



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5902 Name John A Mercer Corps am. etc.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John A Mercer
2. What is your full Address? 2. Box 12, St. John's
3. Are you a British Subject? 3. yes
4. What is your age? 4. 25 Years Months
5. What is your Trade or Calling? 5. Sailor
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? .. 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, John A Mercer 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.

John A Mercer SIGNATURE OF RECRUIT.

W. D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John A Mercer 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 St. John's on this 3 day of August 1915

Signature of Attesting Officer W. D. Dowden Lieut.

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 3/8/15
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) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

5902.

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

Name John H. Mercer.
 Apparent age 25 years 0 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Levi Mercer
Bay Roberts. | Relationship Father

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 <u>3-8-18</u>									
Joined at <u>St. John's</u> on <u>August 3-1918</u>									
		<u>Embarked St. John's train to Halifax N.S.</u>			<u>22.9.18.</u>				
		<u>I Newfoundland for demobilization</u>			<u>24.6.19.</u>				
		<u>Arrived Newfoundland</u>			<u>1-1919</u>				
		<u>Demobilization St. John's</u>			<u>4-8-1919</u>				
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) <u>1</u> years <u>2</u> days									
Pensions " " " " " " " " " " " "									

Reg. No. 5902 Rank Pte Name Mercer John
Attested 6-8-18 Address Bay Roberts
Allotment 60 Allottee Mrs Levi Mercer Mother
Date of Allotment 1-9-15 Returned from Overseas
Embarked for Overseas SEP 22 1918 Cause

9h on shore pay 6-8-18 to 15-8-18
Returned from leave 15-8-18.
Vac 22-8-18, 1st Inc 26-8-18
L. leave 3-9-18. to 11-9-18, ret 11-9-18.

C.R. 5902

Excerpt from Daily Orders Part 11 from Unit The Royal
Wfld. Regt. St. John's , dated August 9, 1918.

5902, Pte. Jno. H. Mercer.

Attested for General Service with the Royal Wfld, Regt.
from 6-8-1918.

C.R. 5902

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's, dated August 9, 1918.

5902, Pte. J.H. Mercer.

Granted leave without pay from 6-8-18 to 15-8-18-

C.R. 5902

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 15th, 1918.

5902 Pte. J. Mercer.

Marginally noted Man who was granted leave without pay
have reported for duty at Depot on 15-8-18.

C.R. 5902

Extract from Nominal Roll Entrained ~~from~~ St. John's for
Overseas, Sept. 22, 1918. "M"

5902 Pte. Mercer John.

C.R. 5902

extract from daily orders part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilisation has
been APPROVED by C.O. Discharge Depot with effect from
the following date 21-7-19.

5902, rte. John Mercer.

C.R. 5902

Extract from Daily orders by Major M.S. Sullivan, Commanding
Nfld.
the Forestry Companies 26-11-18.

The undesignated having arrived from the 2nd Bn. Royal
Nfld. Regt. is attached to the strength from this date for
rations and posted to "B" Company

5902 Pte. J. Mercer

J. H. Mercer

C.R. 5902

1890

FORM K

No. ~~6597~~
6596



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Hayward Mercer, Regl. No. 5902
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
 concerned, viz.:

Allotment begins 1 - 9 - 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6596	Mother	Mrs Lane (Elizabeth) Mercer	Bay Roberts	60
			Total Allotment, \$	60

ENTERED.
 PAY LEDGER RB 2/10/18
 NUM. ROLL
 ALLOT. INDEX
 " REGISTERED
 EXAMINED

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

(Sig.) W. Summers N
 Officer Commanding
E. Company

(Sig.) John P. ...
 (Rank) PTO

St John
Aug 27 1918

Mercer, J. H.

5902

Aug 20 sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5902 Rank PL Name Mercer J
 Intended place of residence Bay Roberts

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

Eligible for **DEMobilIZATION**
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

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 19 1919

Signature of soldier

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 19 1919

Signature of soldier

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 6-8-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 364

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

Date

JUL 21 1919

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

August 4/1919

Officer in Charge
 The Royal Newfoundland Regiment

A.F.B. 2079/3495

August 4th 1919.

#5902, Pte. J. Mercer,

Bay Roberts.

Dear Sir:

Enclosed please find Discharge Certificate
3495.

Yours truly,

Capt. & Paymaster.

RS/.

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

July 18/19

Regimental No.

5902

Name

Mercer, J. N.

Address

Bay Robert

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

L. P. Cooper Capt.
O. C. Discharge Depot.

J. P. Johnson
Senior Medical Officer

D. W. Borden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 902 Rank Plt Name Alfred J. [Signature]
 Date of Enlistment 6-5-18 Address Bay Roberts District H. Grace
 Occupation Fisherman Classification for Discharge T-1 Medical Category H.1
 Recommendation S.M.B. _____ Disability Rating _____

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 18-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2510 to his home at Bay Roberts and Release Certificate No. 3753 issued.

