

Draft No. ....

Date of Enlistment .....

Age on Enlistment .....

Married (Yes or No) .....

Name

*Frew Alexander*

Regl. No. ....

Next of Kin .....

Relationship .....

Address .....

*Index No. 5A*

**CASUALTIES.**

Date Rec'd.	Authority.	Dated.	Nature of	Whereabouts.	Ref. No.
		17.8.15	Attached 1 <sup>st</sup> Newfoundland Regt. as Medical Officer		
		1.9.16	Struck off strength of 1 <sup>st</sup> Bn B.E.F.		

**Promotions, Reductions, etc.**

Authority.	Date.	Rank, etc.
		<i>Lieutenant (R.A.M.C.)</i>

**Services in the Field.**

Bn.	Draft No.	Date of Embarkation.	Expeditionary Force.	Remarks.
<i>1</i>		<i>20.8.15</i>	<i>B.M.E.F.</i>	

**Honours, Awards, etc.**

Authority.	Date.	Action.	Distinction.

**Discharge.**

Authority.	Date.	Where.	Cause.