



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5047 Name Alexander Lucker Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? Alexander Lucker
2. What is your full Address? Bunyans Cove 12.13
3. Are you a British Subject? Yes
4. What is your age? 19 Years 12 Months
5. What is your Trade or Calling? Yesterman
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? Yes 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? Yes

I, Alexander Lucker 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.

Alexander Lucker SIGNATURE OF RECRUIT.
J. Daymond SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alexander Lucker 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 15 day of May 1916.

Geo. S. Boutwell 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 May 15 1916

Place } Approving Officer.

The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

3704

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

Name Alexander Sucker
 Apparent age 19 years months. Height 5 feet 11 1/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Sucker
Bungay Creek - B/B Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards actual engagement reckons from <u>15-5-18</u>									
Joined at <u>St. Helens</u> on <u>15-19-18</u>									
Discharged <u>July 14/1919</u>									
<u>Embarked St. Helens S. F. Columbella to Halifax 23rd 78</u>									
<u>Embarked for B.C. 23rd 78</u> <u>Disembarked India 28th 78</u>									
<u>Joined Bath 5th 79</u> <u>Transferred from Racer 22nd 79</u> <u>Arrived Newcastle 23rd 79</u>									
<u>Transferred down for demobilization 22.5.1919</u>									
<u>Arrived to embark down 1-6-1919</u>									
<u>Demobilization St. Helens 14-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>14-7-1919</u> (date of discharge)									
Pensions									

Total Service towards Engagement to 14-7-1919 (date of discharge) 1 years 61 days

Binnycans Cove

Bonaville Bay

Oct 11 1919

C.R. 5047

Minutes of Tribunal
Dear Sir

I am
writing for my
service pension
as I am not in
a position to call
for it

I remain
yours truly
ex Private
Alexander Tuck
No. 5047.

Richardson
17/10/19

C.R. 5047

extract from daily orders Part II Royal Newfoundland Regiment
depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c records from noted date
14-7-19.

5047, Pte. Alexander Tucker.

C.R. 5047

Extract from Daily Orders Part 11 Unit The Royal Nfld.
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 30-6-19.

5047 Pte. A. Tucker.

C.R. 5047

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

Date

June 18th 1919.

5047, Pte. A. Tucker.

Reported at Headquarters

1/6/19.

RE "Corsican"

which sailed Liverpool. May 22/1919.

C.R. 5047
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.

5047/1e. A. Treker .

C.R. 5047

Extract from Nominal Roll of draft No. 56, from the 2nd.,
Battalion, Winchester to the 1st., Battalion of the
Newfoundland Regiment, Embarked Southampton, 25/11/18.

#5047 Pte. A. Tucker.

C.R. 5047

Extract from Daily Orders part 11, from Unit The Royal
Wfld. Regt. St. John's, dated July 25, 1918.

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

#5047 Pte Alex. Tucker.

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 16, 1918.

#5047 Pte. A. Tucker.

Attested for General Service with the Royal Nfld. Regt.
from 15.5.18

A. Tucker

C.R.

5047

~~P. 190~~

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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *1047* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Lucker* *Alex*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *Apr 15/18*, at *St. Johns*
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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *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.)

He employs no dentures

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. Thomas
Capt R.A.M.C.

Station *Bury St. Edmunds*

Date *29/4/19*

Medical Officer in charge of case.

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Alex Tucker, Regl. No. 5047

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 60 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 1-7-15.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4437	Father	Mr Joseph Tucker	Bunyons Cove Bonaville 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
[Signature] Company
 Nfld Regt
 June 26th 1915

(Sig.) Alex Tucker
 (Rank) Pte G. Ginnell

Tucker, A.

5047

Hay Sept.

July 14, 1919

#5047 Pte. Alexander Tucker,

Bunyan's Cove, B. B.

Dear Sir:-

Please find enclosed Discharge Certificate #2999

Yours truly

Raymer & O. i/c ^{Captain,} Records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5047 Rank

Name Mitchell A

Warned for demobilization on

JUN 16 19

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5047 Rank P6 Name Tucker R
 Intended place of residence Bungay Cove
2. Occupation Fisherman
 Classification of soldier E Medical Category A1
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 16 1919 Comanding 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 16 1919 Signature of soldier
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
JUN 16 1919 Signature of soldier
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-5-18 No of days on Military
 Discharged from service 30-6-19 PLUS 14 DAYS Service 426

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
JUN 30 1919 Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. Johns, Nfld.
July 14 1919 Officer in Charge
The Royal Newfoundland Regiment

