



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4187 Name George Tucker Corps 4th

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | I. |
| 2. What is your full Address? | 2. |
| 3. Are you a British Subject? | 3. |
| 4. What is your age? | 4. Years Months |
| 5. What is your Trade or Calling? | 5. |
| 6. Are you Married? | 6. |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. |
| 9. Are you willing to be enlisted for General Service? | 9. |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. |

I.....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.

George Tucker.....SIGNATURE OF RECRUIT.

.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I.....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..... on this.....day of.....191

Signature of Attesting Officer W. J. [Signature].....

†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.....1911..... } 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

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

Name Thomas Luckin

Apparent age 19 years months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 39 inches
Range of expansion 5 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin

Cable Union Street, Hull, Yorks 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> </u>									
Joined at <u> </u> on <u> </u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u> </u> [date of discharge] <u> </u> years <u> </u> days									
" " Pensions " <u> </u> [" "] <u> </u> " <u> </u> "									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4187 Name Thomas Luckie Corps Inf

4187

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Thomas Luckie</u> |
| 2. What is your full Address? | 2. <u>Cape Union Strait Belle Isle</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Boatman</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, Thomas Luckie 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.

H 1-13-17

Thomas Luckie SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Luckie 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. John's on this 14 day of Dec 1917

Signature of Attesting Officer W. J. ...

†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 1st

If enlisted by special authority, such will be attached to the original attestation.

Date Dec 14 1917 Place St. John's } 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 Thomas Lucken

Apparent age 19 years - months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Asaiah Lucken
Cape Queen, Christ Church, Barbados 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 Re-serve 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>1-12-17</u>									
Joined at <u>St John's</u> on <u>December 1-17</u>									
Exchanged at <u>July 12, 1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>12-7-19</u> (date of discharge) <u>1</u> years <u>224</u> days									
Pensions									

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

MEDICAL HISTORY

OF

Surname

Lucas

Christian Name

Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish *Cape Queen Strait, St. John's* County *Nfld.*

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	<i>1st</i>	<i>Dec</i> 1917		191
	at	<i>St John's</i>	at	
Declared Age	<i>19</i> years	<i>-</i> days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet	<i>8</i> inches	feet	inches
Weight		<i>145</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded...			inches
	Range of Expansion..		<i>37</i> inches	inches
		<i>5</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		
When Vaccinated				
Vision	R. E.—V=	<i>6/30</i>	R. E.—V=	
	L. E.—V=	<i>6/30</i>	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)	<i>L. Munro Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at	<i>St. John's</i>	at	
	on	<i>1st</i> day of <i>Dec</i> 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<i>1st Regt</i>	<i>Regt! 4187</i>		
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 hospital 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				
Military Inf. Dep. Hosp. St Johns	31	12	17	15	1	18	Mumps.	16	Discharged. Cured.	C. W. Borden
Ageley Down	14	3	18	2	MAR	1918	Measles	14	Recovered. Discharged 5 July	H. G. Lamm Capt R.A.M.C.

From: Ophthalmic Surgeon, Central Military Hospital
WINCHESTER.

To: Medical Officer in Charge

2nd Bn Royal Wilt Regt

Hazleydown.

2. 5. 18.

" REPORT OF VISION "

No. 4184. Pte Tucker. Y.

V.A. R.E. $\frac{6}{36}$

With correcting R.E. $\frac{4}{18}$
lenses.

Has ... L.E. $\frac{6}{36}$.

R.E. $\frac{6}{12}$
L.E. $\frac{6}{12}$

*Myopic cast eye
/ frames ordered*

Crumwell

Capt. R.A.M.C.
Ophthalmic Surgeon.

Note ... This Report should be attached to this man's Medical History Sheet for future reference please.

From: Ophthalmic Surgeon, Central Military Hospital
WINCHESTER.

To: Medical Officer in Charge

2nd Bn Royal Wilt Regt

Hazelley Down.

2. 5. 18.

" REPORT OF VISION "

No. 4184. Pte Tucker. Y.

V.A. R.E. $\frac{6}{36}$

With correcting R.E. $\frac{4}{18}$
lenses.

Has ... L.E. $\frac{6}{36}$.

