



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 525

Name in full Frank Mullins Age 20  
 Address Blackmarsh Road  
~~Married~~ S Height 5' 9 1/2" Weight 151  
 Single  
 Color Brown Hair Brown Eyes Blue  
 Other distinguishing marks Birth mark on left elbow  
 Nearest relative Father, Patrick  
 Address Blackmarsh Road  
 Dependents -  
 Occupation Labour Present Wage #6<sup>50</sup> week  
 Previous service -  
 Decorations -  
 General Remarks \_\_\_\_\_  
 Date of Enlistment \_\_\_\_\_

I, Frank Mullins, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

*He engaged for duration of war.*

F. Mullins

Declared before me this first day  
 of October 1914

J. W. ...

Sep 15



## DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 525

Name Frank Mullins

Apparent age 20 years \_\_\_\_\_ months. Height 5 feet 9 $\frac{1}{2}$  inches.

Chest measurement { Girth when fully expanded \_\_\_\_\_ inches.  
 { Range of expansion \_\_\_\_\_ inches.

Distinctive marks Color: Fresh, Hair: Brown, Eyes: Blue.

Other distinguishing marks: Birth mark on left elbow.

### INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Patrick Mullins, Black Marsh Road, St. John's

| 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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

#### Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

### STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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>16/9/14</u>									
Joined at <u>St. John's</u> on <u>14th</u> September '14									
				<i>Embarked S. S. Florio for U.S. 20</i>					
				<i>Disembarked Plymouth 19<sup>10</sup></i>					
				<i>Time expired Newton - N. Coy. Scotland 15<sup>10</sup></i>					
Total Service forfeited as above ... ..									

Total Service towards Engagement to 15-10-15 (date of discharge) 1 years 30 days

" " " Pension " ( " ) " " "

C.R. 5251

Extract from Nominal Roll of Royal Nfld. Regt.  
Discharged in United Kingdom, 15-10-15.

525 Pte. F. Mullins.

Time expired (Subsequently repatriated)  
(AYR)



C.R. 575

Extract from list of men discharged on various dates.

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#525 Pte.F.Mullins, Oct.15th 1915, time expired.

C.R. 525

Extract ofrom Roll of Officers, N.C.Os. and Men Discharged  
from The Royal Newfoundland Regiment  
Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
525 Pt	Pte.	F. Mullins.	Oct. 15th 1915.	Time expired.

C.R.

575

Extract from Nominal Roll Embarked St. John's per S.S.  
"Florisel" Oct. 3//4. 1914.

525 Mullins Frank.

C.R. 525

**Frank Mullins.**                      was attested for General service  
with the NEWFOUNDLAND REGIMENT on ...**Sept 16th/14.**  
Regimental No **525** was allotted to Pte. **Frank Mullins.**

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. Forms B. 121. 29.

Number of Sheet 1

Regiment of Newfoundland.

Signature of O. C. Company Comm Alexander Capt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>525 Mullins F.</u>	Age on	<u>19</u> years <u>  </u> months	<u>Labourer</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	Period of		Place of Birth	
Joined	Date	with Colours		years.	
Joined	Date	with Reserve		years.	

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
<u>Stobs</u>	<u>June 6</u>	<u>Pvt.</u>		<u>Outstaying pass from midnight to midnight 9<sup>th</sup> June</u>	<u>Cpl. Manston</u>	<u>4 days C.C.</u>	<u>10.6.15</u>	<u>Capt. Alexander</u>	<u>Forfeits 4 days pay under R.W.</u>
<u>Stobs</u>	<u>27.6.15</u>	<u>"</u>		<u>Absent from Tattoo</u>	<u>Cpl. Manston</u>	<u>2 days C.C.</u>	<u>28.6.15</u>	<u>Capt. Alexander</u>	
<u>Stobs</u>	<u>17.7.15</u>	<u>"</u>		<u>Absent from Tattoo to midnight 18.7.15</u>	<u>Corp. Ryan</u>	<u>3 days C.C.</u>	<u>19.7.15</u>	<u>Lt. J. Kinross</u>	<u>Forfeits 2 days pay R.W. 2.</u>
<u>Stobs</u>	<u>20.7.15</u>	<u>"</u>		<u>Absent from all defaulters parades from 5.30 P.M. to 8.30 P.M.</u>	<u>Corp. Vail</u>	<u>6 days C.C.</u>	<u>21.7.15</u>	<u>Lt. Col. Burton</u>	
<u>Newton</u>	<u>15.9.15</u>	<u>"</u>		<u>Refusing to obey an order.</u>	<u>R. M. Strong</u>	<u>168 hrs F.P. 2.</u>	<u>16.9.15</u>	<u>Major Whitaker</u>	
<u>Newton</u>	<u>25.9.15</u>	<u>"</u>		<u>absent from 7a-9a Parades</u>	<u>Cpl Power</u>	<u>3 days B.B.</u>	<u>28.9.15</u>	<u>Lt Pippy</u>	<u>forfeits 1 days pay</u>

To be carried over

Army Form B. 121.

