



4 THE ROYAL NEWFOUNDLAND REGIMENT !

ATTESTATION OF

Not 776

Name *Geoffrey Tucker* Corps *Artillery*

Questions to be put to the Recruit before Enlistment.

- |  |                           |
|--|---------------------------|
| 1. What is your name? .....  | 1. <i>Geoffrey Tucker</i> |
| 2. What is your full Address? .....  | 2. <i>Colchester 118</i>  |
| 3. Are you a British Subject? .....  | 3. <i>Yes</i>             |
| 4. What is your age? .....   | 4. <i>20</i> Years .....  |
| 5. What is your Trade or Calling? .....  | 5. <i>Labourer</i>        |
| 6. Are you Married? .....  | 6. <i>No</i>              |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <i>No</i>              |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>Yes</i>             |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <i>Yes</i>             |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....            |
|  | Corps .....               |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <i>Yes</i>            |

I, *Geoffrey 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Geoffrey 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 .....

on this *29* day of *April* 191 *6*

Signature of Attesting Officer

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 *29 April 1916*

Place *Colchester*

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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Josephus Tucker  
 Apparent age 20 years 0 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Tucker  
William Henry Ray | 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 _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " Pensions " [ " " ] " " "									



4 THE ROYAL NEWFOUNDLAND REGIMENT!

ATTESTATION OF

No. 776 Name Theophilus Tucker Corps Artillery

Questions to be put to the Recruit before Enlistment.

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>Theophilus Tucker</u>     |
| 2. What is your full Address? .....  | 2. <u>Callisto St. R.</u>       |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                   |
| 4. What is your age? .....   | 4. <u>20</u> Years ..... Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Labourer</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 .....<br>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, Theophilus 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.

A. R.  
29-4

Theophilus Tucker SIGNATURE OF RECRUIT.  
J. James Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Theophilus 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. John's on this 29 day of April 1915

Signature of Attesting Officer J. James

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 April 29 1915  
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 Theophilus Tucker  
 Apparent age 20 years \_\_\_\_\_ months. Height 5 feet 0 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 5 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Tucker  
Colchester Ferry Bay | Relationship Father  
 Particulars as to Marriage \_\_\_\_\_

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or 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 ti. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>29-4-18</u>									
Joined at <u>St John's</u> on <u>April 29-1918</u>									
<u>Discharged July 11 1919</u>									
<u>Embarked on his train to Halifax N.S. 11-6-18</u>									
<u>Embarked for St. John's 26-10-18</u>									
<u>Disembarked France 26-10-18</u>									
<u>Joined Battalion in the field</u>									
<u>Admitted to Gen. Hosp. Rouen 17<sup>th</sup> 1919 transferred to 1st 3 1919</u>									
<u>Admitted to 1st Gen. Hosp. Rouen 23 1919 transferred then posted to 1st Ambulance Co. 22 1919</u>									
<u>to the 1st Ambulance Co. 25-9 1919 Casualties 1-6-19</u>									
<u>Admitted to 1st Ambulance Co. 4-7-19</u>									
Total service towards Engagement to <u>4-7-1919</u> (date of discharge) <u>1</u> years <u>67</u> days									
Pensions _____									

No. *77* Name *Lester T.*Sqn., Batty.,  
or Company } *1*

Corps ROYAL NEWFOUNDLAND REG

Date of  
enlistment } *1914/10/10*G.C.  
Badges } Service or  
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. *One*Signature } *H. M. Linnell*  
D.C. Company, etc. }

Character }

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
<i>Leeds</i>	<i>10/1/14</i>	<i>4th Lt.</i>		<i>Lt. C. King - 1st Lt. King - 1st Lt. King</i> <i>1st Lt. King - 1st Lt. King - 1st Lt. King</i>	<i>1st Lt. King</i>		<i>14/1/19</i>	<i>Major King</i>	<i>Pay for Service</i>

C.R. 4778

Extract from Daily Orders Part 11 Depot, St. John's,

Date 3-6-19

4778 Pte. T. Tucker

Reported at Headquarters 3-6-19

on "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4778

Extract from Casualties received from Pay & Record Office,  
Mar. 24th, 1919.