R.E. $\frac{6}{12}$
L.E. $\frac{6}{12}$

Myopic cast eye

lenses ordered

Crumwell

Capt. R.A.M.C.
Ophthalmic Surgeon.

Note ... This Report should be attached to this man's Medical History Sheet for future reference please.

C.R. 4187.

Extract from Daily Orders Part II Unit The Royal WFLd.
Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from 18-7-19

4187 Pte. Thos. Tucker.

C.R. 4187

Extract from Daily Orders Part 11 Unit The Royal BFLA.
Regt. St. John's, June 19, 1919.

The discharge of the undernoted on demobilization has been
APPROVED By O.C. Discharge Depot with effect from 28-6-19.

4187 Pte. T. Tucker.

C.R. 4187

Extract from Daily Orders Part A2 Depot, Sg. Johns,

Date June 18th 1919.

4187, Pte. T. Tucker.

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

C.R.

4187

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#4187 Pte. T. Tucker.

C.R. 4187

Extract from Telegram despatched to Synoptical, London,
dated May 31, 1918.

Pay to as follows:-

#4187 Pte Tucker,

24.

C.R. 4187


May 16th, 1918

Isaiah Tucker Esq.,
Cape Onion.

Sir:-

Notification has been received by mail, that
your son #4187 Pte. Thomas Tucker, was admitted Hazeley
Down Hospital 14/3/18, suffering from Measles.

Yours faithfully,


Major,

Chief Staff Officer.

C.R. 4187

Extract from Casualties received from P.S.R.O. London,

Mar. 22, 1918.

IN HAZELLY DOWN HOSPITAL:

4187 Pte. Tucker, T.

Measles Adm. 14-3-18.

C.R. 4187

Extract of Nominal Roll to B. N. P. embarked
Folkestone 2-7-18

#4187 Pte. T. Tucker.

C.R. 4187

Extract from Personal Mail Draft "H" Company 2nd
Reg. Florida. Jan. 29th, 1918.

4187 Pte. Tucker T.

C.R. 4187

Extract from Daily Orders Part II Unit The Royal
Hild. Regt. St. John's, Dec. 3rd, 1917.

4187 Pte. A. Tucker.

Attended for General Service with 1st Hild. Regt. with
effect from Dec. 1st, 1917.

Medical Report on an Invalid.

Station Hazelton Down Camp
Date 30. 11. 19

1. Unit Royal Newfoundland. 7. Former Trade } Fisherman,
or Occupation }
2. Regimental No. 4187
3. Rank Pte
4. Name Lucker, J.
5. Age last birthday 21
6. Enlisted { on 30. 11. 19
at St John's
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

*(Other disabilities should be reported upon in answer to question No. 19).*nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of no disability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

u

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

u

16. Was an operation performed? If so, what?

u

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

u

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

u

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

u

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

W.K. J.

Major D. D. P.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *F. D. Camp*

Officer in charge of Hospital.

Date *30. 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.

† Delete this word if no exceptions are to be made.

Lucker, Mos.

4187

Hay Sept.

Cape Union

Nov. 18th 1921

Dear Sir

Will you please inform me as to
Whether I am entitled to any of the prize
money that is being distributed to Soldiers
and Sailors if so am entitled to it
I suppose I will receive it in any case
as I did my rations and ~~at~~
Victory and War medals

Yours Truly

(4157) Ex private Thomas Lucke

HL 1

PM

December 10th. 1921

Mr. Thomas Tucker,

Cape Onion,

Dear Sir:-

Referring to your letter of November 11th., I beg to advise that Prize Money is paid to members of the Royal Naval Reserve only.

