



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *5141*

Name *Gordon Sucker*

Corps *Cops*

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *Gordon Sucker*
2. What is your full Address? 2. *St Phillips St West*
3. Are you a British Subject? 3. *Yes*
4. What is your age? 4. *23* Years Months
5. What is your Trade or Calling? 5. *Farmer*
6. Are you Married? 6. *No*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. *No*
8. Are you willing to be vaccinated or re-vaccinated? 8. *Yes*
9. Are you willing to be enlisted for General Service? 9. *Yes*
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. *Yes*

I, *Gordon Sucker*, 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.

Gordon Sucker SIGNATURE OF RECRUIT.
Sp J Raymond SIGNATURE OF WITNESS.

18/5/18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Gordon Sucker*, 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 *18* day of *May* 191*8*

Signature of Attesting Officer *C. B. Dicks*

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 18*, 191*8*
 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)

J. Tucker

C.R.

5141

~~PKO~~

C.R. 5141

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 1st 1919.

~~RECEIVED~~

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date 29-7-19

5141, Pte. G. Tucker.

C.R. 5141

Extract from daily orders Part II Royal Newfoundland
Regiment dated July 19th 1919. Depot St. John's.

APPROVED The discharge of the undernoted on demobilization has been
by O.C. Discharge Depot with effect from following date
15-7-19.

5141, Pte. G. Tucker.

C.R. 5141

Extract from daily orders Part II Royal Newfoundland
Regiment dated July 19th 1919. Depot St. John's.

APPROVED The discharge of the undernoted on demobilization has been
by U.C. discharge depot with effect from following date
15-7-19.

5141, Pte. G. Tucker.

C.R. 5141

Extract from Daily Orders Part II Unit The Royal Rifles Regt.
St. Johns, July 31st 1919.

5141 Pte. G. Tucker.

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

C.R. 5141

Extract from Daily Orders part 11, from Unit⁶ The Royal
Nfld. Regt. St. John's, dated July 25th, 1918.

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

#5141 Pte. Gordon Tucker.

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 28th, 1913.

#5141 Pte. Gordon Tucker

Attested for General Service with the Royal Hfld. Regt.
from 10.8.13

Tucker, G.

5141

Ray Sept.

July 29th 1919.

#5141, Pte.G.Tucker,
St.Phillips, St.John's. W.

Dear Sir:

Enclosed please find Discharge Certificate
3256.

Yours truly,

Capt.& Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3741 Rank Pvt Name Tucker G
 Intended place of residence St. Phillip's St John's West
 2. Occupation Farmers
 Classification of soldier E Medical Category A 1

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 15 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 15 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 15 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No. of days on Military
 Discharged from service JUL 15 1919 Plus 14 days Service 438

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 15 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 29/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 2079/3256

24
30
29
1/3

The Royal Newfoundland Regiment

Class for Demobilization:

6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/59

Regimental No. *5141*

Name *Lucker Gordon*

Address *St Phillips*

Present Medical Category

Aj

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

A R Cooper Capt
O. C. Discharge Depot.

Members of Board

J. Paterson
Senior Medical Officer

See [unclear]
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5121 / Rank Plt Name Phillips, J. G.
 Date of Enlistment 18/1/18 Address St. Phillips District St. John's
 Occupation Farmer Classification for Discharge Fy Medical Category H.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	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 1-1-19 O. C. Discharge Depot 1

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

London Truckers
with insurance

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~~ Amended

Date 15-7-19 O. i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 980 to his home
at Pr. Jodhpur and Release Certificate No. 3627 issued.

Date 15-7-19

M. B. Boush
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 14-7-19

Date 15-7-19

M. B. Boush
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	11
B 178	W 3494	B 122		Board 1st	" 2	11
R 178a	D 400A	B 1915	1	do 2nd	" 3	32
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	" 6	
B 179c	B 120	M 93				

Date 15-7-19

M. B. Boush
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date JUL 15 1919

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

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

Date 15-7-19

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.

Lawyer S.

Signature of Man.

Reg. No. 8141

A. M. Blonstein

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 15-7-78 191

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

MEDICAL HISTORY

OF

Surname

Lucas

Christian Name

Gordon

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. Philips, St. John's, Nfld.

County

Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	18	May		191
	at	St. John's	at	
Declared Age	25	years		days
Trade or Occupation	Farmer			
Height	5	feet 9		inches
Weight		129		lbs.
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		3	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number	1	Seas	
When Vaccinated	27/2/1907			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	Samuel Watson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	18 day of May	on	day of 191
		Corps.		Corps.
		Regtl. No.		Regtl. No.
Joined on Enlistment	McLeod 5/1/11			
	Nfld. Regt.			
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 *Gorden. Lucker*

Regiment from which discharged **Royal Newfoundland**

• Regimental number *5141*

Intended address *St. philips*

Height on discharge *5 Feet 10*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Moses*

Christian name of Mother *Mary*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *St. philips 7-11- age. 24-1896*

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) *Gorden Lucker*
Mark

(Rank) *Q/E*

Station **S. T. JOHN'S.**

Date *With R. L. L. July 14th 1919*

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.

