



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. H398 Name Charlie Pearcey Corps R.C.

### Questions to be put to the Recruit before Enlistment.

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Charlie Pearcey</u>                   |
| 2. What is your full Address? .....  | 2. <u>83 Bond Street</u><br><u>St Johns</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                               |
| 4. What is your age? .....   | 4. <u>21</u> years <u>—</u> Months          |
| 5. What is your Trade or Calling? .....  | 5. <u>Draper</u>                            |
| 6. Are you Married? .....  | 6. <u>no</u>                                |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                                |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                               |
| 9. 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, Charlie Pearcey do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Charlie Pearcey SIGNATURE OF RECRUIT.  
James Smith Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION:  
I, Charlie Pearcey do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully 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 Johns on this 9th day of April 1918  
Signature of Attesting Officer James Smith

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the —  
If enlisted by special authority, such will be attached to the original attestation.  
Date.....1918  
Place.....  
Approving Officer. James Smith

† 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).....

Effective 9-5-18



C.R. 4398

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 30--6-19

4398 Sgt. C. Percy.

C.R. 4398

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 16, 1918.

#4398 L/Cpl. Piercey.

To be Acting Corporal from 16-7-18

C.R. 4398

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

Date June 18th 1919.

4398, Sgt. C. Piercey.

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

ex "Corsican"

C.R. 4398

Extract from Orders by Lt. Col P.J. Barten, D.S.O.

COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.

22/4/19

The undermentioned N.C.O. is confirmed in rank as from

22/4/19.

4398, Cpl. (A/Sgt) C. Piercey as Sergt,

C.R. 4398

Extract from Daily Orders By Lt. Col. B.J. Barten, D.S.O.  
Commanding 2nd Bn. Royal Nfld. Regt. 10-3-19.

The Following to be Substantive Corporal

4398 A/Sgt. C. Pearcey

C.R.

4398

Extract of Orders by LT. COL. H. J. BARTON, D.S.O.,  
Commanding 2nd Battalion Royal Newfoundland Regiment.

FEB-2 1919

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The following N.C.O. to be Acting Sergeant with effect  
from January 30th 1919.

#4398 Cpl. Piercey.



CR. 4398

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

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#4398 a/Cpl. Chas. Piercey.

C.R. 4398

Extract from daily Orders part 11, Depot St. John: dated July. 3rd. 19 18

#4398 Pte. C. Piercey.

To balance Corporal from 10-6-18.

Extract of Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated April 11, 1918.

#4398 Pte. C. Piercey.

Attested for General Service with the ~~Royal~~ Newfoundland  
Regiment from 9/4/18. To report 9/5/18.

Pearcy, C.

C.R. 4398

P.H.R.O.



*B*

No. 2415/364.

FROM: NEWFOUNDLAND CONTINGENT

Chief Paymaster & C. i/c Records,  
Newfoundland Contingent,  
Pay Record Office,  
11 B, Victoria Street,  
London, S.W. 1.

To: Officer Commanding.  
2nd/Bn. Ryl Nfld Regt.

Winchester

*February 14th 1919*

*P.D. 067 109 131 21*  
4398 A/c Pearcey. C.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia ( 15 )

*[Signature]* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 4398. Pearcey.

£2.0.0.

Received the sum of *Two pounds*

Cheque £ 2.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

\_\_\_\_\_ in respect of telegraphic remittance from the Minister of Militia.

Chief Paymaster & O. i/c Records.

*[Signature]*  
No. *4398* Rank *Corporal*  
Witness *[Signature]*

**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 Westmountains Former Trade or Occupation } Booper
2. Regtl. No. 4.398 Rank. Sgt. 7a. If the soldier claims previous service in Army, he should state—
4. Name Peercy Charles  
(Surname) (Christian Names)
5. Age last birthday. 22
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? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

**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? }

*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.

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 invalidated at Foreign Stations.

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

Station .. *Wazley Barr*

Date .. *1/4/19* .. . . .

\* 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.

6070/1/P.&.A

4398 Sergt. C. Pearcey,  
c/o. Mrs. McKnight,  
48, High Street,  
A Y R.

17th April 9

With reference to your letter 15/4/19:  
I regret that I am unable to deal personally  
with your application for an allowance of  
£5:0:0: but I have sent your letter on to  
your Company Commander for attention.

Capt.  
Asst. Chief Paymaster.  
For Chief Paymaster & O.I/c.Recds.

FM/FK.



No. 21460/2442

B 2442 2442

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

To: 2<sup>nd</sup> JAN 1919

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
Pay & Records Office,  
58, Victoria Street  
London, S.W. 1.

Officer Commanding,  
2nd. Bn. R. Newfoundland Regt.  
Hazeley Down Camp,  
Nr. Winchester.

27th. December, 1918.

Dec 31 1918

Subject: 4398. a/Cpl. C. Pearcey.