A 482079/2999

The Royal Newfoundland Regiment

Class for Demobilization:—

Lo

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 16. 6. 19

Regimental No 5047

Name Fuchs Alex Rank pl

Address Bunyan's Cove B. B

Present Medical Category A-7

Recommended for:— (a) Immediate discharge
(b) Standard Medical Board

Members of Board

R. H. Sait Major
O.C. Discharge Depot.

R. Brown
Senior Medical Officer

S. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5017 Rank Plt Name Tricker, Alex
 Date of Enlistment 15.5.18 Address Bonnyville, District Bonaville
 Occupation Fisherman Classification for Discharge F. 1 Medical Category A. 1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	5
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 16-6-19 O. C. Discharge Depot. J. H. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. L
ltd [Signature] mail A X Tricker

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 16-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Traveling Warrants No. ⁷¹⁸²⁴³ to his home at Birmingham, Ala. and Release Certificate No. 1840 issued.

Date

16-6-19

J.A. Snowlett

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

Date

16-6-19

14-7-19
J. W. Stewart

Dep't Paymaster.

Discharge approved for

30-6-19

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

N.F. P36	B 288	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 Fam. B

Date

16-6-19

J.A. Snowlett

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 30 1919

R.H. Jant

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 ~~Turner~~ Occupation.

Turner A.

Signature of Man.

Reg. No. 5047

J. A. Crawley
Signature of the Vocational Officer or his Representative.

Place

At 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

Surname Tucker OF Christian Name Alexander

Table I.—GENERAL TABLE.

Birthplace:—Parish Buryns Cove County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	15 th day of <u>May</u> 191 <u>9</u>	<u>St. Johns</u>	day of	191
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>4 1/2</u> inches		feet	inches
Weight	<u>124</u> lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded	<u>34</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<u>6/12</u>	R. E.—V=	
	L. E.—V=	<u>6/15</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>Wm. L. Paterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at <u>St. Johns</u>		at	
	on	day of 191	on	day of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal 5047</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. I. C. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Alexander Tucker*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5047*

Intended address *Bunyan's Cove. B.B.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Joseph*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Elliston, 26th Feb. 1899*

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) *Alexander Tucker* *PT*
Witnessed by *Wm. J. G. G. G. G.* (Rank)

Station *St. John's* Date *14.6.19*

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



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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Postman*
2. Regtl. No. *5047* 3. Rank. *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lucker Alex* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *21*
6. Posted for duty on *apl 15/18* at... *A. J. Johnson* 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 | } na | |
| (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? } | | na |

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

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.S. Prosser

Capt. Rank

Medical Officer in charge of case.

Station *Hazley Down*

Date *29/4/19*

* 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

July 16, 1919

#5047 Pte. Alexander Tucker.

Bunyan's Cove, B.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

Captain & Paymaster

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name *Alex Mc* 3. Surname *Tucker*
3. Rank 4. Regtl. No. *3049*
5. Address in full to which future payments of gratuity are to be forwarded..... *Buayan's Cor., P.B.*
6. Date of enlistment in the Regiment..... *May 15/18*
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 Hfld. If so, give dates and particulars of such service..... *Oversea*
-
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *From May 15/18 to June 16/19* 12

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 Regt.?..... *No* If not give? - (a) Date of discharge.....

16/1/19
Superstition
to a p.c. 11/19
Reason for discharge.....
Seas blazin
from Sept. 1918

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

.....
.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

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

his
Alex + Parker
mark

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Burgan's Cove A.B.
M. Johns, Ufld.
17th day of June 1919.

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

John McCarthy
J.P.

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

Receipt for Army Book 64

No. 5047 Name A. Tucker

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

Name A. Tucker

Date August 20th 1920

Place Bunyan, Conn. B. Bay.

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
29.Number of Sheet 104Regiment of Royal NewfoundlandSignature of O. C. Company P. D. Wicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	19 years months	Fisherman	
5017	Tucker Alex	Place and Date of Enlistment	St Johns 15.5.18	Religion	
Joined	Date	Period of	with Colours 1 1/2 years. with Reserve 3 1/2 years.	Meth	
Joined	Date			Place of Birth	
Joined	Date	Bungay Cove N.D.			

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
Regimental Camp	16/9.18	Pte		Duty on Parade 10 (Rifle, Boots, Belt)	Sgt Noel	3 days CB	17/9.18	Capt W. H. King	W.H.K.
				Demobilized St John's					14 7/19

To be carried over

COPY.

C.R. 5047

April 23rd 1920.