Date 19-7-19 Demobilization Officer *Ameloush*

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

Date Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	2 From 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 19-7-19 Demobilization Officer *Ameloush*

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 21 1919 L. R. COOPER, CAPT,
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.

J. Mason

Signature of Man.

W. Benson

Reg. No. 3902.

Signature of the Vocational Officer or his Representative.

Place *N. York.*

Date *19. 7. 19* 191

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

MEDICAL HISTORY

Surname

Thervey

Christian Name

John W.

Table I.—GENERAL TABLE

Birthplace:—Parish

Bay Roberts County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined on *6th* day of *Aug* 191*8* on day of 191
at *St Johns* at

Declared Age *26* years days years days

Trade or Occupation *Fisherman*

Height *5* feet *7* inches feet inches

Weight *134* lbs. lbs. lbs.

Chest Measurement { Girth when fully expanded *35 1/2* inches inches
Range of Expansion *3 1/2* inches inches

Physical Development

Vaccination Marks { Arm Right Left Right Left
Number

When Vaccinated

Vision..... R.E.—V= *6/9* R.E.—V=
L.E.—V= *6/9* L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease..... (a)

(b) Slight defects but not sufficient to cause rejection (b)

Approved by (Signature) *Lammie Paterson*
(Rank) Medical Officer Medical Officer

Enlisted at *St Johns* at
on *6* day of *Aug* 191*8* on day of 191

Corps Regtl. No. Corps Regtl. No.

Joined on Enlistment..... *Royal* *5902*
H.Q. 812

Transferred to *Regt*

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 *John Hayward Murren*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5902*

Intended address *Bay Roberts.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Levi*

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 *Bay Roberts, 14th Feb. 1893*

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)

J. A. Murren

Pte

(Rank)

Station *ST. JOHN'S*

Date *17-7-19*

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

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 Land*
2. Regtl. No. *5902* 3. Rank. *Plt*
4. Name *Muncer* *John A.*
(Surname) (Christian Names)
5. Age last birthday *26*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
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. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

15. What is his present condition?

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

He complains of no disability

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

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

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—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W.P. Premier, Capt. Rank

Station *Hazleydon*

Date *9/4/19*

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

August 12, 1919

Mr. John Mercer,
Bay Roberts.

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 28th. 1919.

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

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

Christian name John A 2. Surname Murcer

3. Rank A/c 4. Regtl. No. 5905

5. Address in full to which future payments of gratuity are to be forwarded Box Roberts

6. Date of enlistment in the Regiment August 3/18

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents no

9. Address in full of such dependents no

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 Hfld. If so, give dates and particulars of such service Overseas

12. Give total length of time which you served on active service, whether in Hfld. or Overseas Twelve months

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

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

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

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

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.....
.....

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

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

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge August 3/19 (b) Reason for discharge Demob
.....

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.....
England
.....

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.....
.....

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: *A. H. Meese.*

Place of Residence: *Bay Roberts,*

Declared before me at: *St. John's*

This 19 day of *July* 19.1.9...

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		Not amount due
.....
.....
.....
Certified correct.				Paymaster

C.R. 5902

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.

Name: *J. H. Mercer* *5902. Ex. pte.*

Date: *24/12/19*

Place: *Bay Roberts*

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



Signature

Date

Address

1079

OCT 15

1921.

The accompanying ~~Victoria Medal~~ British War Medal

is/are forwarded herewith to

John H. Mercer

in respect of his service as No. 5902 Rank Pte.

Name J.H. Mercer

Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

Oct 22nd

Signature

J. H. Mercer

Date

Oct 24th

Address

~~J. H. Mercer~~ Bay Roberts East

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet

one

Regiment of

Royal Newfoundland Regt

Signature of O. C. Company

C. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years		
				<u>Sailor</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date			<u>Meth</u>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 4</u>					<u>8/19</u>

To be carried over.

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* } Former Trade or Occupation } *Fisherman*
- 2. Regtl. No. *5902* 3. Rank: *plte* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name: *Mercer* *John W.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
- 5. Age last birthday: *26*
- 6. Posted for duty on..... at..... in category (or grade).....
- 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) Date of Discharge;
 - (b) Where (c) Cause of Discharge.
 - (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."

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

nil.
nil
nil

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? }

The Complaints of pro disability

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

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.)

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

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—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W. E. Proctor *Capt Rame*
 Medical Officer in charge of case.