4770 Pte. T. Tucker.

4778

Was discharged from Mile End Mil. Hosp. on 20-3-19. Granted  
furlough to 29-3-19. Classified 1 Duty.

GR 4778

Extract from Daily Orders Pat 11 by Lt. Col. B.J. Burton

D.S.O. Commanding Royal Newfoundland Regt. 24-3-19.

The following having reported back from the 1st  
is taken on the strength and posted to "H" Company from  
22-3-19.

4778 Pte. D. Tucker



# NEWFOUNDLAND POSTAL TELEGRAPHS.

C-number No. \_\_\_\_\_



**Cable Connection with all the World**

C.R. 4778

## All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address Dept. of Militia,

Line Number	Rcd	By	Sent	by	Check

*Dated*

Mar 7th, 1919

*To*

Samuel Tucker, Elliston, T.B.

Regret to inform you that Record Office, London, officially reports **Bo. 4778, Private Theophilus Tucker at Mile End Military Hospital London suffering from influenza.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

**FOR TYPEWRITER**

C.R. 4778

Extract from telegram from Syn. to Mil. dated March 6th., 1919.

Mile End Military Hospital. Influenza

#4778 Tucker.

C.R. 4778

..... Extract from Casualties received from Pay & Record Office,  
..... London, Mar. 6th, 1919.

Admitted to Mile End Military Hospital Bancrest Road, E.I.  
3-8-19.

4778 Pte. T. Tucker

Influenza

C.R. 4778

Extract from Daily Orders Part II Unit The Royal NFA.  
Regt. "In the Field" 31-3-19.

4778 Pte. T. Tucker

Invalidated to U.K. 1-3-19

C.R. 4778

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. Depot St. John's, June 10th, 1919

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 20-6-19.

4778 Pte. T. Tucker

C.R. 4778

Extract of War Office List No. H.A. 35116 from Pay  
& Record Office, London, dated Feb. 28th/19.

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ADMITTED TO 6 General Hospital Rouen 17 Feb'19.

Influenza Severe.

#4778 Pte. T. Tucker.

C.R. 4778

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt  
By Lt. Col. T. G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18

The following joined the Bn. 3-11-18

4778 Pte. T. Tucker.

D Coy.

C.R.4778

Extract from General Roll Re-inforcement Draft No. 55 Subscribed Folkestone,  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.N.F.

4778 Pte. Tucker, T.

M.P.



C.F. 4778

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

#4778 Pte. T. Tucker.

Embarked for overseas with draft 11-C-18

C.R. 4778

Extract from Daily Orders part 11, from Unit the Royal  
Newfoundland Regiment, St. John's, dated April 30, 1918.

#4778 Pte. T. Chalker. <sup>T</sup>UCKER

Attested for General Service with The Royal Newfound-  
-land Regiment, from 29/4/18.

T. Tucker

C.R. 4778

~~1110~~

**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 Artillery* 7. Former Trade or Occupation }
2. Regtl. No. *4778* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ludlow* *Leopold* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *20*
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 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 general disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil:"
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

*No complaint of no disability*

16. Was an operation performed? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

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

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

*Refabrication*

*W.E. Proctor - Capt Rame*

Medical Officer in charge of case.

Station *Haystack*

Date *28-3-19*

\* 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

FORM K



No. 4432



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Theophilus Tucker, Regl. No. 4778  
 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 <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4200	Mother	Mrs. Samuel (Grace) Tucker, Elliston,	T. Bay	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.) J. V. [Signature]  
 Officer Commanding  
A Company  
St. John's  
8-6-1918

(S) Theophilus Tucker  
 (Rank) Pte



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 the year.  
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4778	Pte	Lucker J.	\$250	Thompson's Tucker

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

J. Tucker

Date

July 1/18



Tucker, T.

4778

Ray Sept.

July 5, 1919

#4778 Pte. Theophilus Tucker,

Elliston, T.B.

Dear Sir:

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

Yours truly

Raymaster & U.i/c Records, Captain.

