



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5692 Name Wm Pearcey Corps CofC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Pearcey
2. What is your full Address? 2. New Penzance J. S. Bay.
3. Are you a British Subject? 3. Yes.
4. What is your age? 4. 30 Years Months
5. What is your Trade or Calling? 5. Postman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, William 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.

William Pearcey SIGNATURE OF RECRUIT.

15/6/18

Corp: R. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 New Penzance on this 15 day of May 1918.

Signature of Attesting Officer A. D. Dicko 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.....191..... } Approving Officer.
Place.....

† 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

5692

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

Name William Carey

Apparent age 20 years 0 months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 2 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Carey
New Orleans, La. Bay | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>July 15-18</u>									
Joined at <u>St. Louis</u> on <u>June 15-1918</u>									
Transferred August 1919									
(10)									
Embarked at <u>St. Louis</u> <u>St. Louis</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
I. transferred for demobilization <u>24-6-1919</u>									
Arrived home <u>1-7-1919</u>									
Demobilization <u>St. Louis</u> <u>9-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> (date of discharge) <u>1</u> years <u>56</u> days									
" " Pensions " " " " " "									

C.R. 5692

extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c records from noted date 9-8-19.

5692, Pte. Wm. Piercey.

C.R. 5692

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 15th, 1919.

The discharge of the Undernoted on demobilization has been
APPROVED by O.C. Discharge ~~Station~~ Depot, with effect from
26-7-19.

5692 Pte. W. Piercey.

C.R. 5692

Extract from Daily Orders Detachment Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5692 Pte. W. Piercey.

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5692

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, Sat 4 July 25, 1918.

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

#5692 Pte. William Piercey.

C.R. 5692

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment. St. John's, dated June 17, 1918

#5692 Pte. William Piercey.

Attested for General Service with the Royal Nfld. Reg t.
from 15-6-18

W. Piercey

C.R. 5692

Left

FORM K

Nº '6081



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Piercey, Regl. No. 5690

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and 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 August, 21/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4585	Father	Joseph Piercey	New-Perlican Trinity-Bay	60
Total Allotment, \$				60 ^c

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.) J. A. James
 Officer Commanding
St John's Company
 July 2nd 1918

(Sig.)
 (Rank)

Witness
4083. V. R. Randell.

Piercy, W

5692

May & Sept.

August 12, 1919

#5692 Pte. William Piercey,
New Perlican.

Dear Sir:-

Please find enclosed Discharge Certificate #3709.

Yours truly.

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5692 Rank Pte Name Pearcy Wm
 Intended place of residence New Berlin
 2. Occupation Disturber
 Classification of soldier E 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
 Date JUL 12 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, ST. JOHN'S
 Date JUL 12 1919
 Signature of soldier William Pearcy
 Signature of witness J. A. Howcroft

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 12 1919
 Signature of soldier William Pearcy
 Signature of witness W. Beaton Qms

STATEMENT OF SERVICE

7. Enlisted for service 156-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 421

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 JUL 26 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 9/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

17
20
31
9
87

2015 20491 3209

The Royal Newfoundland Regiment

Class for Demobilization: 6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 5192

Name Pircey William

Address New Yorkian

Present Medical Category 4j

Recommended for: (a) Immediate discharge

(b) ~~Standing~~ Medical Board

N.R. Cooper Capt.
O. C. Discharge Depot.

Members of Board

Peterson
Senior Medical Officer

Swinden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5697 Rank Private Name Thomas Pearce
 Date of Enlistment 15.6.18 Address New Bedford District St. John's
 Occupation Interment Classification for Discharge 6 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	1 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.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....		<u>3428</u> 1.....		

Date July 11/19O. C. Discharge Depot. M. J. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am 1 in a position to resume civilian occupation.

Thomas Pearce

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$600.00(b) Clothing Supplied [Signature]Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112368 to his home at Newark and Release Certificate No. 3576 issued.

