



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5220 Name Wm J. Pearcey Corps S.A.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Wm J. Pearcey</u> |
| 2. What is your full Address? | 2. <u>St. John's, Nfld.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Bookbinder</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 <u>—</u>
Corps <u>—</u> |
| 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, William J. Pearcey do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

Wm J. Pearcey SIGNATURE OF RECRUIT.

B. J. ... Signature of Witness.

20-5-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William J. 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 as follows:

on this 20th day of May 1918

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 completed 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.

† 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:
vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5220 Name Wm J Pearcy Corps S A

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>Wm J Pearcy</u> |
| 2. What is your full Address? | 2. <u>Boydall St. B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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> |

William J Pearcy 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.

Wm J Pearcy SIGNATURE OF RECRUIT.

B. Boydall SIGNATURE OF WITNESS.

20-5-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William J Pearcy 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 May day of 20 1918

Signature of Attesting Officer C. B. Dickson 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 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.

! 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

5220

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

Name William J. Pearcey
 Apparent age 20 years — months. Height 5 feet 11 3/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin May Prichard
Hopeall, J. B. | Relationship Mother
 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>20-5-18</u>									
Joined at <u>St. John's</u> on <u>May 20-1918</u>									
<u>Discharged July 2/1919</u>									
<u>Embarked St. John's St. Helena to Halifax N.S. 22-7-18</u>									
<u>Embarked for W.E.A. 23-11-18</u> <u>Remobilized same 12-11-18</u>									
<u>Joined 8th Bn. in the field 5-1-19</u> <u>Admitted to War Hospital Queen Victoria 10-2-19</u>									
<u>Transferred to England 12-2-19</u> <u>Admitted 5th Hosp. Bandwidth 13-3-19</u>									
<u>Transferred then posted to Remounts 7-3-19</u> <u>To title for demobilization 22-5-19</u>									
<u>Arrived to Newfoundland 1-6-1919</u>									
Total Service forfeited as above..... <u>Remobilization St. John's 2-7-1919</u>									
Total Service towards Engagement to <u>2-7-1919</u> (date of discharge) <u>1</u> years <u>44</u> days									
Pensions _____									

C.R. 5220

Extract from Daily Orders Part II Unit Royal Newfoundland
Regiment in France, dated 28/2/19.

Transferred to U.K. 12/2-19. sick.

5220, Pte. W.J. Piercey.

C.R. 5220

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. St. John's, July 4th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Deopt with effect from 2-7-19.

5220 Pts. Wm. Pearcey.

C.R. 5220

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

Date June 7th, 1919

Reported at Headquarters _____
which sailed Liverpool May 22/1919. _____
ex "Corsican"

5220 Pte. W.J. Pearcey.

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

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

C.R. 5220

Extract from Daily Orders Part 11 Unit reg The Royal NCA.
Regt. Depot, St. John's, June 9th. 1919

The discharge of the unit noted on demobilization has been
APPROVED by C.O. Discharge Depot, with effect from 18-6-19

5220 Pte. W. Piercely

C.R. 5220

Extract of Orders by Lt. COL. P.J. Barton, D.S.O.,
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.
8/3/19.

The following having reported back from the 1st Bn.
is taken on the strength and posted to "H" Company.

#5220 Pte. Pearcey.

7/3/19.

7

C.R. 5220

Extract from Casualties.....List No. H.A. 34952.

5220 Pte. W. Piercey.

Adm. 6 Gen. H. Rouen 16th Feb. 19. Influenza.

C.R. 5220

Extract from Nominal Roll of Sick and wounded
from the France expeditionary Force admitted
3rd., LONDON GENERAL HOSPITAL 13/2/19.

#5220 Pte. W. Piercy.

INFLUENZA.

C.R. 5220

March 4th, 1919

Mrs. May Pritchard
Hessall
T.B.

Dear Madam:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning No. 5220, Private William J. Piercey, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

BOOKED
BOND
DRIED

C.R. 5220

Extract from Casualties received from Pay & Record Office,
London, Mar. 8th, 1919.