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. 1918.

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... *Theophilus*... Surname... *Jucker*...

3. Rank... *Private*... 4. Regt. No... *4778*...

5. Address in full to which future payments of gratuity are to be forwarded, *Mrs. Samuel Jucker*...  
*Elliston*...

6. Date of enlistment in the Regiment... *April 28<sup>th</sup> 1918*...

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge...  
*none issued*...

8. Relationship of such dependents... *mother*... *Amc*

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

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Overseas June 10<sup>th</sup> 1918 to June 1<sup>st</sup> 1919*... 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.

*no*

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? *no*

19. Are you now serving in the Res? *no*. If not give - (a) date of discharge. *June 6<sup>th</sup>*

(b) Reason for discharge. *Trans. Obliged Temporary*

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 Oct 20<sup>th</sup> 1918. Belgium. During November 1918.*

21. (a) Are you receiving treatment from the War Rel. Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *no*

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

Signature of Applicant: *Sto Shephula Tucker.*  
 Place of Residence: *Ellisford T. B.*  
 Declared before me at: *N. Lewis, Wfld*  
 This *7th.* 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 W. Carthy*

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

July 4, 1919

#4778 Pte. Theophilus Tucker,

Elllston, B.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2392.

Yours truly

Paymaster & Officer i/c records. Captain.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4778 Rank Plt Name Tucker J  
 Intended place of residence Elliston Bonanza  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A'

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 6 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 and date ST. JOHN'S .....  
JUN 6 1919 .....  
 Signature of soldier J. Tucker  
 Signature of witness M. Bloustein

### 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 6 1919 .....  
 Signature of soldier J. Tucker  
 Signature of witness James C. Newman

### STATEMENT OF SERVICE

7. Enlisted for service 29-4-19 No of days on Military .....  
 Discharged from service 30-6-19 plus 14 days Service 432

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S .....  
JUN 20 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, Nfld .....  
July 4/1919 .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

2013 2079/2392

2  
31  
30  
4  
67

# The Royal Newfoundland Regiment

Class for Demobilization:—

*H*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *4-5-19* .....

Regimental No. *4775* .....

Name *J. Mackin* .....

Address *Elliston T.B.* .....

Present Medical Category *A.T.* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. Jant Capt.*  
.....  
O.C. Discharge Depot.

*L.P. Paterson*  
.....  
Senior Medical Officer

*Geo. Burden*  
.....  
~~M.O. Depot~~



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 778 Rank Pvt Name Lucher J  
 Date of Enlistment 29.4.18 Address Edmonton District Beranda  
 Occupation Truckman Classification for Discharge E 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 5.6.19 .....

H. M. Smith  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### i. Civil Re-Establishment.

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

J Lucher

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

\$6000

(b) Clothing Supplied.....

Am. Johnston Lt

Date 6-6-19 .....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 1503 to his home at Elleston, Bonar Release Certificate No. 2368 issued.

Date 6-6-19 *J.A. Shaw 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 4-7-19

Date 6-6-19 *H. H. H. H. H.*  
Depot Paymaster.

Discharge approved for 20-6-19

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

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	1
F 173	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form. B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 6-6-19 *J.A. Shaw Capt.*  
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 JUN 20 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*

*S. Lucher*

Signature of Man.

Reg. No. *4778*

*J. D. Snow Capt.*

Signature of the Vocational Officer or his Representative.

Place

*M. Johns*

Date

*6-6-19*

191

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

**MEDICAL HISTORY**

OF

Surname Lucker

Christian Name Theophilus

Table I.—GENERAL TABLE.