Dear Sir:-

I have been informed that you have a rifle and bayonet in your possession since last year. I am endeavoring to close up the Militia Office, and am having these outstanding rifles and bayonets collected. Of course, I can appreciate the fact that you would like to keep these as souvenirs, and also possibly for use, but I am afraid that cannot be. These rifles and bayonets are the property of the Government and were purchased from the Imperial Government. Will you, therefore, please take the necessary steps to have them returned as soon as possible.

I do not want you to have any unnecessary expenditure in this connection, so if you will take them to the Magistrate Mifflin at Greenspond or some other suitable person, they will undertake to have them sent to St. John's. If you prefer to return them direct please let me know what your expenses are.

I hope to hear from you in the near future.

Yours faithfully,

Lieut. Colonel.
Chief Staff Officer.

- 4959 Ex. Pte. L. Fry,
Charleston, Southern Bay, B.B.
- 3356, Ex. Pte. Cater Hunt,
Fair Islands, B.B.
- 5241 Ex. Pte. Leander Paul,
Deer Island, B.B.
- 3885 Cpl. W.J. Cuff,
Port Blanford.
- 3956 Ex. Pte. Wm. Green,
Port Blanford.
- 5047 Ex. Pte. Alec. Tucker,
Bunyan's Cove.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5047 Rank Pvt. Name Tricker Alex
 Date of Enlistment 15-5-18 Address Brimington District Bonaville
 Occupation Fisherman Classification for Discharge F7 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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 16-6-19 *J. H. [Signature]*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am, Li in a position to resume civilian occupation.
A X Tricker
Li McLennan mark

Particulars passed to Vocational Officer for information and action.

Date 16-6-19 *[Signature]*

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied [Signature]

Date 16-6-19

O i/c. Re-clothing

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5017 Rank Pvt. Name Tricker Alex
 Date of Enlistment 15-5-18 Address Brampton District Brampton
 Occupation Fisherman Classification for Discharge F 1/2 Medical Category A 1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1 st 36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 121.5	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 16-6-19 O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Let. Tricker
mark

Particulars passed to Vocational Officer for information and action.

Date 16-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £ 0.00

(b) Clothing Supplied None

Date 16-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R 18244 to his home at 1111 1/2 St. N. S.W. Ottawa, Ont.

Date 16-6-19

NO. MOITASINBOM

J.A. Shaw
Demobilization Officer

4. Pay and Allowances:

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

Date 1-1-19

J.A. Shaw
Depot Paymaster.

Discharge approved for 30-6-19

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

N.F. 130	B 203	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd.	" 3
B 178	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		

2 Form B

Date 16-6-19

J.A. Shaw
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents:

JUN 30 1919

Eligible for War Service Gratuity

Date

O. C. Discharge Depot.

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

Date June 30/19

Shaw
for records

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P-18243 to his home at 1111 1/2 W. 4th St. and Release Certificate No. 1111 issued.

Date 16-6-19 J.A. Shaw left
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 11-1-19

Date 11-1-19
Depot Paymaster.

Discharge approved for 30-6-19
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 349C	B 122	Board Ist.	" 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 16-6-19 J.A. Shaw left
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date JUN 30 1919 Eligible for War Service Gratuity
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date June 30 1919

Reg. No. *5047* Rank *Pte* Name *Lusk, G.*

Attested Address *Bungans Cove*

Allotment Allottee

Date of Allotment Returned from Overseas *29 579*

Returned on S.S. *Corsican* Cause *Discharge*

16.6.19
30.6.19

PASSED TO DEMOBILIZATION OF

DISCHARGE APPROVED ON DEMOBILIZATION



CANADA

DEPARTMENT OF VETERANS AFFAIRS

DEPARTMENT OF
VETERANS' AFFAIRS
APR 2 1957
WAR SERVICE RECORDS
OTTAWA - CANADA

IN YOUR REPLY REFER TO FILE NO.

DVA: 95-7-1 Vol.

1 WSR 5A

RECORD OF SERVICE

ROYAL NEWFOUNDLAND REGIMENT

Service Rank and/or Number	5047	Name	Alexander TUCKER
1. Age on Enlistment:			19 Years
2. Date and Place of Appointment or Enlistment:		15th May, 1918	St. Johns, Newfoundland.
3. Theatres of Service:			NEWFOUNDLAND - ENGLAND - FRANCE
4. Date and Place of Discharge:		14th July, 1919	St. Johns, Newfoundland.
5. Reason for Discharge:			"Demobilisation"
6. Rank on Discharge:			Private
AWARDS:			BRITISH WAR MEDAL

NOTE:

This record is not valid without the imprint of the official stamp of the Department.

Ottawa, Ontario, Canada,

April 2nd, 57

19__

J. H.
H.M. Jackson,
Director,
War Service Records.