The undermentioned ex 3rd London General Hospital
Wandsworth, reported at the P.&R.O. 5-3-19 and was ordered
to report ^{2nd} ~~1st~~ to Bn. Winchester, same date.

5220 Pte. W. Pearcey.

C.R. 5220

Extract from telegram from Syn. to Mil. dated 15-219

Wandsowrth Infuleza Feb. 13th.,

5220 Piercey.

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. 5220



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Red	By	Sent	by	Check

Dated

Feb. 17th, 191

To

Mrs. M. Pritchard, Hopeall, T.B.

Regret to inform you that Record Office, London,
officially reports No. 5820, Private William Pearcey
at 3rd London General Hospital Wandsworth Feb. 16th
suffering from influenza

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. Bennett

Minister of Militia.

Chge Dept of Militia

FOR TYPEWRITER

C.R. 5220

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

#5220 Pte . W. J. Piercey

7

C.R. 5220

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

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

#5220 Pte. William Piercey.

C.R. 5220

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated June 22, 1918

#5220 Pte. W. Piercey.

Discharged from Barracks Hospital June 21, 1918.

C.R. 5220

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated May 21, 1918

#5220 Pte. W. Piercey

Attested for General Service with the Royal Mfld. Regt.
from 20.5.18 to report 24.5.18

W J Searcy

CR 5220

1890

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 Artillery*
2. Regtl. No. *1320* 3. Rank. *Pte*
4. Name *Parcey* *W. M.*
(Surname) (Christian Names)
5. Age last birthday. *21*
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 ? (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, &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.)

No complaints of no sensibility

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.

Re-patriation

W. Procuier Caffaro
 Medical Officer in charge of case.

Station *Hagley Hill*

Date *28-3-19*

* 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

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

Prefix _____ Code _____ WORDS <u>13</u> CHARGE _____	SENT At _____ To _____ By _____ <div style="background-color: black; color: white; text-align: center; padding: 5px;">VIA WESTERN UNION</div>	FOR STAMPS THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.
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1/3/19

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To MRS. MARY PITCHER

NEWHARBOUR TRINITY BAY (Newfoundland)

CABLE SEVEN POUNDS THROUGH MINISTER MILITIA

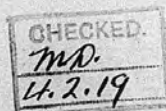
WILLIAM PIERCEY

13/

Cable File

Duplicate

Authorised

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address 55 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Pay

No. Form 2.
94

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES
CABLEGRAM



Prefix		Code		At		FOR STAMPS	
WORDS	CHARGE	To	By	VIA WESTERN UNION		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	
13							

1/3/19

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **MRS. MARY PITCHER**
NEWHARBOUR TRINITY BAY (Newfoundland)

CABLE SEVEN POUNDS THROUGH MINISTER MILITIA

WILLIAM PIERCEY

13/

original

Charge a/c ~~5220~~ ⁵²²⁰ Pte. W. Piercey

CHECKED.
M.P.
4/3/19

CHARGED
PAY BY *18/1/19*
Date *4/3/19* by *m.P.*

Authorised

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address **58 Victoria St. S.W.1.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

No. 3741/32

From:

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

20/Baggy

To: Officer Commanding,

3rd. L. G. Hospital,
S.W.

NEWFOUNDLAND CONTINGENT
N.F.P./80
MAR 1919
& RECORD OFFICE

March 8th. 1919

5220 Pte. Piercey J.

With reference to the following telegram from the Minister of Militia, / / (67)

"Pay to- 5220 Piercey

£4 - 0 - 0

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

Chief Paymaster & O/i/c Records

12/3/1919

*5220 Pte Piercey J.
was discharged
from this Hospital
5/3/19 & sent to
58 Victoria St.*

*H. Morganham
for G. C.*

APR 1919

LONDON GENERAL HOSPITAL,
WANDSWORTH, S. W.

