R. 3757

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 3757. NAME *A. H. Purpurn*

DATE *Jan. 9/20*
PLACE *S. H. John's ... filed*



19794-P

Army Form B. 103.

Regimental Number 3757

Casualty Form - Active Service.

Regiment or Corps *Royal Newfoundland*
 Rank *Sergt* Surname *Pierpoint* Christian Name *A Harold*
 Religion *Cof C* Age on Enlistment *25* years *1* months
 Enlisted (a) *11-5-17* Terms of Service (a) *Duration* Service reckons from (a) *11-5-17*
 Date of promotion to present rank *27-4-18* Date of appointment to lance rank *31-7-17*
 Extended { } Re-engaged { } Qualification (b) { } or Corps Trade and rate { }
 Occupation *Clerk* Signature of Officer *P. M. Curran* 25 MAY 1918



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...	<i>25-5-18</i>		
		Disembarked	<i>27-5-18</i>		
		<i>Armed Battalion</i>	<i>31-5-18</i>		
<i>13/18</i>	<i>O. C.</i>	<i>Promoted Sergt</i>	<i>~</i>	<i>4-3-18</i>	<i>B.213. B.038</i>
		<i>Wounded in Action</i>	<i>14-10-18</i>		
	<i>3 Am CCS</i>	<i>As Own recd.</i>		<i>14/10/18</i>	<i>E.08295</i>
	<i>55 Gen Stp</i>	<i>~</i>		<i>17/10/18</i>	<i>NA 3030</i>
	<i>P. M. Curran</i>	<i>Englander 55 Gen Stp</i>	<i>~</i>	<i>18/10/18</i>	<i>W 3012</i>
		<i>For Officer</i>			
		<i>3rd Echelon, General Headquarters</i>			

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shosong-Smith, & Co. W. 5527-M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555. [P.T.O.]

The Royal Newfoundland Regiment

83737

DEMOBILIZATION OF

Reg. No. 5757 Rank Sergeant Name Perpoint, A.
 Date of Enlistment 11-5-17 Address 5 Queen St. District St. John's
 Occupation Clerk Classification for Discharge B Medical Category Class II
 Recommendation S.M.B. Physician, Military Disability Rating Less than 20%
 Passed to Demobilization Officer with following documents:—

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

Date 8-3-19 H. News H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am 1 in a position to resume civilian occupation.

A. H. Perpoint

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 Joseph A. Lawrence

Date 8-3-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at and Release Certificate No. 1434 issued.

Date 8-3-19 Onsides Capt.
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 22-3-19

Date 8-3-19 H. Munter
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 8 March 1919

Forwarded with following documents to O.C Discharge Depot.

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

Date 8.3.19 Onsides Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date MAR 8 1919 R. J. ...
O. C. Discharge Depot.

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

Date March 11/1919 Board of Records

EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY
& RECORD OFFICE LONDON

3757 Sgt Pierpont H. Cr Bal 6:3

This transferred to Pay Office 7-4-19

Reg. No. *3757* Rank *Serjt* Name *Purpoint Alfred*

Attested Address *Kent England*

Allotment Allottee

Date of Allotment Returned from Overseas *2-19*

Embarked for Overseas Cause *Discharge*

21-2-19 Rec. Dis. Permanently unfit

MAR 8 1919 PASSED TO DEMOBILIZATION OFFICER

8.3.19

DISCHARGE RECEIVED ON DEMOBILIZATION.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* }
 2. Regtl. No. *3754* 3. Rank. *Sgt.* }
 4. Name *PIERPOINT* }
 (Surname) (Christian Names)
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (b) Where (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
Nil
11. Date of origin of disability. *14-10-18*
12. Place of origin of disability. *Ypres*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
G. S. W. neck & left leg both wots healed and no disability

14. State whether the disabilities are
- | | | | | | |
|--|-----------|---------------------|------------|-------------------|-------|
| (i.) Service during the present war | | (a) attributable to | <i>Yes</i> | (b) aggravated by | |
| (ii.) Previous active service | | | <i>No</i> | | |
| (iii.) Climate in pre-war service | | | <i>No</i> | | |
| (iv.) Ordinary military service before the war | | | <i>No</i> | | |
| (v.) Serious negligence or misconduct on the man's part. | } | | <i>No</i> | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N.A.*

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

15. What is his present condition? *Scars on neck & leg healed*
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) *no disability complains of stiffness of neck*

16. Was an operation performed? If so, when and what was its nature? *No.*
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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

Hobbs M.O.
 ROYAL NEWFOUNDLAND REG.