Date



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

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

1. Unit and Corps *Royal Newfoundland*
2. Regtl. No. *5141* 3. Rank *Pvt.*
4. Name *Jacobson* *Gordon*
(Surname) (Christian Name)
5. Age last birthday *24*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } *Farmer*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
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. *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, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

He complains of no disability

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

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

Repatriation

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

W.E. Proenier. Capt Rame

Station *Hayes, Down*

Date *3/4/19*

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

July 30th 1919.

Mr. G. Tucker,
St. Phillip's.

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 & RECORDS OFFICE, ST. JOHN'S.

- Christian name *Gordon* 2. Surname *Jucker*
3. Rank *Pte* 4. Regtl. No. *5141*
6. Address in full to which future payments of gratuity are to be forwarded *St. Phillips St. John's West*
6. Date of enlistment in the Regiment *May 18/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *See*
8. Relationship of such dependents *None*
9. Address in full of such dependents *None*
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 Hfld. If so, give dates and particulars of such service *St. John's only*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas *1 yr. 1 mo.*

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?

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 R.F.C. If not give: (a) Date of discharge. *July 15/19* (b) Reason for discharge. *Demot*

..... *Thank*

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.

..... *no England only*

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.

-3-

his
Gordon X Tucker
Mark

Signature of Applicant:

Place of Residence:

St. Phillips St Johns West

Declared before me at:

St Johns

This

15 day of *July* 19*19*...

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

John A. Carthy
JAC

POST DISCHARGE PAY.

Date paid	Widow	Sold	War Service Soldier, Dependents, Cemetery.	Net amount due
.....
.....
.....
Certified correct.			Registrar	

The Department of Militia.

The sum of Five Dollars \$ 5.00 is due Mr George Tucker
for driving 5141 Pte G. Tucker from ST. JOHN 'S to St. Phillips

Voucher Attached.

ACCOUNT	<i>Trans</i>
CH. NO.	<i>3830</i>
DATE	
AMOUNT	
REMARKS	
DATE	
DATE	

86-7-19

for \$ 5.⁰⁰/₁₀₀ J. C. H.

J. H. Knowlton

George Tucker

Discharge Office
Discharge Department

No. 910

TRAVELLING WARRANT

Date JUL 18 1919

The Royal Newfoundland Regiment

General.

Please issue 1st Class Passage and Meals for

No. 3141 Rank TG Name Tucker G.

From - ST. JOHN'S - To at St. John's

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.E.

W. M. Blouin

SIGNATURE OF ISSUING OFFICER,
Discharge Depot - Newfoundland

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

ST. JOHN'S, July 15/19

Royal Newfoundland Regiment.

Billeting Account,

To Plt G Lucker

Billeting Soldiers as undermentioned

from July 1/19 to July 15/19

5141 Plt G. Lucker 15 50

ACCOUNT	<u>BYM</u>
CH. NO.	<u>3092</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 15.50

M. Boucher
Billeting Officer.

G. Lucker
mark art CW

605.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39

Regiment of

Royal New Zealand

Number of Sheet

121

Signature of O. C. Company

C. D. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Tucker Garden	Age on	23 years / months	Farmer.	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	18-8-18	C. of A.	
Joined		Date			
Joined		Date	Period of	with Colours 17 1/2 years.	Place of Birth
Joined	Date	with Reserve 2 1/2 years.	S. P. Phillips & John But		

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
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Demobilized 29/7/19

To be carried over

Army Form B. 121.

5141

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5141 Rank Plt Name Thickett G
 Date of Enlistment 18.5.18 Address St. Philips District St. John's
 Occupation Farmer Classification for Discharge F.1 Medical Category H.1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 15-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.
 I am _____ in a position to resume civilian occupation London Truckee
with Newman

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 _____

Date 15-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 910 to his home at 20 York and Release Certificate No. 3437 issued [Signature]
 Date 15-7-19 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 19-7-19
 Date 15-7-19 Depot Paymaster.

Discharge approved for 15-7-19
 Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	11 Form 32 Form
F 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 13-7-19 Demobilization Officer. [Signature]

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 15 1919 19 [Signature]
 O. C. Discharge Depot.

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

Date JUL 15 1919 19 [Signature]

Reg. No. *101* Rank *Pfc.* Name *Zucker, G.*
Attested Address *St Phillips*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

15 7 19
15 7 19

PASSED TO DEMOBILIZATION

DISCHARGE APPROVED ON DEMOBILISATION

CR 5141

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 Newfoundlands* } Former Trade } *Farmer*
or Occupation
- 2. Regtl. No. *5744* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *J. Swan* } *London* } (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regt. Nos.
- 5. Age last birthday. *24*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 8. If the disability is an injury was it caused
(a) in action (b) on field service (b) Date of Discharge ;
(c) on duty (d) off duty ? (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.) Ordinary 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?

Repatriation

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

W.E. Procmier . Capt-RAMC

Medical Officer in charge of case.

Station *Hazeley, L. & C. Co.*

Date *3/4/19*

* 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