Station: *Hazeley brown*

Date: *2/4/19*

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3902 Rank Dr. Name Meares J.
 Date of Enlistment 6-8-18 Address Bay Roberts District St. John's
 Occupation Teleman Classification for Discharge F Medical Category H.1
 Recommendation S.M.B. Disability Rating

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 18-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. *J. Meares*

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 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2510.....to his home at Bay Roberts..... and Release Certificate No. 3753..... issued.

Date 19-7-19..... Demobilization Officer [Signature]

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

Date Depot Paymaster.

Discharge approved for..... 21-7-19

Forwarded with following documents to O.C Discharge Depot.

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.....	2 Form B
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 19-7-19..... Demobilization Officer [Signature]

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 21 1919..... L. R. COOPER, CAPT,
O. C. Discharge Depot.

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

Date Aug 1 1919..... [Signature]

The American Legion

RALPH A. WILTSE
COMMANDER
HOWARD HAY
VICE COMMANDER
JOSEPH MCHUGH
VICE COMMANDER
GEORGE E. LEMP
ADJUTANT
LISLE O. WAGNER
FINANCIAL SECRETARY
FRANK W. BECKER
TREASURER
REV. CHARLES W. BALDWIN
CHAPLAIN
RALPH COUTANT
SERGEANT-AT-ARMS



MEETINGS: SECOND AND FOURTH
TUESDAYS

LEGION HALL, CHURCH STREET
OSSINING, N. Y.

OSSINING POST, 506

July 12 1934

Adjutant
1st Newfoundland Regt.
St Johns, Newfoundland.

First, because we have no official
record, and secondly so that the soldier has
no record, will you please furnish us with the
Regimental Record of

JOHN HAYWARD MERCER
1st Newfoundland Regt.
St Johns
Newfoundland.

Home Town
Bay Roberts.

Thanking you, I am

Sincerely

Howard Hay
Vice Commander

19 Ellis Place
Ossining
New York, U.S.A.



The Great War Veterans' Association of Newfoundland
(INCORPORATED)
DOMINION COMMAND

TELEPHONE 609
CABLE "WARVETS"

IN REPLY REFER
TO GRA:MOG



ADDRESS
DOMINION SECRETARY
G. W. V. A.
ST. JOHN'S, NFLD.

July 23rd, 1934.

Secretary,
Board of Pension Commissioners,
City.


Dear Sir:

I am enclosing herewith a communication, which
I have just received from the American Legion at
Ossining, New York.

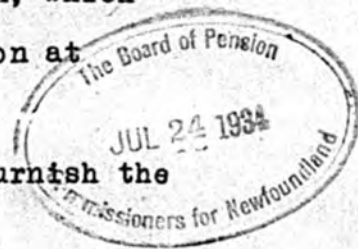
I would ask you to be kind enough to furnish the
information required direct.

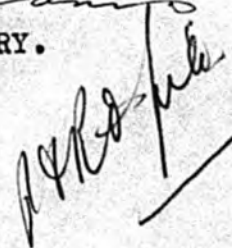
I am,

Yours truly,
GREAT WAR VETERANS' ASSOCIATION, INC.


DOMINION SECRETARY.

Enc. 1.





July 26th., 1934.

THE AMERICAN LEGION,
Legion Hall,
Ossington Post, 506,
OSSINGTON, NEW YORK.

Dear Sir:-

With reference to your inquiry regarding John H. Mercer of The First Newfoundland Regiment. I have to inform you that according to our records - John H. Mercer, #5902, enlisted with the Royal Newfoundland Regiment on August 3rd., 1918, and was demobilized on August 4th., 1919.

Trusting this is the information you require,

Yours very truly,



Secretary.

BT:

Department of Veterans Affairs

Not Valid
Without the
Imprint of
The Official
Stamp of the
Department

STATEMENT OF SERVICE

IN THE

CANADIAN ARMED FORCES

- Service Rank and/or Number 5902 Name MERCER, John Hayward
- Branch of Service: Army Royal Canadian Regt
 - Date and Place of Birth: 14 Feb. 1893 (1904) - Bay Roberts, nfld.
 - Date and Place of Appointment, Enlistment or Enrolment: 3 Aug 1918 - St. John's, nfld.
 - Theatres of Service: CANADA + U.K.
 - Date and Place of Retirement or Discharge: 21 July 1919 - St. John's, nfld.
 - Type of Retirement or Discharge: Honourable
 - Reason for Retirement or Discharge: Demobilization
 - Rank on Retirement or Discharge: Pte
 - Medals and Decorations: British War Medal
 - Remarks: Nil Served 9 months in England No disability on discharge.

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: male Height: 5 Feet 7 Inches.
 Eyes: Grey Hair: Dark Brown Complexion: Fair
 Marks or Scars: Nil

Ottawa, Canada.

19

Head, Reference Section