Date 12-7-19 J.A. Snowcraft
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 9-8-19

Date 12-7-19 J.A. Snowcraft
Depot Paymaster.

Discharge-approved for 26-7-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	/	N.F. Med	D.F. 1	/
F 178	W 3494	B 122	/	Board 1st	" 2	/
B 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				
				3428-1		

Date 12-7-19 J.A. Snowcraft
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 JUL 26 1919 H.P. Cooper, Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

William Kearney

Signature of Man.

Reg. No. 5692

J. A. Howe Capt.

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

12-7-18

191

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

MEDICAL HISTORY

OF

Surname Perney

Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish New Mexican S. Bay County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15	June		
	at <u>St. John's</u>		at	
Declared Age	20	years		
Trade or Occupation	<u>4 sterman</u>			
Height	5	feet 8		
Weight		104		
Chest Measurement	Girth when fully expanded	35 1/2		
	Range of Expansion	2 1/2		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/9	R.E.—V=	
	L.E.—V=	6/9	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>[Signature]</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>St. John's</u>	at	
	on	18	on	
		day of		
		June		
	1918		191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Royal Nfld</u>	<u>5692</u>		
	<u>Regiment</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
		191		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 *Wm. W. Percy*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5692*

Intended address *New Pelican*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Dark*

Descriptive Marks *no*

Figure on discharge *Med.*

Christian name of Father *Joseph*

Christian name of Mother *Resner*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *New Pelican*

Nature and locality of civil employment required *in May. 21- 1898*

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 Percy

(Rank) *Pl*

Station

WT. JOHN'S

Date

July. 7. 1919

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



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

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal N. F. Co* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *569* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Peacey* (Surname) *W.H.* (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday *21*
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 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 complaint 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 invalidated at Foreign Stations.

Perpetuated

W. E. Proemier
 Medical Officer in charge of case.

Station *Hoylyston*

Date *2-14-19*

* 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

Regimental No. 5692 Region

Surname Trancy Christian Names

TABLE I.—General Table.

Birthplace { Parish
 County.....
 Examined { on.....day of.....191...
 at.....
 Declared Age.....years.....days.
 Trade or Occupation.....
 Height.....feet.....inches. Weight.....lbs.
 Colour of Hair.....Complexion.....
 „ Eyes.....
 Chest Measurement { Girth when fully expanded.....inches.
 Range of expansion.....inches.
 Physical development.....
 Vaccination Marks { Arm, RIGHT. LEFT.
 Number.....
 When Vaccinated.....
 Vision { R.E.—V = With Glasses { R.....
 L.E.—V = L.....
 Identification Marks, such as Tattoo, Moles, Scars, etc.:—

Defects or Ailments:

Examined and found—
 I.
 II.
 III.
 IV.
 (Strike out those which do not apply.)

Signature
 Chairman of Medical Board.

Re-examined for posting at.....
 On.....day of.....191...
 Enlisted { at.....
 on.....day of.....19...
 Joined on enlistment { Corps. Royal Artillery Regt. No. 5692
 Transferred to {

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue or Surgical Appliances, Particulars of Dental Treatment, etc.

Date.	Brief details and Signature.

Special Remarks : state if a discharged Soldier

TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of Departure or disembarkation.

Became non-effective by.....
 on.....day of.....191...
 (Signature).....
 (Rank).....

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
	2	3	19	26	3	19	<i>Brucisii left knee</i>	<i>24</i>		<i>H. H. H. H.</i> MAJOR, R.A.M.C. OFFICER in MILITARY HOSPITAL.





REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

Completed in accordance with instructions on the back of this form.

1. Number, Rank, Name, and Unit of injured man.	Date of Casualty.
<i>Step 2 Private Pearcey William Newfoundland Regt.</i>	

2. Nature, Location, and Severity of injury. (N.B. Field Ambulance to be notified at once if wound is believed to be self-inflicted.)	Date of Casualty.
<i>Abrasion knee left Slight. Accident on duty</i>	
	<i>W. H. M. J.</i> MAJOR, R.A.M.C. Medical Officer.

