



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *5067* Name *Robert Percy* Corps *Met*

Questions to be put to the Recruit before Enlistment.

1. What is your name?	1. <i>Robert Percy</i>
2. What is your full Address?	2. <i>St. James Street St. J.</i>
3. Are you a British Subject?	3. <i>yes</i>
4. What is your age?	4. <i>24</i> Years Months
5. What is your Trade or Calling?	5. <i>Masterman</i>
6. Are you Married?	6. <i>no</i>
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?	7. <i>no</i>
8. Are you willing to be vaccinated or re-vaccinated?	8. <i>yes</i>
9. Are you willing to be enlisted for General Service?	9. <i>yes</i>
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. <i>yes</i>

I, *Robert Percy*, 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.

Robert Percy SIGNATURE OF RECRUIT.

Joseph P. Moran Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Robert Percy*, do make oath, that I will be faithful and bear due 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 explained 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 *16* day of *May*, 191*5*.

Signature of Attesting Officer *W. Dicks 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.....191*5* }
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

5069

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

Name Robert Percy
 Apparent age 24 years 0 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 0 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patience Pierce, Normans
Love I.P. | 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 L'epot	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>16-5-18</u>									
Joined at <u>St. Paul's</u> on <u>16-1-1918</u>									
<u>Discharged July 31 1919</u>									
<u>Embarked St. Paul's St. Columba to Halifax N.S.</u>									<u>22-7-18</u>
<u>To embark base for demobilization</u>									<u>22-5-1919</u>
<u>Arrived to embarkment</u>									<u>1-6-1919</u>
<u>Demobilization St. Paul's</u>									<u>3-7-1919</u>
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge)									<u>1</u> years <u>48</u> days
Pensions " " " " " " " " " " " "									

C.R. 5067

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt
St. John's, July 7th, 1919.

The discharge of the undernoted ~~XXXXXXXX~~ on demobilization
has been CONFIRMED by Officer i/c Records with effect from
3-7-19.

5067 Pte. Robt. Piercey.

C.R. 5067

Extract from Daily Orders Part 11 under sign the Royal Warrant.
Regt. Depot, St. John's, June 9th. 1819

The discharge of the under noted on Computation has been
APPROVED by the Discharge Depot, with effect from 18-6-19

18-6-19

5067 Pts. R. Piersey.

C.R. 5067

Extract from Daily Orders Part A1 Depot, St. John's,

Date 2-6-19.

5067 Pte. R. Pearcey

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R.

5067

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

The Following men embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5067 Pte. Robert Piercey.

C.P. 5067

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 17th, 1918

#5067 Pte. R. Piercey.

Attested for General Service with the Royal Hfld. Regt .
from 16.5.18

C.R. 5067

May 30, 1918.

Officer Commanding Depot.

R. Pearcey of Chappel's Island T.B. age 25.

The mother of this soldier who is a widow, states that she has five small children and one son of nineteen who is not well.

One son, John Charles Pearcey was with the Newfoundland Regiment and was killed July 1st, 1916. Another son, Garfield Pearcey age 22 is now at Aldershot with the Canadian Forces.

Will you kindly keep a record of this case so that further action may be taken if necessary.

Major.
District Officer Commanding.
Newfoundland.

C.R. 5067

May 30, 1918.

To:- A.A.G. M.D.No.6,
Halifax, N.S.

Garfield Pearcey of Chappel Islands, T.B. Mfld.

It is reported that this soldier is in training with the Canadian Forces at Alderhot Camp, but his parents have lost his letter giving his number and regiment. Can you give me any information on the subject as the matter is one which comes up in connection with the Military Service Act in Newfoundland.

Deputy Registrar Military Service Act 1918

R. Piercy

C.R. 5067

~~1180~~

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 W. F. L.*.....
2. Regtl. No. *5067*..... 3. Rank... *plc*.....
4. Name *Lancy*..... *Robt*.....
(Surname) (Christian Names)
5. Age last birthday... *25*.....
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? (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 (if any)
(b) Where
(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? }

No complaint of no disability

In all cases such as facial injuries, eye, ear, nose and throat, disability, &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?

Repetitions

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

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

W. E. Groenier, Capt R.A.M.C.

Station *Mayday town*

Date *2/4/19*

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

No. 16387/1779

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

To:

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

Officer Commanding,
2nd. Bn. Royal Nfld. Regt.,
Manchester.

October 10th, 1918

October 13 1918

Subject: 5067, Pte. R. Piercey, B

With reference to the following telegram (8700) from the Hon. Minister of Militia, received

"pay to 5067, Pte. R. Piercey, £3.1.8.

Draft £3.1.8. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

R. A. Munnell Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. T. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n
Royal Newfoundland Regiment

Received the sum of Three
pounds 1/8 — on account of
cable remittance from Newfoundland.

R. Piercey

No. 5067 Rank Pte

No 5038/453.

FROM: NEWFOUNDLAND CONTINGENT

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

Officer Commanding,
2nd Bn. Ryl Nfld Regt.
Winchester.

