

Merces, Arthur

Buyer

Records

C.R. —

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 O. C. Discharge Depot on
8-3-19.

Bugler Arthur Mercer.

Extract from Daily Orders part 11, from Unit The Royal ^Nfld.
Regt. St. John's, dated May 1st, 1918.

Bugler Mercer.

Attached to the Drum & Bugle Band 17/4/18.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. Rank *Bugler* Name *Mercer Arthur*
 Date of Enlistment Address *60 Barkers Hill* District *St. John's*
 Occupation *Student* Classification for Discharge *A* Medical Category *A-11*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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*

W. H. May Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Arthur Mercer

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 *Joseph A. Snowling*

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. 1421 issued.

Date 8-3-19

[Signature]

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 22-3-19

Date 8-3-19

[Signature]
Depot Paymaster.

Discharge approved for 8-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1 2 3 4 5 6	<i>[Signature]</i>
F 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

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

MAR 8 1919

Date

[Signature]
O. C. Discharge Depot.

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

Date March 11/1919

[Signature]
Depot Records

Reg. No. _____ Rank *Bugler* Name *Mues A.*

Attested *17-4-18* Address _____

Allotment _____ Allottee _____

Date of Allotment _____ Returned from Overseas _____

Embarked for Overseas _____ Cause _____

27-4-18

Vac

MAR 8

1919

TRANSFERRED TO DEMOBILISATION OFFICER

8.3.19.

DISCHARGE APPROVED ON DEMOBILISATION.

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 go back to School

Arthur Meren
Signature of Man.

Reg. No.

Regular

AS Dickson

Signature of the Vocational Officer or his Representative.

Place

Pt Tohwa

Date

8-3-19

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. Rank Buyer Name Mercer Anthony
 Date of Enlistment Address 60 Bedford Hill District St. John's
 Occupation Student Classification for Discharge A Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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

W. H. C. Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Anthony Mercer

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 John A. Snowling

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. 1421 issued.

Date 8-3-19 *[Signature]*
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 22-3-19

Date 8-3-19 *[Signature]*
 Depot Paymaster.

Discharge approved for 8-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	N.F. Med.	D.F. 1.	<i>[Signature]</i>
F 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 *[Signature]*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

[Signature]

Date MAR 8 1919
 O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. Rank *Private* Name *Arthur Moore*
 Intended place of residence *60 Barton Hill*

2. Occupation *Student*
 Classification of soldier *A* Medical Category *A 11*

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

~~REGULAR SERVICE~~

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

Place *H. News Agent*
 Date **MAR 8 1919**
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date **ST. JOHN'S**
8-3-19
Arthur Moore
 Signature of soldier
CSO who Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date **ST. JOHN'S**
8-3-19
Arthur Moore
 Signature of soldier
CSO who Capt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service *17* *4* *18* No of days on Military
 Discharged from service *8* *3* *19* *per [unclear]* Service *340 days*

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. Lat 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*
 Date *March 23rd 1919*
M. Bowley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

Att. 80991 1422

17
8
7.5

365
7

The Royal Newfoundland Regiment

Class for Demobilization:—
A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.3.19*

Regimental No. *English*

Name *Merced Arthur*

Address *60 Bartens Hill*

Present Medical Category *2 A 11*

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

Members of Board {
..... *R.H. Int Capt.*
O.C. Discharge Depot.
.....
Senior Medical Officer
..... *S.W. Burden*
M.O. Depot

March 8 9.

~~###~~

Joseph A. Snow

- 1 Suit Underwear.
- 2 Top Shirts.
- 1 Pair Boots.
- 2 " Socks.
- 1 Hat Bag
- 1 Pair Braces.

} for Duglet. Newcast. A.
 to complete an
 Remodeling
 J.A.S.



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 *Mercer, Arthur.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *Bugler.*

Intended address *60 Bartons Hill.*

Height on discharge *4* Feet *7*.

Color of hair on discharge *Dark.*

Complexion *Fair.*

Color of eyes *Blue.*

Descriptive Marks _____

Figure on discharge *Short.*

Christian name of Father *William.*

Christian name of Mother *Elizabeth.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *A. John. 22. Sept. 1904.*

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) *Arthur Mercer*

Station *A. John* Date *8.3.19*

(Rank) *Bugler.*

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.

Date

Station

March 22, 1919

Bugler, Arthur Mercer
#60 Bartons Hill,
City

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1422."

Yours truly,

Paymaster & O. I. c Records Captain,

Civil Re-Establishment Committee.
(DEPARTMENT OF MILITIA.)

FORM R
16-12-19-2000

April 3rd 1920

MAJOR HOWLEY

Officer in Charge of Pay and Records.

Please pay to **A. Mercer Bugler**
the sum of **fourteen dollars**
in payment of allowance for week ended this date
in connection with re-education.

\$14.00

Pension Monthly

Wages Monthly

11

[Handwritten signature]

ACCOUNT	33914	<i>[Handwritten initials]</i>
CHK. NO.		INITIALS
DATE		
PAY TO THE ORDER OF		

[Handwritten signature]

[Handwritten signature]
VOCATIONAL OFFICER.

[Handwritten signature]