



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5552 Name Bertram Geo Tucker Militia

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Bertram Geo Tucker
- 2. What is your full Address? 2. Tripson
Green Bay
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 21 Years Months
- 5. What is your Trade or Calling? 5. Fitterman
- 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

Bertram Geo Tucker 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.

Bertram Geo Tucker SIGNATURE OF RECRUIT.
Jas W Pithman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Bertram Geo Tucker 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 endorsed as replied to, and the said recruit has made and signed the declaration and taken the oath before me at 21 day of May 1915.

Signature of Attesting Officer Edwards 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 1915 }
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).....

C.R. 5552

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.

5552, Pte. Bertram Tucker.

C.R. 5552

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 Depot with effect from 26-7-19

5552 Pte. B. Tucker.

C.R. 5552

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 30th 1919.

5552 Pte. B. Tucker.

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

C.R.

5552

Extract from Daily Orders By Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies, 6-2-18.

The undermentioned having reported for duty from
the 2nd Bn. Royal Wfld. Regt. is attached to the Strength
for rations, from this date. And posted to "A" Company.

5552 Pte. B. Tucker.

C.R. 5552

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

5552 Pte. ~~T~~ucker Bertram.

C.R. 5552

Extract from Daily Orders Part 11 UNit The Royal Nfld.
Regt St. John's, dated August 17th 1918.

5552 Pte. B. Tucker.

Admitted to M?I.D. Hospital 17-8-18.

C.R. 5552

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated ~~May~~ 1, 1918

#5552 Pte. B. Tucker

Attested for General Service with the Royal Nfld.
Regt. from 31.5.18

B. Tucker

C.R.

5552

1890

B. Tucker

C.R.

5552

1890

7817/1527
No. ~~7822~~

C.P.D. 099992

N.F.P. /70.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding
2nd Batt. ~~Ryl. Mid. Regiment~~
WINCHESTER.

21st May 1919

5552 Pte. B.T Tucker

With reference to the following telegram from the Minister of Militia / /19 (197):

"Pay to- 5552 B.T. Tucker
£6. 3. 0.

Cheque £ 6. 3. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

May 23rd 1919.

Receipt hereunder.

[Signature]
Officer Commandg. 2nd Batt. R.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £6. 3. 0

[Signature] in respect of telegraphic remittance from the Minister of Militia.

B.T. Tucker.

No. 5552 Rank Pte.

Witness: *[Signature]*

Tucker, B

5552

Ray sept.

August 14, 1919

#5552 Pte. Bertram Tucker,
Triton,
GREEN BAY.

Dear Sir:-

Please find enclosed Discharge Certificate #3702.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5552 Rank Plt Name Ducker B
 Intended place of residence Barton
 2. Occupation Dishman
 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
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

STATEMENT OF SERVICE

7. Enlisted for service 31.5.18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 436

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 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 in Charge
 The Royal Newfoundland Regiment

auth by roy 91 3702

21
21
9
21

The Royal Newfoundland Regiment

Class for Demobilization:—

67

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No. *5552*

Name

Lucher Bertram

Address

Triton West

Present Medical Category

A 1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

O.C. Discharge Depot

J. B. Brown
Senior Medical Officer

D. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. 5552 Rank Pls Name Harold B. Tucker
 Date of Enlistment 31-5-18 Address St. John's District St. John's
 Occupation Private Classification for Discharge E Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3 <u>3</u>
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 1-1-19O. 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 \$60.00
 (b) ~~Clothing Supplied~~ Ameliorated

Date 1-2-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112352 to his home at Palmer and Release Certificate No. 3498 issued.

Date 12-7-19

J.A. Knowlton
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 4-8-19

Date 12-7-19

J.A. Knowlton
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
E 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 12-7-19

J.A. Knowlton
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

A.R. Coope Cabot
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,

Fuckes B.

Signature of Man.

J. H. Snowcraft.

Signature of the Vocational Officer or his Representative.

Reg. No. 5352

Place

ST. JOHN'S

Date

12-7-19-

191

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

MEDICAL HISTORY

Surname Zucker OF Christian Name Bertram

Table I. GENERAL TABLE.

Birthplace:—Parish Trinton Parish County Her.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	21 st	May		
	at	St Johns.	at	
Declared Age	21	years		
Trade or Occupation	Frederman			
Height	5	feet 6 $\frac{1}{2}$ inches		
Weight		134 lbs.		
Chest Measurement	Girth when fully expanded	37 inches		
	Range of Expansion	3 inches		
Physical Development				
Vaccination Marks	Right		Right	
	Left	15 cuts	Left	
When Vaccinated	14 years ago			
Vision	R.E.—V=	6/12	R.E.—V=	
	L.E.—V=	6/12	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>James Parsons</u>			
(Rank)	Maj			
		Medical Officer.		Medical Officer.
Enlisted	at	St Johns.	at	
	on	21 st day of May	on	day of 191
		1918		
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
		1st Regt.		10052
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

Table II.—Only for admission to hospital or to the sick list in

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the causality, admissions and re-treatment of
	Day	Month	Year	Day	Month	Year			
M. J. D. Hospital	17	8	18	6	9	18	Mumps	20	Discharge
St. Mary Hospital Kilasa	20	2	19	15	3	19	Varicella 9 CT grain NU P.C.C.	28 26	9 CT grain Left Hand P.C.C.