21st February 1919

5067. Pte Piercey. R. B

With reference to the following telegram from the Minister of Militia / / (38)

"Pay to-5067. Piercey.

£8.2.4.

Cheque £ 8.2.4. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

February 24th 1919

Receipt hereunder.

E. K. Smith
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Eight Pounds
two & four pence in respect of telegraphic remittance from the Minister of Militia.

R. Piercey
No. 106 Rank Private
Witness W. Rochette

57508
J.P.B.
26 FEB 1919
76/19
F. /79.

No 3185/476.

N.F.P./79.

FROM: NEWFOUNDLAND CONTINGENT

NEWFOUNDLAND CONTINGENT
80, VICTORIA ST.
LONDON, S.W. 1
7 MAR 1919
PAY & RECORD OFFICE

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

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

25th February 1919

March 4th 1919

5067. Pta Pearcey. R.

With reference to the following
telegram from the Minister of
Militia / / (43.)

Receipt hereunder.

"Pay to-5067. Pearcey.

P. Pearcey
LIEUT. COLONEL,
OFFICER COMMANDING,
2ND BN ROYAL NEWFOUNDLAND REGT.

£0.10.0.

Cheque £-10.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of

Five Shillings in respect of
telegraphic remittance from the
Minister of Militia.

M.P. Hunt
Chief Paymaster & O. i/c Records.

R. Pearcey
No. 5067 Rank Private
Witness M. Rockett

8

3038/453.

2nd/Bn. Ryl Mfld Regt.

Winchester.

21st February 9

5067. Pte Piercey. R.

38

5067. Piercey.

18.2.4.

8.2.4.

Hiersey R.

5067

Hay Capt

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 *Robert Penney*.....

3. Rank *Pte*..... 4. Regt. No. *5069*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Norman's Cove, N.B.*.....

6. Date of enlistment in the Regiment. *May 18/18*.....

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

8. Relationship of such dependents..... *—*.....

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

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From May 18/18 to June 5/19 date of temporary discharge*.....

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.

Clothing allowance + back pay 71.89

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?

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

June 5/19 (b) Reason for discharge *Demobilization*

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:

This

5th

day of

June

1919....

*R. Clark [unclear]
Norman Cove, V. B.
St. John, Nfld.*

John M. Carthy

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	Paid Soldier.	Paid Dependent	War Service Gratuity.	Net amount due
.....
.....
.....

Certified correct.

Paymaster

July 3, 1919

#5067 Pte. Robert Piersey,
Normans Cove, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2262.

Yours truly

Paymaster & Officer i/c Records. Captain

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5067 Rank Plt. Name Pracey R.
 Intended place of residence Normans Cove
2. Occupation Interpreter
 Classification of soldier E Medical Category AI
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 5 1919
- H. M. [Signature]*
 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
JUN 5 1919
- R. Pracey*
 Signature of soldier
A. [Signature]
 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
4-6-19
- R. Pracey*
 Signature of soldier
W. J. [Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-5-18 No of days on Military
 Discharged from service 18-6-19 Plus 14 days Service 413

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 18 1919
- R. H. [Signature]*
 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
 Date July 8, 1919
- [Signature]*
 Officer i/c Records
 The Royal Newfoundland Regiment

and B 2029/1819

10
20
3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5067 Rank Pvt Name Placey R. Grady
 Date of Enlistment 11.5.18 Address Norman Cove District St. John's
 Occupation Fisherman Classification for Discharge R Medical Category A2
 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	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	/	do 4th	" 5	
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 4.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

R. Placey

Particulars passed to Vocational Officer for information and action.

Date 4-6-19

Alfred Constan

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable £60.00

(b) Clothing Supplied _____

Alfred Constan

Date 5-6-19

O i/c. Re-clothing.

The Royal Newfoundland Regiment

Class for Demobilization:—

F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *14-5-79*

Regimental No. ... *5067*

Name *Pieigan Robert*

Address *Romans Cove*

Present Medical Category *Ai*

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

Members of Board { *RH* *Sgt Capt*
O.C. Discharge Depot.
J. Patterson
Senior Medical Officer
Ed Gordon
M. O. Depot

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1450 B 572* to his home
at *Newmans Cove* and Release Certificate No. *2318* issued.

Date *5-6-19*
Demobilization Officer *J. A. Newell*

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 *3-7-19*

Date *5-6-19*
Depot Paymaster *R. H. Sait*

Discharge approved for *199 6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 150	B 268	B 121	N.F. Med	D.F. 1	
B 175	W 3494	B 122	Board 1st	" 2	
B 178a	B 400A	B 1915	do 2nd	" 3	2 Form B.
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	B 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date *5-6-19*
Demobilization Officer *J. A. Newell*

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R. H. Sait Capt.

Date *JUN 18 1919*
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 take a course of navigation

H. Percy

Signature of Man.

Reg. No. 5067

H. B. Utter

Signature of the Vocational Officer or his Representative.

Place

St John's

Date

June 5th 191*9*.