Yours truly,

Major
Paymaster

July 1224
Aug 6542
Sept 12049
Oct 15661

Dec 26th

1919

9775

41 27

Dear Sir

While at St Johns about a month
ago I lost a ~~very~~ ^{rather} protetty check
to the amount of Seventy dollars
& reported the case to one of the
attendants at the Department
of Medicine and he told me that
nothing could be done at that
time but that he would
notify the Bank, Bank so that
the check if carried there would
be stopped

The chances are that the check
was not and never may be
picked up in that case my
seventy dollars will remain in
the Bank and I will never
get it unless you find me
another check

2

please let me know if
anything has yet been done
on if the check has been
found & remains in

Yours Truly

Ex. Junat Thomas Lucken
Cape Orion

St. Louis Belle 1919

Ch. was mailed to Cape
Orion 16/10/19 Just



Tucker (Ref)

Guinet

Nov. 29th

1030

Sec. G. W. U. A

Dear Sir

Perrai- Thomas Tucker No 4187 of Ship Cove Dist. St. Barths. states, that he got the militia Sept allow of there was any separation allowance allowed for his father who is in a debarred condition and is and has been dependent on him during and after the great war.

The militia Sept sent him papers to be filled out by his (Tucker) wife.

Tucker had no wife during the period of the war and not until very recently.

Perrai- Tucker brought me his or his wife papers to get filled up and signed but I refused to sign them, as his wife was not entitled to any money from that source, but I promised him I would write you to know if his father was legally entitled to any recompense as there has been

I may say that I personally know Tucker's father and can speak for him being very poorly provided for. The coming winter



(2)

19

hoping I am not trespassing on your time
but I have always made it a point to
keep out a return soldier at the same
time by to avoid agitation

I remain Dear Sir

Yours Respectfully

W. Alcock S. M.

December 14, 1920

Ex Pte. Thos. Tucker,
Ship Cove,
St. Barbe Dist.

Dear Sir;

With reference to letter to
Secretary G.W.V.A. from Mr. Alecock of Griquet, dated Nov. 29,
re Separation Allowance for your father, I enclose herewith
form of claim for same, which kindly have him complete in
the presence of a Magistrate or a Justice of the Peace, and
return to this Department.

Yours truly,

Major

Paymaster.

Enc.

July 12, 1919

#4187 Pte. Thomas Tucker,
Cape Onion,

St. Barbe Dist.

Dear Sir:-

Referring to your application I enclose cheque
for seventy dollars (\$70.00), being amount of first payment
due you on account of the War Service Gratuity.

Yours truly

Captain.
Raymaster & O.i/c records

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 *Thomas* Surname *Pucker*

3. Rank *O/C* 4. Regtl. No. *4187*

5. Address in full to which future payments of gratuity are to be forwarded..... *Cape Onion*

6. Date of enlistment in the Regiment..... *Nov. 30/17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

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

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier.....

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Nov. 30/17 to*

June 14/19 1. $\frac{1}{2}$

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?

No

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

No

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

No

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

No

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

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

June 14/19
Temporary

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.

France, Belgium & Germany from July/18 to April 1919

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.

Thomas Tucker

Signature of Applicant:

Place of Residence:

*Cape Orion, St Barb District
St John's, Nfld.*

Declared before me at:

This

14th

day of

June

19. *19...*

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

John McLaughlin

POST DISCHARGE PAY.

Date paid

and

paid

Soldier, Dependence

War Service
Classify.

Net amount
due

.....
.....
.....
.....

Certified correct.

Paymaster

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4187 Rank _____
Name Mueke J.

Returned for demobilization on

JUN 14 19

The Royal Newfoundland Regiment

Class for Demobilization:

E6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

13.6.19

Regimental No

4187

Name

Lucker L.

Rank

Pte.

Address

Cape Union

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. J. East Capt
O.C. Discharge Depot.

J. Labson
Senior Medical Officer

J. W. Burden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4187 Rank PLC Name Lucker J
 Date of Enlistment 1.12.17 Address Cape Onion District St. Barbe
 Occupation Fisherman Classification for Discharge 6 Medical Category A I
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400H	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 13.6.19

H. M. H.
Q. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £ 65.00

(b) Clothing Supplied _____

Date 14-6-19

O i/c. Re-clothing W. Leinster

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4187 Rank PLC Name Lucker J
 Date of Enlistment 1.12.17 Address Cape Onion District St. Barbe
 Occupation Fisherman Classification for Discharge 6 Medical Category A I
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400H	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 13.6.19

H. M. H.
Q. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £ 65.00

(b) Clothing Supplied While on service

Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 9712 to his home at Cape Union and Release Certificate No. 2775 issued.