Station *Hasely Down Camp.*

Date

Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

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

22. State whether the disabilities are:—

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

Give details:

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

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

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

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps. *Royal New Zealand Lancers*
- 2. Regtl. No. *3 B Coy*
- 3. Rank. *Serjeant*
- 4. Name *PIERPONT*
(Surname) (Christian Names)
- 5. Age last birthday.....
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
- (b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- 11. Date of origin of disability. *14-10-18.*
- 12. Place of origin of disability. *Ypres.*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

GS.W. neck & left leg. both wounds healed.

no Disability

OPINION OF THE MEDICAL BOARD.

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

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

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

- 14. State whether the disabilities are (a) attributable to (b) aggravated by (i) Service during the present war (ii) Previous active service (iii) Climate in pre-war service (iv) Ordinary military service before the war (v) Serious negligence or misconduct on the man's part. 14 (a). If not due to any of these causes, to what specific condition do you attribute it?

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

15. What is his present condition? (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) Scars on neck & leg healed. No disability. Complaints slight stiffness of neck.

- 16. Was an operation performed? If so, when and what was its nature? ho. 17. If not, was an operation advised and declined? NA 18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? NA 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? NA.

- 20. Do you recommend— (a) Discharge as permanently unfit? Repatriation (b) Change to United Kingdom? Hobart

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

ROYAL NEW ZEALAND ARMY MEDICAL SERVICE

Station: Major G. D. W. Camp. Date: Medical Officer in charge of case.

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

- 21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. G.S.W. left foot (b) The present condition thereof. Scars healed, but still has small F.B. in neck near spine (own statement)

- 22. State whether the disabilities are:— (a) Attributable to (b) Aggravated by (i) Service during the present war (ii) Previous active service (iii) Climate in pre-war service (iv) Ordinary military service before the war (v) Serious negligence or misconduct on the part of the soldier Give details: ho

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

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

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

less than 20%

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

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

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

Yes

Opinion of Military Member in case of disagreement.

A iii

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

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

Yes

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

29. Does the soldier require :—

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

Signatures

[Signature]

President or Chairman.

Station *Sophers*

[Signature]
[Signature]

Members.

Date *Feb 21/19*

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

Station *[Stamp]*

[Signature]
Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Date *No.*

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

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

Station

Date

O.C. Discharge Centre.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3757 Rank Bvt Name A. Perpoint
 Intended place of residence 50 Queen St
 2. Occupation Cook
 Classification of soldier 12 Medical Category Fit

3. The above named man is discharged in consequence of DEMOBILIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place
 Date MAR 8 1919 for H. Mous 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. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.
 Place and date ST. JOHN'S 8. 3. 19
 Signature of soldier A. H. Perpoint
 Signature of witness C. D. Duke Capt.

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date ST. JOHN'S 8. 3. 19
 Signature of soldier A. H. Perpoint
 Signature of witness W. Featon

STATEMENT OF SERVICE

7. Enlisted for service 11. 5. 17 No of days on Military
 Discharged from service 8. 3. 19 plus 14 Days Service 681

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place St John's R. H. Hart Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date MAR 8 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St John's Nfld M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment
 Date March 22nd 1919



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 *Alfred Purpoint*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *3757*
 Intended address *50 Howe Street*
 Height on discharge *6* Feet —
 Color of hair on discharge *Black*
 Complexion *Ruddy*
 Color of eyes *Blue*
 Descriptive Marks *Small Sea Heels*
 Figure on discharge *Tall*
 Christian name of Father *Alfred Captain*
 Christian name of Mother *Harriet*
 Wife's maiden name in full —
 Date and place of marriage —
 Christian names of children —
 Place and date of soldier's birth *Kent England*
 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) *Alfred. Harold. Purpoint* *Serjt*
 (Rank)

Station *St Johns* Date *18-5-19*

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

Station _____ Date _____



DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

Ottawa 4, Ontario

Date ... Sept. 24, 1969

TO:

À: Copy for HO file

Attention of:
Compétence de:

CPC No. 261212

CCP N°

NAME PIERPOINT Alfred H.

Service No. 3757

WVA No.

NOM

Matricule N°

AAC N°

Information received from: SPME DVA CPC St. John's Newfoundland September 15, 1969

Information reçue de:

Date of Death

Date du Décès September 9, 1969

Cause

Place Not stated

Endroit

Name and address of next-of-kin (if known)

Nom et adresse du plus proche parent connu

Distribution: WSR - VI - ~~50XX~~ - HO

DASG - ASS - BD - BC

Pour le chef,

E.C. Richards

for Chief, Central Registry Division.

Dépôt central des dossiers.