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

MEDICAL HISTORY

OF

Surname

Percy

Christian Name

Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish

Normans Cove County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	16	May		191
at	St Johns		at	
Declared Age	27	years		days
Trade or Occupation	Fisherman			
Height	5	feet	8	inches
Weight		146		lbs
Chest Measure- ment { Girth when fully expanded ... Range of Expansion	39			inches
	5			inches
Physical Development				
Vaccination Marks { Arm	Right	Left	Right	Left
	/		/	
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)	
Removed by (Signature)	James Peterson			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St Johns	at	
	on	16	day of	May
		191		191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	The Royal 5067			
	Nfld Regt			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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. (I), 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 N. F. L. B.* 7. Former Trade or Occupation } *Gunman*
2. Regt. No. *3067* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Piney* *Roll* (a) Former Regts. or Corps; (Surname) (Christian Names) with Regt. No.
5. Age last birthday. *25*
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 (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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 general 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.)

No complaint of no disability

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.

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 invaded at Foreign Stations.

Retraction

W.E. Proemier *Staff Name*

Station *Hoydenham*

Medical Officer in charge of case.

Date *24.4.19*

* 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



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 *Purcell A.*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *5067.*
 Intended address *Normans I.B.*

Height on discharge *5* Feet *9*
 Color of hair on discharge *Dark.*
 Complexion *Fair.*
 Color of eyes *Grey.*

Descriptive Marks _____
 Figure on discharge *Tall.*
 Christian name of Father *Robert.*
 Christian name of Mother *Patience.*

Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____

Place and date of soldier's birth *Normans 2 Oct. 1892.*
 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)

R Purcell

(Rank)

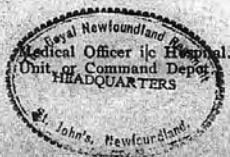
Station **ST. JOHN'S.**

Date *22 5 19*

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

Station

Date



Sept. 1, 1919

Mrs. Patience Piercay,
Long Cove,
Chapel's Arm, T.B.

Dear Madam:

With reference to your letter of Aug. 21st. I beg to advise you that as #5067 Rebt. Piercay was discharged on July 3/19, his allotment was only paid to you for the 3 days in July, and ceased from that day, therefore three days allotment @ 70¢ per day is \$2.10.

Yours truly,

Capt.
For Paymaster

Long Cove
Chaples arm J.B.

6253

Aug 21 1911

Col Towley.

Dear Sir.

arent Received any allotment Pay.
for over a month or almost 2 months.

i was wondering where it as been
misaid or not. I Received

a cheque of \$2¹⁰. dont know
what thats for. because they

allotments where always

\$21⁰⁰ and \$20⁰⁰ would you

Please ^{\$2¹⁰} let me know what the

\$2¹⁰ is for

Remain your truly

Mrs. Patience Pusey

teleg
alt
5067
Direct
for acct
Robt
3/1/19

Cheque for March was
mailed to Long Lane via
W. Winters & Co. B

wrote
to
Winters
to
have
cheque
sent

Normans Court
S. Bay.
Apr. 26/91.

Jr. Bennett Esq.

Dear Sir:-

please allow me
to ask you information
about my sons money.
I havent received any
money since the 5th of
march. please write
me word about it
as quick as possible.

Yours Truly
Patience Piercy
Long Court
Via Normans Court
S. B.

This is my sons address
5067 Pte Robert Perry
Royal Wld Regt

6202

6202
to be kept. Mailed to
Long 6/14/08 via Western
to B in 6/14/08 should be
to J. R. Bennett. Long 6/14/08 via Norman
J. Roy
April 15, 1919

Dear Sir:-

Please allow me to
ask you about my some money
which I havind received a
long while. It has been time
for me to get it now its
last two weeks. Will you please
send and let me know
where you sent it. yours
truly O'Alvin P'iray
(P.S.) This is my cars number
name 5087 P'te Robert P'iray

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5067 Rank PLC Name Harvey R. J. J. J.
 Date of Enlistment 11.5.18 Address Turning Cove District St. John's
 Occupation Industrial Classification for Discharge A Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
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 4.6.19 _____
 _____ O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Harvey R. J. J.

Particulars passed to Vocational Officer for information and action.

Date 4-6-19 _____
Alfred C. ...

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable. \$60.00
- (b) Clothing Supplied _____

Alfred C. ...

Date 5-6-19 _____ O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1452.8.572* to his home at *Newmans Cove* and Release Certificate No. *2818* issued.

Date *5-1-19* Demobilization Officer *J.A. Shaw Capt*

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 *3-7-19*

Date *5-1-19* Depot Paymaster *J.A. Shaw Capt*

Discharge approved for *199 V - 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 1015	do 2nd.	" 3.
B 178	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		

2 Form B.

Date *5-6-19* Demobilization Officer *J.A. Shaw Capt*

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 18 1919

Date *R.H. Ait Capt*
O. C. Discharge Depot.

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

Date *June 17 19* *Janeline [Signature]*
for O.C. Records

Reg. No. *2067* Rank *Plt* Name *Surrey, D.*
Attested Address *Horsmans Camp.*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Corsican* Cause *Discharge*

4-6-19
18-6-19