Date 14-6-19 *J.A. Snow Capt.*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 12-11-19

Date 14-6-19 *J.A. Snow Capt.*
Depot Paymaster.

Discharged approved for 28-6-19
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
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
B179c	B 120	M 93		

2 Form B

Date 14-6-19 *J.A. Snow Capt.*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 28 1919 *R.H. Sait 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.

Thomas Tucker

Signature of Man.

Reg. No. _____

J. H. Snowlapt

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

14-6-19

191

July 12, 1919

#4187 Pte. Thomas Tucker,

Cape Onion,

Straits Ball Isle.

Dear Sir:-

Please find enclosed Discharge Certificate #2973.

Yours truly

Captain
Paymaster & Officer i/c Records

J. Tucker

C.R. 4187

PRO

Medical Report on an Invalid.

Station Hazelton Camp
 Date 30-4-19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 4184
- 3. Rank Pte
- 4. Name Fisher J.
- 5. Age last birthday 21
- 6. Enlisted { on 30-11-17
 at St John's
- 7. Former Trade or Occupation Fisherman.
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
 (b) Where?
 (c) Opinion?

16. Was an operation performed? If so, what?

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

to complain of no disability

ny

ny

ny

ny

ny

Repatriation

[Signature]

Major W. C. [Signature]
Capt. W. C. [Signature]

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except †

Station Hayles D. Camp

Date 30-4-19

Officer in charge of Hospital.

Opinion of the Medical Board.

Notes.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a) State whether the disability is clearly attributable to—

- (i) Service during the present war;
- (ii) Climate;
- (iii) Ordinary military service;
- (iv) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v) Whether it is constitutional or hereditary.

(b) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

President.

Station _____

Date _____

Members.

Approved.

Station _____

Date _____

Administrative Medical Officer.

*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.

† Delete this word if no exceptions are to be made.

No. 6723/775

038961
NEWFOUNDLAND CONTINGENT

N.F.P. 179.

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

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

~~Subject~~ 4th June 1918

Subject: 4187, Pte. T. Tucker,

With reference to the following telegram (4945) from the Hon. Minister of Militia, received

Pay to 4287 Tucker £4:0:0

Draft £ 4:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

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

June 8th 1918

Receipt hereunder.

Cham
LIEUT. COLONEL.
OFFICER COMMANDING
2ND BATTAL ROYAL NEWFOUNDLAND REGT.
1st Newfoundland Regiment

received the sum of Four
Pounds on account of
cable remittance from Newfoundland.

4 Tucker

No. 4187 Rank Private

TC, - The Chief Quartersmaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts 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.

Regtl. No.	Rank	Name	Amount	Signature
40 49187	Pvt	Sucker J	\$2 50	

I have the honour to be, Sir,
~~_____~~
Your obedient servant.

Date 28-6-18

J. Sucker



1ST. NEWFOUNDLAND REGIMENT,
ALLOTMENTS

I, T. Tucker, Regl. No. 1187
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3476	father	Thomas Tucker	Cape Onion Strait of Belle Isle	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) Thomas Tucker
 Officer Commanding

 Company
J. John
Dec 24 1917

(S) Thomas Tucker
 (Rank) Pvt.

FORM K

No 4563



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, T. Tucker, Regl. No. 1187 hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4176	Father	Mauch Tucker	Cape Owen Arable/Bell Ile	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]
 Officer Commanding
 _____ Company
[Signature]
[Signature] 1917

(S) _____
 (Rank) [Signature]

No. 4187 Name Jucker J. Sqn., Batty., or Company C Coy Royal Newfoundland Date of enlistment 1-12-17 O.C. (highest) _____ Service of Proficiency Pay _____
Date of last entry in Company Conduct Sheet _____ No. and date of last drunk _____ Period not reckoning towards freedom from extra fine _____ Sheet No. 1 Signature O.C. W. H. [unclear] Company, etc. _____

Army Form B. 127.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<u>River</u>	<u>29/3/19</u>	<u>Pte</u>		<u>Def of kit</u>	<u>Cd Mes Watson</u>	<u>pay for same</u>	<u>1-4-19</u>	<u>Inf. Bernard</u>	<u>was [unclear]</u>

(P.T.O.)

