



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4940 Name Philip Tucker Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Philip Tucker</u> |
| 2. What is your full Address? | 2. <u>3 Bonbody Street</u>
<u>St Johns</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Philip 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.

Philip Tucker SIGNATURE OF RECRUIT.
James Arlie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Philip 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 entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 11 day of May 1915

Signature of Attesting Officer James Arlie

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the several 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Philip Tucker
 Apparent age 23 years 8 months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ignatius Tucker Bonclody
Street, St Johns | 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 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>6-5-18</u>					<u>Lance Cpl 21 1/8</u>				
Joined at <u>St Johns</u> on <u>May 6-1918</u>									
<u>Discharged July 30 1919</u>					<u>(Signature)</u>				
<u>Embarked St Johns train to Halifax N.S. 11-6-1918.</u>									
<u>To Newfoundland for demobilization 24-6-1919</u>					<u>(Signature)</u>				
<u>Arrived Newfoundland 27-1919</u>									
<u>Demobilization St Johns 30-7-1919</u>					<u>(Signature)</u>				
Total Service forfeited as above.....									
Total Service towards Engagement to <u>30-7-1919</u> (date of discharge) <u>1</u> years <u>86</u> days					<u>(Signature)</u>				
Pensions									

C.R. 4940

extract from Daily Orders Part II Depot St. John's dated
6th 1919. Unit Royal Newfoundland Regiment.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date 30-7-19.

4940, Pte. P. Tucker.

C.R. 4940

Extract from Daily Orders Part 11 Unit The Royal RFA.
19th.
Regt. St. John's, July 1919.

The discharge of the undernoted on demobilization has been
APPROVED by G.O. Discharge depot with effect from 16-7-19

4940 I/C. P. Tucker.

C.R. 4940

Extract from Daily Orders Part II Unit The Royal Field Artillery
St. John's, July 23rd 1919.

4940 L/Cpl. T. Tucker.

Reported at Headquarters 127-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

C.F. 4940

Extract from Daily Orders part 11, from Unit The Royal Field.
Regiment, St John's, dated June 14, 1918.

#4940 Pte. P. Tucker.

Embarked for Overseas with draft 11-6-18

Extract from Daily Orders part 11, from Unit The Royal Wfld
Regt. St. John's, dated May 7, 1918.

#4940 Pte. P. Tucker.

Attested for General Service with the Royal Wfld. Regt.
from 6.5.18.

T. Tucker

C.R.

4940

~~PRO~~

PD 100214



N8845/1643

From: NEWFOUNDLAND

CONTINGENT JUN 1919

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

To: Officer Commanding,
2nd Batt. Myl. Nfld. Regiment
Winchester. Hants.

19th June 1919

4940 L/Cpl. P. Tucker

With reference to the following telegram from the Minister of Militia / / 19 (22)

"Pay to- 4940 P. Tucker
£2. 0.0.

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

R. A. Minnall Maj.

Chief Paymaster & O. i/c records.

June 21st 1919.

Receipt hereunder.

R. P. Barton
Officer Commdg. 2nd BATT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £2.0.0

L. Jones in respect of telegraphic remittance from the Minister of Militia.

P. Tucker

No. *4446* Bank *HC.*

Witness: *Deery*

No. 2475/381.



From: ³ NEWFOUNDLAND CONTINGENT

Chief Paymaster & ^{9/10} Records,
Newfoundland Contingent,
Pay & Record Office,
58 Victoria Street,
London, S.W. 1.

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

Winchester

PD *067* *14/2/19*
13th February 1919

Feb 16th 1919

4940. I/Cpl. Tucker. P. *c*

Receipt hereunder.

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

Cham 47 LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. *2nd* Bate H.

"Pay to-4940. Tucker. P.

Received the sum of £ 7. 1. 3

£7.1.3.
Cheque £7.1.3. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Seven Pounds One Shilling Three Pence.
in respect of telegraphic remittance from the Minister of Militia.

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

P. Tucker
No. 4940 Rank L/C
Witness Cpl R. Mercier.

To: The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4940	Pte	Tucker J.	£250	J. Tucker

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

J. Tucker

Tucker, A.

4940

Pay sept.

July 31st 1919.

#4940. L/C. B. Tucker,
Boncloddy Street.

Dear Sir:

Enclosed please find Discharge Certificate
#3298.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4940 Rank L/Cpl Name Tucker P
 Intended place of residence Bonclady St - St John
2. Occupation Lumberman
 Classification of soldier E Medical Category AL
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 16 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 16 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 16 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 6-5-18 No. of days on Military
 Discharged from service JUL 16 1919 Plus 14 days Service 457

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 16 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 July 30 1919
 Officer in Charge
 The Royal Newfoundland Regiment

26
30
30
26

207 B 207 91 5298

The Royal Newfoundland Regiment

Class for Demobilization: E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 15/19

Regimental No. 4940

Name Luaker Philip

Address Bonabuddy St

Present Medical Category A-1

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

Members of Board {

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

H. Paterson
Senior Medical Officer

J. S. Sinden
M. O. Depot

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 1990 Rank Sergeant Name P. Tucker
 Date of Enlistment 6-5-18 Address Bonclodyth District St. John's
 Occupation Lumberman Classification for Discharge R Medical Category A.I.
 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
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 15-7-19

O. C. Discharge Depot H. M. W. #

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

P. Tucker

Particulars passed to Vocational Officer for information and action.

Date

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) Clothing Supplied

Date 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at Boulevard St and Release Certificate No. 3666 issued

Date 16-7-19

A. M. [Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to 30-7-19

Date 16-7-19

[Signature]
Depot Paymaster.