P.T.O

3 London Gent's of
Wandsworth S.W.18

Mar. 1. 1919

To Paymaster

Royal Infld Regt

Sir please pay to my the
sum of £1 one pound
and charge same to
my account

C. K. [unclear]

Pete W. Pearey

5228

£1-0-0

Royal Infld Regt

1/3/19

R. 1482

Approved

William
C. [unclear]

3rd London Gen Hospital,

Wandsworth SW

Feb. 24. 19.

To Paymaster,

Royal Mfld Regt,

Sir,

Please pay to me the sum
of £1 One pound, And charge
to my Account,

Pte W Pency,
No. 5220.

Royal Mfld Regt,



OK £1-00
24/2/19 WSB

R. 1402
gca

27/2/19 3rd London Gen Hosp
Wandsworth SW.18

Feb. 27. 1919

To Paymaster

Royal Infld Regt

Sir Please Pay to me the
Sum of £1 one Pound
and charge the same to
my Account

LONDON GENERAL HOSPITAL
RECEIVED
27 FEB 1919

W. Pearcey

Royal Infld Regt

me for a
approved
G. H.
G. H.

W. Pearcey
£1-0-0
Recpt. No. 1112

35 L.G.H.

July 25/19

To Paymaster

Royal W. Regt.

Dear Sir

Please pay to me the sum
of £1 One Pound and
Charge to my account

Pte W Peacey

5220

Royal W. Regt.

Approved
one pound.

W. Peacey
Capt. Peacey

OK #1-0
20/21.9.19 W.H.
R 24.7.19 J.C.A.



No. 18544/2034

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.



16th November 1918

Nov. 18th 1918

Subject: 5220, Pte W. J. Piercey

With reference to the following telegram (9819) from the Hon. Minister of Militia, received

Pay to 5220 piercey £3:14:5

Draft £ 3:14:5 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

R. Head of Unit

Chief Paymaster & O. 1/c Records.

Receipt hereunder

Charles J. LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Three pounds
fourteen shillings, five pence of
cable remittance from Newfoundland.

W. Piercey
No. 5220 Rank Pte

Witness A. L. Carter

4172 .

From: C.P.&O.i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W.1.

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


14th. March, 1919.

Reference reverse:


Postal Draft £4:0:0 is enclosed herewith for payment
to this Soldier as he is now understood to be on your strength.

Kindly obtain his receipt hereon, please.

WF/MN


Captain.
Asst. Paymaster.
Chief Paymaster & O i/c Records.

3741/32

3rd. L. G. Hospital, 
S.W.

March 8th. 9

12/3/19

5220 Pte. Piercey J.

67

5220 Piercey

£4 - 0 - 0

5220 Pte. Piercey, J.

was discharged from this
Hospital 5/3/19 and sent to
58 Victoria Street.

(Sgd) ? for O.C.
3rd. London General Hospital,
Wandsworth, S.W.

Searcy, W. J.

5220

Receipt.

July 2, 1919

#5220 Pte. William J. Pearcy,
Hopeall, T.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 2261."

Yours truly

Captain,
Paymaster & O. i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5220 Rank Pvt. Name Pearcy, J. J.
 Intended place of residence Hopwell
 2. Occupation Postman
 Classification of soldier R. Medical Category AT

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. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY AS
 Date JUN 4 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. W. J. Pearcy
JUN 4 1919 Signature of soldier
W. C. Louster
 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. W. J. Pearcy
4-6-19 Signature of soldier
W. J. Pearcy
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No of days on Military
 Discharged from service 18-6-19 Plus 14 days Service 409

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
JUN 18 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, Nfld. W. Howley, Capt
 Date July 2/1919 Officer in Charge
 The Royal Newfoundland Regiment

Handwritten notes at the bottom of the page: A B 791 2561

14
30
2

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 522 Rank Plt Name Pearcey W J
 Date of Enlistment 20-5-78 Address Hopfield District St. John's
 Occupation Postman Classification for Discharge 17 Medical Category 4
 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.....	3
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 11-5-79 for 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

Date 4-6-79

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1407* to his home at *Hopeall* and Release Certificate No. *2269* issued.