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 *Tucker, Bertram*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5552*

Intended address *Sutton West, N. D. B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Jesse*

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 *Indian Burying Place, Aug. 30. 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) *Bertram ^{his} Tucker* (Rank) *Pte.*

Station **ST. JOHN'S.** *Wit. J. J. Walsh* Date *8-7-'9*

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 **DEPOT** Date

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

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

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

1. Unit and Corps. Royal Newfoundland 7. Former Trade or Occupation } Isbama
2. Regtl. No. 5552 3. Rank. Pvt 7a. If the soldier claims previous service in Army, he should state—
4. Name Dukes Bentley (a) Former Regts. or Corps, with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. 31
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. uu
12. Place of origin of disability. uu
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. uu

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

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

He complains of no disability

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

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 ?

Repatriation

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.

W. E. Proctor

Captn. Hauc

Station *Hazley Down*

Medical Officer in charge of case.

Date *10/11/19*

* 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.

August 1919

Mr. Bertram Tucker,
Triton, N.D.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... *Beatham* 2. Surname... *Jucker*

3. Rank... *Pte* 4. Regtl. No... *5552*

5. Address in full to which future payments of gratuity are to be forwarded... *Triton N.D.B.*

6. Date of enlistment in the Regiment... *May 30/18*

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... *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 field, if so, give dates and particulars of such service... *England only*

12. Give total length of time which you served on active service, whether in field or Overseas... *1 year 1 mo*

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?.....

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 R.A.F.?..... *No* If not give:- (a) Date of discharge. *July 12/19* (b) Reason for discharge. *Dismissed*

..... *Dismissed*

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 only*

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.

his
Bertin *Tricket*
Mark

Signature of Applicant:

Place of Residence: *Winton W.D.B.*

Declared before me at: *Winton*

This *12* 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 W. Cairney
J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
.....
.....
.....

Certified correct.

Raymaster

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Bertram G. Tucker

in respect of his service as No. 5552 Rank Pte.

Name B.G. Tucker Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received October 28

Signature Bertram G Tucker

Date Nov 1st

Address Tuton N. D Bay

[P.T.O.]

RECEIPT
FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

C.R. 55-5-2

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

NAME *5552 P. Bertram E. Tucker*

DATE *Jan. 9/20*
PLACE *Winton West.*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet *one*
C. D. Wicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.		Age on	years	months					
<i>1022</i>	<i>Lucker, Bedouin</i>		<i>21</i>		<i>Fisherman</i>				
Joined	Date	Place and Date of Enlistment	<i>St John's 21-5-18</i>		Religion				
Joined	Date				<i>Meth</i>				
Joined	Date	Period of	with Colours <i>1 7/8</i> years.		Place of Birth				
Joined	Date		with Reserve <i>3/16</i> years.			<i>St John's</i>			
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.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland Regt.* 7. Former Trade or Occupation } *Tradesman*
2. Regtl. No. *5555* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lucke* *Bestman* (a) Former Regts. or Corps ;
(Surname) (Christian Names) 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
(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. *29*
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 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.

Reparation

W. B. Proemier *Capt.* *R.A.M.C.*
 Medical Officer in charge of case.

Station *Hampley Down*

Date *1.2.1919*

* 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.

41112

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3532 Rank Pte Name Walter B. Tucker
 Date of Enlistment 31-5-18 Address Trinity District St. John's
 Occupation Fisherman Classification for Discharge By Medical Category 1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 11-7-19

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

B. H. Tucker
Mark
with wife

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192352 to his home at Indiana and Release Certificate No. 3498 issued.

Date 12-7-19

J.A. Knowlton
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 4-3-19

Date 12-7-19

J. H. Smith
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
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 12-7-19

J.A. Knowlton
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

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

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

Date Aug 7 19

W.H.T.

Reg. No. *5552* Rank *Pvt* Name *Lucker B.G.*

Attested Address *Fulton*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas..... *Jul 1* 191*9*

Returned on S.S. *Cassandra* Cause *Discharge*

12 7 19

PASSED TO DEMOBILIZATION OFFICER

26 7 19

DISCHARGE APPROVED ON DEMOBILISATION.