Reg. No. 4187 Rank Pfc Name Lucas A.
 Attested 1-12-17 Address Cape Quinn St of Pease & Co
 Allotment 60 Allottee Lucas A. Lucas
 Date of Allotment Jan 1. Returned from Overseas _____
 Embarked for Overseas _____ Cause _____

Vac 7-12-17 Incr 11-12-17, H.S. 18/12/17 - 27/12/17
 2nd Incr. 17/12/17, Ret 27/12/17, 3rd Incr 31/12/17
 adm. M. I. H. 31/12/17, Dis. 15.1.18

Receipt for Army Book 64

No. *4187* Name *Tucker*


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

Name *Thomas Tucker*

Date *August 12th 1920*

Place *Cape Union Pt Barke*

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



Casualty Form—Active Service.

Regiment or Corps *Royal Newfoundland*

1-12-1898

Rank *Private* Surname *Tucker* Christian Name *Thomas*

Religion *Meth* Age on Enlistment *19* years months

Enlisted (a) *1-12-17* Terms of Service (a) *Duration* Service reckons from (a) *1-12-17*

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

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and rate.....

Occupation *Seaman* Signature of Officer *W. H. ...*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>A I</i>	<i>Embarked ...</i>	<i>2 JUL 1918</i>	
		<i>28-6-18</i>	<i>Disembarked</i>	<i>5 JUL 1918</i>	
			<i>Joined Battalion</i>	<i>Field</i>	<i>9-7-18</i>
			<i>Arrived in UK</i>		<i>93/4/19</i>

Int

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One
Signature of O. C. Company [Signature]

Regiment of 1st Newfoundland

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Suckers Shot</u>	Age on	<u>19</u> years - months	<u>Postman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. John's</u> <u>1-12-17</u>	<u>Method</u>	
Joined		Date	Period of	Place of Birth	
Joined		Date			with Colours <u>224</u> years. with Reserve <u>365</u> years.

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's, 12th 19</u>					

To be carried over

Army Form B. 121.

Reg. No. 4187 Rank Pte Name Lucker, T.

Attested Address Cape Onion

Allotment Allottee

Date of Allotment Returned from Overseas 21-5-19

Returned on S.S. Corsican Cause Discharge

13.6.19
28.6.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

The Royal Newfoundland Regiment

4187

DEMobilIZATION OF
 Reg. No. 4187 Rank Plt Name Lucker J
 Date of Enlistment 1.12.17 Address Cape Orion District St. Barthe
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 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 13.6.19 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Thomas Lucker

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £ 65.00

(b) Clothing Supplied _____

W. Leighton

Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *8712* to his home at *base Union* and Release Certificate No. *2778* issued.

Date *14-6-19* *J.A. Snow Capt*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *12-1-19*

Date *14-6-19* *J.A. Snow Capt*
Depot Paymaster.

Discharge approved for *28-6-19*
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Form B

Date *14-6-19* *J.A. Snow Capt*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity
R.H. Sait Capt.
Date *JUN 28 1919*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date *June 30/19* *J.A. Snow Capt*

The Royal Newfoundland Regiment



PROCEEDINGS ON DISCHARGE

1. No. 4587 Rank Pte Name Tucker J.
 Intended place of residence Cape D'Or
 2. Occupation Fisherman
 Classification of soldier A Medical Category BT

3. The above named man is discharged in consequence of DEMobilization

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S
 Date JUN 14 1919 *J. M. Constable*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
JUN 14 1919
J. Tucker
 Signature of soldier
W. J. Constable
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
JUN 14 1919
Thomas Tucker
 Signature of soldier
W. J. Constable
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-12-17 No of days on Military
 Discharged from service 28-6-19 PLUS 14 DAYS Service 589

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
JUN 28 1919
R. H. Sait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld
July 12/1919
W. Bowley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

24132079/1919



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 *Lucas Thomas*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2157*

Intended address *Cape Union St. Barbs.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *W.D.*

Figure on discharge *Slim*

Christian name of Father *Joseph*

Christian name of Mother *Priscilla*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Pellys Id. 30 Nov. 1898*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *Thomas Lucas*

(Rank) *Private*

Station *St John's*

Date *12-6-19*

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

Station _____

Date _____