With reference to the following telegram (11186) from the Hon. Minister of Militia, received

Pay to 4398 Pearcey - £2:0:0

Draft £2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. C. [Signature]  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

[Signature]

LIEUT. COLONEL,

OFFICER COMMANDING  
2ND BN. ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment.

Received the sum of Two

Pounds on account of

cable remittance from Newfoundland.

Cpl. Pearcey

No. 4398 Rank Corp

Witness T. R. [Signature]

Searcy, L

4398

Ray Sept.

June 30, 1919

#4398 Pte. Charles Kearney,

#83 VBond St.,

City

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2584.

Yours truly

Captain  
Paymaster & v.i/c records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4398 Rank Spl- Name Pearcey E.  
 Intended place of residence 83 Bond St - St Johns

2. Occupation Drafter  
 Classification of soldier E Medical Category A-1

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S .....  
 Date JUN 16 1919 .....  
 Comanding 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 OVER-RATE PAY ACCO

Place and date ST. JOHN'S .....  
JUN 14 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 and Date ST. JOHN'S .....  
JUN 14 1919 .....  
 Signature of soldier  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 9-4-18 ..... No of days on Military  
 Discharged from service 12-6-19 plus 14 days ..... Service 447 .....

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S .....  
 Date JUN 30 1919 .....  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St Johns Head .....  
 Date June 30/1919 .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

A.F.B. 2079/2584

# The Royal Newfoundland Regiment

Class for Demobilization: 76j

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 13.6.19

Regimental No 4398

Name Piercy Chesley

Rank Sgt.

Address Bond St

Present Medical Category A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R.H. East Capt.  
O.C. Discharge Depot.

W. Paterson  
Senior Medical Officer

J.W. Borden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4398 Rank Sergeant Name Pearcey  
 Date of Enlistment 9-11-18 Address 83 Bond St District St John's  
 Occupation Drapery Classification for Discharge E Medical Category H.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 14-6-19 O. C. Discharge Depot. H. H. H. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Pearcey

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$160

(b) Clothing Supplied \_\_\_\_\_

W. Blouster

Date 14-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at 85 Bond St. N York and Release Certificate No. 2839 issued.

Date 16-6-19

*J.A. Brown 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 30-6-19 SUBJECT TO COVER PAY ABT

Date 16-6-19

*J.H. [Signature]*  
Depot Paymaster.

Discharged approved for 16-6-19

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

N.F. P[36]	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	1
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	
B179c	B 120	M 93			

Date 16-6-19

*J.A. Brown Capt*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 30 1919

*R.H. [Signature]*  
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.

*O. Kearney*

Signature of Man.

Reg. No. 4398

*J. B. Snowball*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*16-6-19*

191



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

# MEDICAL HISTORY

Surname Barcey OF Christian Name Chasiey

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	9 <sup>th</sup> day of April 1918	St. John's	day of	191
Declared Age	21 years	days	years	days
Trade or Occupation	Draper			
Height	5 feet 5 1/4	inches	feet	inches
Weight	115	lbs.		lbs.
Chest Measurement	Girth when fully expanded	33 1/2	inches	inches
	Range of Expansion	3 1/2	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	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>Liam O'Connell</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	9 <sup>th</sup> day of April 1918	on	day of 191
	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	The Royal Nfld. Regt. 4398			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Charlie Pearcey*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4398*

Intended address *53 Bond St.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *Jasper*

Christian name of Mother *Margaret*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *St Johns, June 7<sup>th</sup>, 1897*

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) *Charlie Pearcey*

*Serjt*  
(Rank)

Station **ST. JOHN'S.**

Date *12.6.19*

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



Station

Date

**The Royal Nfld. Regiment**

**DEMOBILIZATION**

No. 4398 Rank \_\_\_\_\_  
Name Searcy L  
Warned for demobilization on

JUN 14 19



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* Former Trade or Occupation } *Draper*
2. Regtl. No. *4398* 3) Rank... *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Oleary* *Charley* (a) Former Regts. or Corps with Regtl. Nos.  
(Surname) (Christian Names)
5. Age last birthday... *22*
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? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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.)*

*No complaints of no 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?

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

*Repatriation*

*W. E. Provencher Capt. R.A.M.C.*

Station *Hazely Down*

Medical Officer in charge of case.

Date *4/14/19*

\* 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.

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.. *Charles*..... 2. Surname. *Pearcey*.....

3. Rank.. *Serjt*..... 4. Regt. No. *4398*.....

6. Address in full to which future payments of gratuity are to be forwarded... *C. Pearcey 83 Bond Street City*.....

6. Date of enlistment in the Regiment.. *April 9<sup>th</sup> 1918*.....

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

... *Mrs. Margaret P. Pearcey*.....