Birthplace:—Parish Elliston County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>29</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	at <u>St Johns</u>	at		
Declared Age	<u>20</u> years	—	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>5</u> inches	feet	inches
Weight	<u>128</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>36</u> inches			inches
	Range of Expansion... <u>4 1/2</u> inches			inches
Physical Development				
Vaccination Marks	Arm	<u>1 Scar</u>		
	Number			
When Vaccinated	<u>1 mo ago</u>			
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	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>Lammert Paterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>St Johns</u>	at		
	on <u>29<sup>th</sup></u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt</u>	<u>4778</u>		
Transferred to	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>			
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				

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



Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission or treatment
Day	Month	Year	Day	Month	Year			
3	3	19	20	3	19	X Infl. Mio Ear Suppur Deafness	18	

ist in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of  
and re-admissions to hospital will be shown. The subsequent progress, including particulars  
ment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

*treated & relieved*


*W. P. G. C.*

**Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.**

Date	Brief Details, and Signature
30.4.18	Vac. LP
7-5-18	T.A.B. LP
17-5-18	T.A.B. LP
4-6-18	do LP

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as fit for discharge on demobilisation. Medical category \_\_\_\_\_

4-5-19.  
Date of T.I.D.B.

  
 Discharge As per Medical Officer

**Table IV.—SERVICE TABLE.**

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4778 Rank \_\_\_\_\_

Name Lucker J \_\_\_\_\_

Warned for demobilization on

JUN 6 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 *Theophilus Tucker*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4778*

Intended address *Elliston I.B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *Samuel*

Christian name of Mother *Annie*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Elliston, Dec 18, 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) *Theophilus Tucker.*

*Pte*  
(Rank)

Station *St Johns*

Date *4-6-19*

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.

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

Station

Date

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

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

1. Unit and Corps. *Royal N.F.L.D.* 7. Former Trade or Occupation }  
 2. Regtl. No. *4278* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Incker* *Thasphulus* (a) Former Regts. or Corps; with Regtl. Nos.  
 (Surname) (Christian Names)  
 5. Age last birthday. *20*  
 6. Posted for duty on..... at..... in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i.) Service during the present war .. .. . ✓
- (ii.) Previous active service.. .. . ✓
- (iii.) Climate in pre-war service .. .. . ✓
- (iv.) Ordinary military service before the war .. .. . ✓
- (v.) Serious negligence or misconduct on the man's part. } .. .. . ✓

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

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.)

*Complains of no disability.*

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

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W. E. Procurier, Cap-Ramc.*

Medical Officer in charge of case.

Station *Hareley, Havant.*

Date *28-3-19*

\* 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

**Casualty Form—Active Service.**



Regiment or Corps **ROYAL NEWFOUNDLAND REG.**  
 Rank *Pte* Surname *Tucker* Christian Name *Joseph*  
 Religion *meth* Age on Enlistment *22* years *11* months  
 Enlisted (a) *29/4/18* Terms of Service (a).....DURATION..... Service reckons from (a).....  
*R.F.B. 1913*  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended (.....) Re-engaged (.....) Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation *Fisherman* Signature of Officer *J. M. ...*

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.215, 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.215, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...		<i>26 OCT 1918</i>	
		Disembarked...		<i>3 NOV 1918</i>	
		6 Gen. Hosp. Adm. Influenza Ser. <sup>Joined Battalion</sup> Ex 6 Gen to England. <i>by "Goonka"</i>		<i>17-2-19</i>	<i>LtB 35116</i>
				<i>11/3/19</i>	<i>676883</i>
		<i>AM ...</i>			<i>Capt for Lt Col. 1/2 No 1 Inf. Sect.</i>

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W. 188. P. 1124. 1,000,000. 8/18. P. 4/3. Army Form B.103. (E. 1266.)

*nestofkin* Father, Samuel Tucker, Elliston St. ...

C.R.

General Delivery  
Moncton N.B.  
Nov 24<sup>th</sup> / 19



To: Depart. of Militia  
St John's

Dear Sir

Is it necessary that I should have some paper, to certify that I can wear this "riband." Am I entitled to a "discharge badge." Please oblige by reply.

I remain,  
Yours truly  
Theophilus Tucker.

Proprietor

no  
no.

4778

# FORM K

Nº 4432



## 1ST. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Theophilus Tucker, Regl. No. 4778  
 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 <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4200	Mother	Mrs. Samuel, (Grace) Tucker, Elliston,	T, Bay	60
			Total Allotment, \$	60

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

Sig.) [Signature]  
 Officer Commanding  
 A. Company  
St. John's.  
8.6.18

(Sig.) Theophilus Tucker  
 (Rank) Pte.

