



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5287 Name Geo Luke Corps Med

Questions to be put to the Recruit before Enlistment.

1. What is your name? Geo Luke
2. What is your full Address? Bunt Bay V
3. Are you a British Subject? Yes
4. What is your age? 32 Years Months
5. What is your Trade or Calling? Fireman
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? 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, George Luke 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.

Geo Luke SIGNATURE OF RECRUIT.
George Luke SIGNATURE OF WITNESS.

George Luke 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 truly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at 22 on this 22 day of May 1915.

Signature of Attesting Officer [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 compiled with. I accordingly approve, and appoint him to the
 if enlisted by special authority, such will be attached to the original attestation.

Date May 22 1915
 Place [Signature] } 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

5287

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

Name George Lueber
 Apparent age 22 years months Height 5 feet 8 3/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Amrose Lueber
Bourne St Bay St. | 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'ep't	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>22-5-18</u>									
Joined at <u>St. Paul's</u> on <u>Moay 22-1918</u>									
<u>Transferred to August 31 1919</u>									
<u>Counted St. Paul's S. B. Sch. to Halifax N.S. 22-7-18.</u>									
<u>To file for demobilization 14-6-19.</u>									
<u>Leave to be granted 1-7-1919.</u>									
<u>Demobilization St. Paul's 3-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-8-1919</u> (date of discharge)					1		74		days
Pensions									

C.R.

5287

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

The following man embarked for overseas on H.M.S.
"Columbella" July 28, 1918.

#5287 Pte. George Tucker.

C.R. 5287

Extract from Daily Orders Part II Royal Newfoundland Regt.

Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 3-8-19.

5287, Pte. G. Tucker.

Extract from Daily Orders part 11, from Unit The Royal
Rif. Regt. St. John's, dated May 23, 1918.

#5287 Pte. George Tucker.

Attested for General Service with the Royal Rif. Regt.
from 22.5.18

C.R. 5287

Extract from Daily Orders part II, Unit the Royal Newfoundland
Regiment dated July 21st. 1919.

The discharge of the undernoted on debilitation has been
APPROVED by C. C. Discharge Depot on noted date.

#5287 Pte. C. Tucker. 20-7-19.

C.R. 5287

Extract from Daily Orders Royal Artillery Unit The Royal Field,
Regt. St. John's, July 2nd, 1919.

5287 Pte. G. Tucker.

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

J. Tucker.

C.R. 5287

1880

No. 45⁹⁸ / 665 ²⁷ B

N.F.P. / 79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

21 21st March 1919

March 24th 1919

5287 Pte. Tucker G.

With reference to the following telegram from the Minister of Militia / / (86)

Received hereunder.
Okent
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n.

"Pay to - 5287 Tucker
£5. 0. 0.

Received the sum of Five pounds
in respect of

Cheque £ 5. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

Chief Paymaster
Chief Paymaster & O. i/c Records.

George Tucker
No. 5287 Rank Private

Witness W. Barnes

Tucker, J.

5287

Hay Dept.

August 4th 1919.

#5287, Pto.G.Tucker.

Burnt Point B.D.V.

Dear Sir:

Enclosed please find Discharge Certificate # 3468.

Yours truly,

Capt. & Sgymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5287 Rank Plt Name Jucker G
 Intended place of residence Burnt Point

2. Occupation Fisherman
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S
 Date JUL 18 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S
 Date JUL 18 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S
 Date JUL 18 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22.5.18 No. of days on Military
 Discharged from service JUL 20 1919 Plus 14 days Service 439

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S
 Date JUL 20 1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S
 Date August 3/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten note] 5287 9/2468

10
30
31
3
74

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

17.7.19

Regimental No.

5227

Name

Lucker George

Address

Bount Point B. N. V.

Present Medical Category

A-1

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

J. Paterson
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 5267 Rank PIE Name Jucker G
 Date of Enlistment 22.5.16 Address Burnt Pt District 001
 Occupation Fiducian Classification for Discharge 9 Medical Category PI
 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 July 17/19 O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation

his
Geo X Tucker
with
Jucker

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

Amblin

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2460 to his home at Burnpoint and Release Certificate No. 3697 issued [Signature]

Date 18-7-19

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-6-19

Date 18-7-19

[Signature]
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 18-7-19

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 20 1919

C R. COOPER, CAPT.

Date

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.

Bueker

Signature of Man.

M. Blomlon

Signature of the Vocational Officer or his Representative.

Reg. No. 5287

Place

ST. JOHN'S.