Date *4-6-19* *J.A. Snow 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 *1-7-19* SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Date *4-6-19* *J. H. News Lt.*
Depot Paymaster.

Discharge approved for. *18-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st.	" 2
R 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 *4-6-19* *J.A. Snow 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 *JUN 18 1919* *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

A1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11-5-19*

Regimental No. *5220*

Name *Piercy Dr. J. Pte*

Address *Hope all*

Present Medical Category *A1*

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

Members of Board {

..... *R.H. Lint Capt*

O.C. Discharge Depot.

..... *Waterson*

Senior Medical Officer

..... *See Berden*

M.O. Depot

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

Signature of Man.

Reg. No.

Tearney w g 4

Signature of the Vocational Officer or his Representative.

Place

at Johns'

Date

4-6-19

1919

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

MEDICAL HISTORY

Surname Pearcy

OF

Christian Name William J.

Table I.—GENERAL TABLE.

Birthplace: Parish Lopace 2nd County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30	May	1918	191
at	St Johns		at	
Declared Age	20	years		days
Traile or Occupation	Fisherman			
Height	5	feet	11 3/4	inches
Weight			130	lbs.
Chest Measure	Girth when fully expanded		36	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R. E.—V=	6/5	R. E.—V=	
	L. E.—V=	6/5	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>Lambert Baker</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns	at	
	on	30	day of	May
				1918
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.	The Royal	Regtl. No.	1220
Transferred to	<u>Nfld Regt</u>			
Became non-effective by	on		day of	191
(Signature)				
(Rank)				

list in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In case of
as and re-admissions to hospitals will be shown. The subsequent progress, including particulars
treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Cured.

W. J. G. Smith (M)

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 Artillery* 7. Former Trade or Occupation }
 2. Regtl. No. *5378* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Parcey* *William J.*
 (Surname) (Christian Names)
 5. Age last birthday *37*
 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. 179a (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 disability claimed.

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. Procter. Capt. RMC.

Station ... *Hazlewood*
 Date ... *24-3-19*

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



THE ROYAL NEWFOUNDLAND REGIMENT
DISCHARGE DEPOT

ST. JOHN'S, NEWFOUNDLAND,

June 5th, 1919

From Adjutant,
Discharge Depot

To Paymaster and Officer i/c Records,
Militia Department

Please note that the discharge of 5220 Pte.
W. Pearcey has been approved from June 18th, sub-
ject to adjustment of overseas pay account on War
Service Gratuity, as we have received no accounts
whatever for this man.

LRG/C

L. P. Corpe
Lieut & Adjt

July 2, 1919

#5220 Pte. William Piercey,

Hopeall, T.B.

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 & O.i/c records.

468

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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.

- 1. Christian name. *H. Williams* 2. Surname. *Percy*
- 3. Rank. *P. private* 4. Regt. No. *5220*
- 5. Address in full to which future payments of gratuity are to be forwarded, *Hopwell Trinity Bay*
- 6. Date of enlistment in the Regiment. *May 22/18*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge. *May Pitcher*
- 8. Relationship of such dependents. *Wife*
- 9. Address in full of such dependents. *May Pitcher Hopwell Trinity Bay*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
- 11. Were you on active service only in Mfld. If so, give dates and particulars of such service. *2 months*
- 12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *13 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. Mother recd. 60.4 per day.

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

No.

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

No.

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

No.

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

No.

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

No.

19. Are you now serving in the Res? If not give - (a) date of discharge. (b) Reason for discharge.

No. June 14/19

None

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.

No.

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:

Place of Residence:

Declared before me at: *New Haven*

This 10th day of *June* 19.19....

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

J. Woodman J.P.

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due
<i>June 11/7 80</i>	<i>400</i>	<i>198</i>		
.....
.....
Certified correct.			Paymaster	

No 4636



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William J. Percy, Regl. No. 5220

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 8-6-8.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4206	Mother	Mrs. Mary Retcher	Old Paul. Huntly Bay	60
Total Allotment, \$				

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.) L. G. James 2/11
 Officer Commanding
 'D' Company
St John's
8-6-1918

(Sig.) ^{his} William Percy
 (Rank) Private
 Witness: - B. Martin

Receipt for Army Book 64

No. 5220 Name W. Piercey

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

Name W. Piercey

Date July 13/20
Place Hopeall I Bay

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





Army Form B. 103.