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.)

4. Commanding officer's opinion as to whether the man was:—

- (a) In the performance of military duty.
- (b) To blame.
- (c) Whether any other person was to blame.

Date _____

Commanding

5. (a) Opinion of G.O.C. Brigade.
 (b) Disciplinary action taken or proposed, whether against injured man or another.

Date _____

Commanding Brigade.

August 16, 1919

Mr. William Parcey,
New Perlican. 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 war Service Gratuity.

Yours truly

Captain & Paymaster

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

Christian name..... *William* 2. Surname..... *Percy*

3. Rank..... *2 Lt* 4. Regtl. No..... *5692*

5. Address in full to which future payments of gratuity are to be forwarded..... *New Peruvian, N.B.*

6. Date of enlistment in the Regiment..... *June 1918*

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..... *no*

9. Address in full of such dependents..... *no*

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

11. Were you on active service only in 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..... *Thirteen mos*

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?

no

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

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

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

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

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

no
29-10-19

(b) Reason for discharge
Demob

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *his William X Percey*
 Place of Residence: *New Orleans, La.*
 Declared before me at: *St John's*
 This *17* day of *July* 19*19*.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *John M. [Signature]*

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.				By [Signature]

allowments of pay to
60¢ per day. 1/18
J.P.

New Perleian

2 Sept. 1918

Hon.
Minister Militia
St. Johns

Dear Sir

My son William
Pearcey joined the
Royal Newfoundland
Regiment on June
15th. He writes me
that he was allowing
me 60 cts a day but up
to the present I have
not received any.

His No. 5692

Please explain & oblige

Yours truly
Joseph Pearcey

Sept. 30, 1918.

Mr. Joseph Pearcey,
NEW PERLIAN.

Dear Sir:

With reference to your letter of Sept. 2nd. I beg to inform you that your son declared an allotment of 60¢ per day in your favour commencing from Aug. 1st. and that the first cheque was posted you on Sept. 7th. in payment for the month of August, and no doubt you will have received it ere this letter reaches you.

Yours truly,

Lieut.
For Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet Two

Regiment of _____

Signature of O. C. Company _____

R. B. Dicks
Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	10 years	months	Trade	
	<i>5292 W. Purcell</i>				<i>Ironman</i>	
Joined	Date	Place and Date of Enlistment			Religion	
		<i>St John's</i>			<i>CofC</i>	
Joined	Date	Period of	with Colours	36 years	Place of Birth	
Joined	Date					
Joined	Date					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>9 8/19</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5197 Rank RFC Name Pherry W^m
 Date of Enlistment 15.6.15 Address New Bedford District St. John's
 Occupation Internat. Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 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		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93		<u>3473</u>		1

Date July 1919 O. C. Discharge Depot St. John's

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 \$100.00
- (b) Clothing Supplied ambrose

Date 12-7-19

O j.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92368 to his home
 at Hempstead and Release Certificate No. 3376 issued.

Date 12-7-19 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 7-3-19

Date 12-7-19 J.A. Shaw
 Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2
B 179	D 400B	Form L	do 3rd	" 4	1
B 179a	D 400C	Form K	do 4th	" 5	1
B 179b	B 103	ME 2		" 6	1
B 179c	B 120	M 93	34281		1

Date 12-7-19 J.A. Shaw
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records,
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 N.R. Cooper, Capt
 O. C. Discharge Depot.

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

Date Aug 11/19 J.A. Shaw

C.R. 5692
ADULT FORM B 1934

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xv) or xvia.), 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. *5792* 3. Rank *Plt.*
4. Name *Keirsey* *Wm*
(Surname) (Christian Names)
5. Age last birthday *27*
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

The complaint of a pro disability

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

15. What is his present condition?

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

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

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W.E. Procuier. Capt. R.A.M.C.
Medical Officer in charge of case.

Station *Hazeley Bow*

Date *2/4/19*

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