8. Relationship of such dependent... *Mother & Father*.....

9. Address in full of such dependents.....

... *Mrs. Jasper Pearcey 83 Bond St. City*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.. *Not applicable*

11. Were you on active service only in Hfld. If so, give dates and particulars of such service.. *No*.....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *1. Went Overseas July 15<sup>th</sup> 18 returned home June 1<sup>st</sup> 19*.....



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? *Not Applicable*

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. *Not Applicable*

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? *Not applicable*

19. Are you now serving in the Rest.? *No* If not give:- (a) date of discharge. *June 14<sup>th</sup> 19..*

*Temporary Discharged*

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....

*Not Applicable*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

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

Signature of Applicant: *Sergt. C. Barclay*  
Place of Residence: *83 Bond St.*

Declared before me at:

This *16<sup>th</sup>* day of *June* 19*19*:....

*E. S. Vincent, Barrister.*  
Signature of Barrister of the  
Supreme Court, Stipendiary Magis-  
trate, Notary Public, Justice of the  
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.					
Date paid	Soldier	Paid	War Service	Net amount	
		Dependant	Gratuity.	due	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.					Paymaster





*Bureau*

30-4-19

\$ 30 | 6 | 9

SEPARATION ALLOWANCE.

Claimant. *Piercey, Maggie. (mother)*

On account of *Chas. Piercey* No. *4398* Rank. *Pvt*

*OK  
copy*

Decision. *Approved*

*J. B. Bennett*  
*to Rendell Smith, Col*  
*M. Dowley, Capt*

Date. *17/5/19*

Instructions.....

Allotment of *70<sup>c</sup>* per day payable to *Maggie Piercey*  
his *Mother* from *1-7-18* to *full current*  
Discontinued on account of

*L. H. ...*

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.  
(Separation Allowance Branch )

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

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

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
*Charles Henry Cope 1st Nfld 4398*
2. Age of soldier. Married or Single.  
*23 Single*
3. Name in full of mother. Age. Occupation. Permanent Address.  
*Margie Henry 65 Housewife 83 Bond St.*
4. Give name of your husband. Age. Occupation Where Employed.  
*Joseph Henry 77 (Nothing)*
5. If your husband is not supporting you state the reason.  
*Send home - doctor says will never work again*
6. If your husband is a chronic invalid and totally incapacitated, state nature of maledy. ( A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)  
*Doctor Mitchell has been attending him. He can't do any work. I made this form. D. Mitchell*
7. If you are a widow, state date and place of death of your husband.  
*\_\_\_\_\_*
8. Have you married again since death of above mentioned husband?  
*\_\_\_\_\_*
9. Names of your other children. Address in full. Age. Occupation Married or Single.  
*May 83 Bond St 25 Tailor Single*

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed ) *Corp. C. P. Harvey*  
*no 4398 no 4398*
2. Name and age of said soldier's father or other relative. ) *Father 73 yrs*  
*Father 73 yrs*
3. Is said father or other relative invalid and totally incapacitated. (a chronic) ) *Father yes*  
*Chronic indolent, yes*  
*and indolent*
4. Of what nature is disability ? ) *Arthritis scleritis*
5. From what date has this total incapacity been existent ? ) *June 9, 1918*
6. How long is total incapacity likely to continue and what will be the effect on earning power. ) *permanent*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. ) *total*
8. Are you the regular attending physician ? ) *yes*
9. Relationship to soldier of applicant ? ) *mother*

I certify that the above statements are correct.

*St. Johns N.F.* Place,

*May 13* Date. *1918*

*J. M. Mitchell M.D.*  
Physician.

*St. Johns N.F.*

10. State amount earned by (a) Yourself  
(b) Your husband.

Nothing

11. State amount and source of any other income.

Some little from daughter's savings  
Three dollars per month

12. State value of real property belonging to you and your husband.

No

13. State value of personal property belonging to you and your husband.

Nothing except hardware register and \$600.00

14. If husband is dead state value of real and personal property left by him.

15. Actual amount contributed by soldier during the year prior to enlistment.

\$100.00

16. Was this amount contributed weekly or monthly.

\$10 per week

17. Did this amount include payment of son's board, etc.

Yes

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

At a rope store

19. State amount of his wages per week.

\$10.00

20. State name and address of his last employer.

Rope Store 12 1/2 St

21. State amount of monthly support from son since enlistment.

\$25.00 per month

22. State amount of allotment received by you from son since enlistment.

70 cents per day

23. State from what date did you receive allotment?

Since enlistment

24. Actual amount contributed by other children. Weekly Monthly.

daughter 3.00

25. Are any of these children in the employ of you or your husband?

No



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

27. With whom are you residing at present?

With my husband

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

None

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

No

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

No

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

No

32. In what capacity and in what place?

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

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

Signature of Applicant..... *Margaret Perry*

Place of Residence..... *St Johns*

Declared and subscribed before me at..... *St Johns* this..... *14th*..... day of..... *May*..... 1919

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

*[Signature]*  
*Barrister*

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

Signature of Clergyman..... *(Rev) J. J. Greene*

Signature of member of the Patriotic Fund Committee.