Date

18-7-19

191

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

MEDICAL HISTORY

OF

Surname Lucke

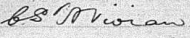
Christian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish Burton N.S.S.C. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at		at	
Declared Age		days		days
Trade or Occupation	<u>Fisherman</u>			
Height	feet	inches	feet	inches
Weight	lbs.			lbs.
Chest Measurement	Girth when fully expanded	inches		inches
	Range of Expansion	inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number	<u>1 Scar</u>		
When Vaccinated	<u>20th Dec 190</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 not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammie Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at		at	
	on	day of	on	day of
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal 5287</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazeley Down	10	11	18	23	11	18	Diphtheria	13	Transferred on 10-11-18 to Victoria Hosp. Winchester for treatment.	 CAPT., R. A. M. G.



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 *George Tucker*

Regiment from which discharged *Royal Newfoundland*

Regimental number *51287*

Intended address *Quint Pt. A.D.V.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Ambrose*

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 *Quint Pt., Sept. 15th, 1895*

Nature and locality of civil employment required

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

(Soldier's signature in full)

George Tucker *pls*
mark (Rank)

Station

Date

17-9-19

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

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

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 New Zealand* 7. Former Trade or Occupation *J. John*
2. Regt. No. *1st* 3. Rank *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Thomas P. P. P.* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) *TP* (Christian Names)
5. Age last birthday *28*
6. Posted for duty on at in category (or grade)
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
- (a) When (b) Date of Discharge;
- (b) Where (c) Cause of Discharge.
- (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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. *April*
12. Place of origin of disability. *Bucc*
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. *Bucc*

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

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

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

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.

Repatriation

W. G. Proccurier. Capt Ramc

Station *Bozley Down*

Medical Officer in charge of case.

Date *3/2/19*

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

August 9th 1919.

Mr. C. Tucker,
Burnt Pt. B. D. V.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of war Ser-
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

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..... Os 2. Surname..... Quarrier
3. Rank..... Pte 4. Regtl. No. 5287
5. Address in full to which future payments of gratuity are to be forwarded..... Burns Point Barracks
6. Date of enlistment in the Regiment..... May 20/18
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..... no
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 field. If so, give dates and particulars of such service..... Overseas
12. Give total length of time which you served on active service, whether in field, or Overseas..... fourteen months
..... 1. 1

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *no*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

.....

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

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

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

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

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

19. Are you now serving in the Regt.? *no*. If not give? - (:) Date of discharge *July 31/19* (b) Reason for discharge *Remob*

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

..... *England*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *G. X. Sacker*
 Place of Residence: *Baron Court, B.D.N.,*
 Declared before me at: *St. Johns*
 This *18* day of *July* 19*19*....

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

POST DISCHARGE PAY.					
Date paid	Sold	Sold	War Service		Net amount
	Soldier.	Dependent.	Gratuity.		due
.....				:	
.....				:	
.....				:	
	Certified correct.			:	Registrar

ST. JOHN'S,

JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pvt G Luckier

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

5287 Pvt G Luckier ^{C.S.} 16. 60

ADJUTANT	<u>Btm</u>
PH. NO.	<u>3351</u>
PRE. LEGOS.	
PAY LEGOS.	INITIALS
GEN. LEGOS.	INITIALS

Certified correct for \$ 16.60

W. Blaxter

Billeting Officer.

G Luckier per (Sgt)

C.S.

5287

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5217 Rank PLC Name Tucker G
 Date of Enlistment 22.5.16 Address Burnt Pt District BAY
 Occupation Fisherman Classification for Discharge 8 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 July 17/19 O. C. Discharge Depot Mr. St.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-establishment.
 I am in a position to resume civilian occupation. Leo X Tucker
fisherman

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing. L. R. COOPER CAP
 Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable. £60.00
 (b) Clothing Supplied

Date 18-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2460 to his home at Bunt Point and Release Certificate No. 3697 issued [Signature]

Date 18-7-19 Demobilization Officer [Signature]

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 [Signature]

Date 18-7-19 Depot Paymaster [Signature]

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36]	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
F 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 18-7-19 Demobilization Officer [Signature]

APPROVED.

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

Eligible for War Service Gratuity

Date JUL 20 1919 **L. R. COOPER, CAPT.**
 O. C. Discharge Depot.

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

Date Aug 11 19 [Signature]

Reg. No. *5287* Rank *Plt* Name *Lucker, Geo*
Attested Address *Burnt Point*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

18-7-19
20-7-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

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 Land } Former Trade } Seaman
or Occupation
- 2. Regtl. No. 1287 3. Rank Plt 7a. If the soldier claims previous service in Army, he should state—
- 4. Name Jucker } people } (a) Former Regts. or Corps }
(Surname) (Christian Names) with Regtl. Nos.
- 5. Age last birthday 23
- 6. Posted for duty on at
in category (or grade)
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

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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?

The Complaints of the disability

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.)

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. Prosser *Capt R.A.M.C.*

Station *Hazely Down* D.P.

Medical Officer in charge of case.

Date *4/14/19*

* 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.