

Thomas Malcolm Hussey The Royal Newfoundland Regiment

## **Regimental No. 1218**

World War I

Born: 10 August 1892

**Died:** 14 October 1964 at Camp Hill Hospital, Halifax.

**Place of Birth:** Salmon Cove, South River, Newfoundland

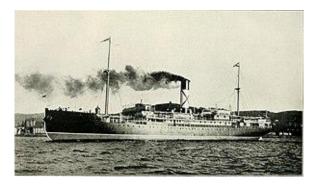
**Parents:** Robert and Helen (Fowler) Hussey

Thomas was twenty-one (21) when he travelled to St. John's and enlisted in the 1<sup>st</sup> Newfoundland Regiment (later to become the Royal Newfoundland Regiment). The Regiment recruiting depot was in the CLB Armoury on Harvey Road at the time.

He stood 5' 7" tall, was of dark complexion with brown hair and blue eyes. He had an identifying mole on his chin, gave his trade as operator and his faith as Church of England.

Excerpts from Thomas' official service record by date include:

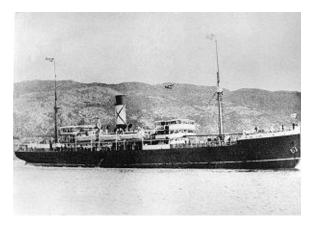
1. 23 – 04 1915: Embarked St. Johns on board the S.S. Stephano



**SS Stephano** was a passenger liner and sealing ship, owned by Bowring Brothers and operated in their Red Cross Line of Arctic steamships. Stephano is most notable for her role in the 1914 Newfoundland Sealing Disaster, under the command of Captain Abram Kean. Stephano was the sister ship to the SS Florizel.

- 2. 20 08 -15: Embarked for the BEF (British Expeditionary Force)
- 3. 31 08 15: Disembarked Alexandria and entrained for Cairo
- 19/20 09 15: Embarked for Gallipoli and landed Suvla Bay at night
- 5. 16 11 15: Admitted to hospital with Dysentery
- 6. 08 12 15: Invalided to England
- 7. Admitted to 3<sup>rd</sup> London general hospital Wandsworth
- 8. 11 05 1916: Furloughed and then attached to HQ London
- 9. 25 11 -16: Furloughed to Newfoundland
- 10. 01 12 16: Arrived Newfoundland

11. 09 – 04 – 1917: Embarked on board the S.S. Florizel



Florizel arriving St. John's harbour

- 12. 30 04 17: Returned with draft and attached to depot, London
- 13. 04 01 1918: Admitted to Wandsworth hospital again
- 14. Furloughed till 14 01 18
- 15. 19 01 18: To Newfoundland
- 16. 13 02 18: Attached to HQ at St. Johns
- 17. 18 02 18: Attached to Militia
- 18.22 04 18: Attached to NMC
- 19. 18 = -07 18: Discharged

Thomas had served for a total of three (3) years and three hundred fifty-five (355) days. His initial hospital admission found that he was experiencing some major stomach and heart issues. Thus, the recommendation from medical staff at Wandsworth hospital was that he was "unfit for war service but fit for service at home."

Back in civilian, Thomas is found in 1921 Newfoundland General Census living in St. John's East and married to Ellen from Lamaline.

The 1935 Newfoundland General Census has the couple still in St. John's but now with three (3) children, Dorothy, Robert and Margaret. The 1945 census shows Thomas, now 53 and Ellen 49, still at the St. John's East location. They had only Robert living with then but Thomas' father Robert (now widowed) is there as is Catherine, Ellen's aunt from Lamaline.

According to official record noted below, Thomas passed away on the 14<sup>th</sup> of October 1964 at the Camp Hill Hospital at Halifax. (see the attached DVA (Department of Veterans Affairs) item below.

After extensive research, the location of the final resting for Sgt. Hussey was not found.

| To Copy for H.O. File<br>Attention of<br>NAME HUSSEY, Thomas Malcolm | SERVICE<br>NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1218 ROY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                   |  |
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| NAME HUSSEY, Thomas Malcolm                                          | A Contract of the other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1218 ROY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | Ottawa, Ont.<br>Date_Oct.16, 1964 |  |
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| The DEPARTMENT                                                       | has received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | information f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rom                                   |                                   |  |
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| regarding the death of the above ment                                | tioned veteral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · · |                                   |  |
| Particulars are as follows:<br>Date of Death                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Во X 406<br>N.S.                      | 573                               |  |
| Name and Address of next of kin (if                                  | known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                   |  |
| Copies to: W.S.R.<br>V. I.<br>Destroy form if                        | advice of dea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ath already rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.                                    |                                   |  |
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| DVA 84                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quet. Central Registry                | 1                                 |  |