Regimental Number 5220

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte. Surname Farcey Wm Christian Name Wm J.

Religion S. Army Age on Enlistment 20 years — months

Enlisted (a) 20/5/18 Terms of Service (a) DURATION Service reckons from (a) 20/5/18

Date of promotion to present rank Date of appointment to lance rank

Extended () Re-engaged () Qualification (b) or Corps Trade and Rate

Occupation Fisherman W. H. Long Cash Signature of Officer.

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 ...			
		Disembarked...	<u>38 NOV 1918</u>		
		Joined Batt.		<u>1 JAN 1919</u>	
	<u>6 Gen H. Power</u>	<u>Adm: Influenza</u>		<u>10.2.19</u>	<u>NA. 34852</u>
	<u>Ex 6 Gen H. to England</u>			<u>12.2.19</u>	<u>ATN 3082</u>
		<u>W. H. Long</u>			
		<u>Capt. for Lt. Col.</u>			
		<u>1st Lt. Staff Sect</u>			

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered. (17591.) W.L.W 1887-P 1124. 1,000,000. 8/18. D & S. Form B.103. (E. 1266.)

I.P.T.O.

Next of kin: Mothers - Mrs P. Richard - Lophall - Trinity & Jay - N. L. D.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 10Forms
B. 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. B. Dickson / Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months	<u>Fisherman</u>	
<u>5220</u>	<u>Percy, William</u>	Place and Date of Enlistment	<u>St John's 20.5.18</u>	Religion	
Joined	Date	Period of	with Colours <u>1 1/4</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date			<u>S.A.</u>	
Joined	Date			<u>St John's, N.B.</u>	

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
-------	-----------------	------	-----------------------	---------	--------------------	--------------------	---	-----------------	---------

Demolished St John's 2-7-19

To be carried over

Army Form B. 121.

1220

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5220 Rank Plt Name Pearcey W J

Date of Enlistment 20-5-18 Address Halifax District Halifax

Occupation Postman Classification for Discharge A Medical Category A

Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	B 267	B 121	N.F. Med	D.F. 1
B 178	W 309	B 122	Board 1st	" 2
B 178a	D 200A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 178a		Form K	do 4th	" 5
B 178b				" 6
B 178c	B 120			

Date 4-5-19 O. C. Discharge Depot Halifax

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am _____ in a position to resume civilian occupation.

W J Pearcey
Particulars passed to Vocational Officer for information and action.
W J Pearcey

Date _____

2. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied _____

Date 4-6-19 O. C. Re-clothing _____

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. R. 1407 to his home at Hopeall and Release Certificate No. 2269 issued.

Date 4-6-19 *J.A. Shaw*
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

Date 4-1-19 *H. M. H.*
Depot Paymaster.

Discharge approved for 17-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P]26	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 123	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 4-6-19 *J.A. Shaw*
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 JUN 18 1919 *P. H. H.*
O. C. Discharge Depot.

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

Date June 19 19 *James H. H.*
for Records

Reg. No. *1720* • Rank The Name *Wiley W. J.*

Attested Address *Hopeall*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Rossian* Cause *Discharge*

4-5-19
13-6-19



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 *William Piercy*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5220*

Intended address *Old Pond, I.B.*

Height on discharge *5* Feet *11 1/4*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Slight scar on upper lip.*

Figure on discharge *Normal.*

Christian name of Father *Benjamin*

Christian name of Mother *Mary*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Norman Cove, I.B. 22 Nov. 1898*

Nature and locality of civil employment required

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

(Soldier's signature in full) *William Piercy* (Rank) *Rta*

W. M. Piercy - I/c

Station *St John's I.B.* Date *4-6-19*

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

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

Station

Date