March 2, 1920

Theophilus Tucker,  
c/o Gen. Delivery  
MONROTON,  
N.S.

4778

Dear Sir:

With reference to your letter of November 24th. I beg to advise you that there is no certificate issued with the distribution of Riband. Of course there are certain regulations which entitle you to wear it or not, as the case may be.

With reference to the latter part of your letter concerning a Discharge Badge, I beg to advise you that as you were not discharged through disability, you are not entitled to a Badge.

Yours truly,

Capt.  
For Paymaster.

*Transportation*  
*619*  
*W. J. [unclear]*  
*W. J. [unclear]*

April 29th. 1918.

The Royal Newfoundland Regiment,  
 4778  
 To T. Tucker, (Recruit).

To Passage from Elliston to St. John's.	\$4.50.
To Meals from Elliston to St. John's.	<u>\$1.60.</u>
(As per Voucher).	\$6.10

*W. J. [unclear]*  
*Shephard's Trustee*

*Geo. Leary* MAJOR  
 Commanding Depot  
 First Newfoundland Regiment,  
 ST. John's, N.S.



C.R. 4778

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name.....*Theophilus Tucker.*

Date. *Nov. 24<sup>th</sup> / 19.*

Place. *Moncton, N.B.*

*Canada.*

RECEIPT.

C.R.

4778

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

4778  
NO. .... NAME ..... Theophelus Tucher

DATE .....  
Mar 4 1920

PLACE. 88 1/2 Cornhill St  
Cambridge  
Mass

Elliston  
Trinity  
Bay

Receipt for Army Book 64

No. 4778 Name T. Tucker

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

Name Theophilus Tucker

Date Oct 10/20

Place 88 Columbia St  
Cambridge Mass

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

20/20  
20/20

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Regiment of *Royal Newfoundland*

Number of Sheet *521*  
Signature of O. C. Company *G. J. Garnish*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.		Age on	years	months			
<i>1778</i>	<i>Tucker T.</i>	<i>20</i>			<i>Fisherman</i>		
Joined	Date	Place and Date of Enlistment			Religion		
Joined	Date	<i>24. 11. 14</i>			<i>Method.</i>		
Joined	Date	Period of } with Colours with Reserve			Place of Birth		
Joined	Date		<i>67 years.</i>	<i>35 years.</i>	<i>Elliston, N.B.</i>		

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
<i>HAZELEY COVE CAMP</i>	<i>1/19</i>	<i>Pr.</i>		<i>Drunk causing a disturbance at barracks</i>	<i>Capt. J. Jones</i>	<i>Admonished</i>	<i>3/19</i>	<i>Capt. Han.</i>	<i>[Signature]</i>
				<i>Demobilized</i>	<i>St John's</i>		<i>4/19</i>		

To be carried over

Army Form B. 121.

Reg. No. 4778 Rank PC Name Luckey, J.

Attested U Address Elleaton

Allotment..... Allottee .....

Date of Allotment..... Returned from Overseas 29-5-19

Returned on S.S. Corsica Cause Discharge

5-6-19

~~PASSED BY~~

~~INSPECTOR~~

20-6-19

~~INSPECTOR APPROVED OF THE VALIDATION~~

4778

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4778 Rank. Private Name Lucker J  
 Date of Enlistment. 29. 11. 18 Address Elliston District Bonaville  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 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 5.6.19 O. C. Discharge Depot. H. Munsie

### 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 AM Plouster

Date 6-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R-1503 to his home  
Elleston Bonar and Release Certificate No. 2368 issued.

Date 6-6-19 J. H. Shaw 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 4-7-19

Date 6-6-19 J. H. Shaw Capt.  
 Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 6-6-19 J. H. Shaw Capt.  
 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 JUN 20 1919 R. H. Sait Capt.  
 O. C. Discharge Depot.

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

Date June 11/1919 J. H. Shaw Capt.