*[Signature]*

May 26, 1919

Mrs. Maggie Piercy,  
783 Bond St.,  
City.

Dear Madam:-

Referring to your application for  
Separation Allowance, I enclose cheque for Two  
hundred dollars (\$200.00) in payment of same,  
to April 30th 1919.

Yours truly

Paymaster & Officer i-c Records  
Captain.

3080

Royal Wld. Regt.  
Hazeley Down Camp  
Jun. 22<sup>nd</sup> 199

Minister of Pensions

Hon. J. R. Bennett.

Dear Sir :-

I wish to ask you about a separation allowance for my mother. I have been in the Regt. since April. My father is alive, but for the last six months he has laid up with Rheumatism and my money is the only source of income that my mother receives. Other men have received this separation allowance and their cases are not so bad as mine. Hoping to receive a favourable

reply I Remain

Your obedient servant -

Cpl. Pearcey

#4398 2<sup>nd</sup> Btro. Royal Wld.

My Mother Address

Mrs. J. Pearcey

83 Bond St

N. York

February 11/19.

4398

#4398, Cpl. C. Piercey,  
Royal Newfoundland Regiment,  
Haxley Down Camp,  
Winchester.

With reference to your letter  
of January 22nd, I beg to inform you that  
I have forwarded a form of Claim for Sep-  
aration Allowance to your mother, to be  
completed and returned; on receipt of which,  
her Claim will be considered.

Yours truly,

Lieut.  
Fox Paymaster.

Feb. 11/19.

4398

Mrs. J. Piercey,  
83, Bond Street,  
Street.

Dear Madam:-

Acting on the instructions of your son,  
No. 4398, Cpl. C. Piercey, I enclose form  
of Claim for Separation Allowance, which  
kindly have completed before a Barrister,  
and return to this Office, so that your  
Claim may be considered.

Yours truly,

Lieut.

For Paymaster.

ST. JOHN'S, June 16<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Sgt. C. Pearcey  
Bond - Street

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 15<sup>th</sup> /19

4398 - Sgt. C. Pearcey 15 50

ACCOUNT	Pom
GH NO	23770
IND LEDGER	INITIALS
PAY LEDGER	50 INITIALS
GEN LEDGER	INITIALS

Certified correct for

R.J. [Signature]  
4398 Sgt. Pearcey  
Billeting Officer.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39-

Number of Sheet one

Regiment of DeLaval Rfla

Signature of O. C. Company G. J. Garneshaunt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<u>4398</u>	Age on	21 years - months	<u>Draper</u>	16-7-18 Promoted to Corporal (alg) 30-1-19 Promoted to eff. Sergeant 16-3-19 To Lt. Substantive Corporal 22-2-19 " Sergeant			
Joined _____ Date _____		Place and Date of Enlistment	<u>St. Johns 9-2-18</u>	Religion			W. P. Phipps Captain B Coy 8th Nova Scotia Newfoundland Regt	
Joined _____ Date _____		Period of	with Colours	Place of Birth				
Joined _____ Date _____			8 3 years.	<u>St. Johns</u>				
Joined _____ Date _____			with Reserve					
			3 5 years.					

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<p style="font-size: 2em; font-family: cursive;">Demobilized St. Johns 30 <sup>6</sup>/<sub>19</sub></p>									

To be carried over

Army Form B. 121.

44398

Demobilization Form

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4398 Rank Serjt Name Pearcey, G.  
 Date of Enlistment 9-11-18 Address 83 Bond St District St John's  
 Occupation Drapery Classification for Discharge F Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 14-6-19 for H. M. S. H.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*G. Pearcey*

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 \_\_\_\_\_

*W. M. Clouston*

Date 14-6-19 O i.c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at 23 Bond St and Release Certificate No. 2599 issued.

Date 16-6-19

*J.A. Snowball*  
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 30-6-19

Date 11-6-19

*J. M. [unclear]*  
Depot Paymaster.

Discharge approved for 16-6-19

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

N.F. P/36	B 288	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
B179c	B 120	M 93		

*form B*

Date 16-6-19

*J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 30 1919

*R.S. [unclear]*  
O. C. Discharge Depot.

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

Date June 28/19

*[Signature]*  
*[Signature]*

Reg. No. *4398* Rank *Agt.* Name *Piercy Chas.*  
Attested ..... Address *22nd St*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29. 11. 19.*  
Returned on S.S. *Rossian* Cause *Discharge*

*14. 6. 19.* PASSED TO DEMOBILIZATION OFFICER  
*30. 6. 19.* DISCHARGE APPROVED ON DEMOBILIZATION