Discharge approved for 16-7-19

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

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
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 17-7-19

A. M. [Signature]
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 16 1919

H. R. Cooper Cable
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.

P. Tucker

Signature of Man.

Amblon

Reg. No. 4940

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

16-7-18

191

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

MEDICAL HISTORY

OF

Surname

Tucker

Christian Name

Philip

Table I.—GENERAL TABLE

Birthplace:—Parish

St John's

County

nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	6th	May 1918		191
Declared Age.....	at	St John's, nfld,	at	
Trade or Occupation		22 ⁸ / ₁₀ years —		days
Height		5 feet 5 inches		feet inches
Weight		155 lbs.		lbs
Chest Measure- ment { Girth when fully expanded....		39 inches		inches
	{ Range of Expansion..	4 inches		inches
Physical Development.....				
Vaccination-Marks {	Right	Left	Right	Left
	Arm	/	/	
Number				
When Vaccinated				
Vision	R.E.—V=	4/6	R.E.—V=	
	L.E.—V=	4/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Samuel Paterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's, nfld.	at	
	on	6th day of May 1918	on	day of 191
	Corps.		Corps	
	Regtl. No.	4940	Regtl. No.	
Joined on Enlistment.....	The Royal nfld Regt.			
Transferred to..				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission 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 Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Down	3	2	19	8	2	19	Influenza	5	Discharged to duty.	<i>W. A. M. C.</i> CAPT., R. A. M. 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 Office 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 Philip*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4940*
Intended address *Boncloddy St.*

Height on discharge *5* feet

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *None*

Christian name of Father *Ignatius*

Christian name of Mother *Ellen*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St. John's. 29 Aug. 1895*

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) *Philip Tucker*

(Rank) *S/Corpl.*

Station *St. John's* Date *15/7/99*

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 of 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 Newfoundland*
2. Regt. No. *44* 3. Rank..... *2 Cpl*
4. Name *Lucker Philip*.....
(Surname) (Christian Names)
5. Age last birthday... *24*.....
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?
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Date of Discharge;
(c) Opinion of Court (c) Cause of Discharge.
(d) Particulars of Pension or Gratuity
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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.
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 nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition?

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

He complains 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?

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 *Captain Rank*

Station *Hazeley, Devon*

Date *10/11/19*

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

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..... *Phelps* 2. Surname..... *Jaeger*
3. Rank..... *2nd Lt* 4. Regtl. No..... *4940*
5. Address in full to which future payments of gratuity are to be forwarded..... *16 Bonclady St. City*
6. Date of enlistment in the Regiment..... *Nov. 16/18*
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 Mfld. If so, give dates and particulars of such service.....
overseas
12. Give total length of time which you served on active service, whether in Mfld. or Overseas.....
fourteen months
- 1-2

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.

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

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 R.F.C.?
no (a) Date of discharge. Aug. 31.19 (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.

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: *P. Tucker*
 Place of Residence: *16 Bond Street, St. City.*
 Declared before me at: *St. John's*
 This *17* day of *July* 19*19*....

Signature of Barrister of the *John McCarthy*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.				Net amount
Date Paid	Paid	Paid	War Service	due
	to	to	Gratuity.	
	Beneficiary.	Dependent.		
.....
.....
.....
Certified correct.				Registrar

ST. JOHN'S, JUL 16 1919

Royal Newfoundland Regiment.

Billeting Account.

To Lt. P. Tucker

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

H9410 - Lt. P. Tucker 16.60

ACCOUNT	<u>3141</u>	INITIALS	<u>Recd</u>
CH NO		INITIALS	
TRD LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

Certified correct for \$ 16.60

M. Blouin

Billeting Officer.

Col. 1.

P. Tucker

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet one

Signature of O. C. Company J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>8440 Tucker Philip</u>	Age on	<u>23</u> years <u></u> months	<u>Sumberman</u>	<u>Promoted Lance Corporal 2/6-11-18.</u>
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion	
Joined	Date	Period of } with Colours <u>186</u> years. with Reserve <u>36</u> years.	Place of Birth		
Joined	Date		<u>St John's</u>		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 30 7/19.</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 19440 Rank L. Corporal Name Tucker P.
 Date of Enlistment 6-5-48 Address Bencliffdyke District St. John's
 Occupation Librarian Classification for Discharge 1 Medical Category A.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 15-7-49 O. C. Discharge Depot H. Mans H.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. P. Tucker

Particulars passed to Vocational Officer for information and action.

Date 15-7-49

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60
 (b) Clothing Supplied _____

Date 16-7-49 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at Bonellody St. and Release Certificate No. 3666 issued.

Date 16-7-19

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 30-7-19

Date 16-7-19

[Signature]
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

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

[Handwritten notes: 1, 1, 2, Form B]

Date 17-7-19

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratiuity

Date JUL 1 1919

[Signature]
O. C. Discharge Depot.

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

Date July 28/19

[Signature]

Reg. No. *4949* Rank *1st* Name *Zucker, J.*
Attested Address *Blanchard St.*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

15 7 19
16 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION

C.R. 4940

Army Form B, 179a

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. (1), 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 West Surrey Lancers* 7. Former Trade or Occupation } *Lumberman*
2. Regtl. No. *1940* 3. Rank... *R/Capt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Jukes* *Philip* (a) Former Regts. or Corps with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *24*
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 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. *no*
12. Place of origin of disability. *no*
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. *no*

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.)

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.

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. Procmier *Captn*

Station *Hazeley Down*

Medical Officer in charge of case.

Date *10/1/19*

* 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.