325 J. Mullins.

325.

P.R.O.

This space to be left blank for the Chelsea Number.



Army Form B. 268.

# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>125</u>	Army Rank <u>Private</u>
Name <u>Frank Mullens</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>First Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>October 15th 1918</u>	
Place of discharge <u>ON board / <del>Corse</del> Corsican</u>	
1. Description at the time of discharge.	
Age <u>20</u> years <u>1</u> months Height <u>5</u> feet <u>9 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Flesh</u> Eyes <u>Blue</u> Hair <u>Brown</u> Trade <u>Labourer</u> Intended place of residence { <u>Africa</u> (To be given as fully as practicable) <u>Newfoundland</u>	Descriptive marks.
2. The above-named man is discharged in consequence of <u>Wm's Expireng</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
To be filled in on the soldier quitting the Colours.	3. Military character:— <u>Good</u>
	4. Character awarded in accordance with King's Regulations:— <u>Should be a good workman in civil life</u>
<small>Certified that the above is an accurate copy of the character given by me on Army Form B. 2667* and that Army Form B. 499 was awarded in this case.</small>	
<u>AWO</u> / MAJOR, Initials of Commanding Officer. COMMANDING DEPOT, N. F. L. D. REGT., NEWTON-ON-AIR, N.S.	
Army Form B. 2088 has been issued to*	

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

Certificate of education .....

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

(Place) St. Boriscian

(Date) 15 Oct 1915

E. S. Lupton MAJOR  
FOR COMMANDING DEPOT, N.F.L.D. REGT.,  
NEWTON-ON-AVR, N.B. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. Boriscian

(Date) 15.10.15

F. Mullius (Signature of Soldier.)  
H. Goodgees Supt. (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

F. Mullius (Signature of Soldier.)

10. Statement of service.

Service towards engagement to Oct 2/15 (the date to which the record of service is completed) / years 1 days.

Further service " " Oct 15/15 (the date of confirmation of discharge) ... .. " 13 "

Total ... / " 13 "

11. Confirmation of discharge.

The discharge of the above named man is hereby confirmed for OCT 15 1915 (date)

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_



Signature A. White MAJOR  
COMMANDING DEPOT, N.F.L.D. REGT.,  
NEWTON-ON-AVR, N.B.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.





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PAY LIST.

to 15 October 1915. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *1st Newfoundland*  
 No. *575* Rank *Private* Name *J. Mullins*  
 Died (a) at \_\_\_\_\_ on the \_\_\_\_\_ of 191 .  
*Discharged* at \_\_\_\_\_ on the *15th* of *October* 1915.  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 1915.

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay _____ days at _____ from _____ to _____ Proficiency, Service or good conduct pay _____			
	191 _____				Messing allowance _____ days at _____ from _____ to _____			
	<i>Hospital stoppage</i>				Clothing and kit allowance .....			
	Consolidated stoppage .....				Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster	3		5	Balance due to the Paymaster.....			
		£	3	3		£	3	4

I hereby Certify that the above account is correct in every particular, and that the debtor balance of *£ 3 3 4* is correctly chargeable against the Public<sup>(b)</sup>

Dated at \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_ 191 .



191 .

Paymaster.

PAYMASTER & OFFICER IN CHARGE

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 1090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST of "E" Squadron,  
Troop,  
Battery, or  
Company, 1 Newfoundland Contingent Regiment or Corps,

for the period from \_\_\_\_\_ to **24, Sep. 1915.** Voucher No. \_\_\_\_\_

**ACCOUNT OF HOSPITAL STOPPAGES**

due from the "E" ~~Squadron, Troop, Battery, or~~ Compy., for Soldiers and Boys in the **Gonnaught** Hospital at **Aldershot.** during the above period.

Rank.	Regtl. No.	*NAMES.	Whether suffering from Venereal Disease or Alcoholism. †	Date of Admission.	Period.		No. of days in Hospital, excluding day of admission.	No. of days on which Medical Comforts have been issued.	
					From	To			
x Pte.	525	Mullins, F.	Venereal	1/9/15	2/9/15	6/9/15	5		
Totals carried forward ...							...	5	



x Discharged from Regiment Oct 15<sup>th</sup> 15.

*non effective of 2. 5 days 7/11*

\*(Names, &c., to be filled in in the order of admission from the Admission and Discharge Book.)

† "Venereal" or "Alcoholism" should be entered in red ink, and in the handwriting of the Medical Officer, opposite the name of any man suffering from either of those diseases, and "NO" in other cases.

NOTE.—In the case of an Officer treated in hospital this form is to be used, any necessary amendments being made in manuscript.

Mullins Frank

525

Ray Dept





This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1914

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

863

Examination of Francis L. Mullins

aged 20

conducted at C. L. B. Armoury

Date: Sep. 10. 1914

Recruiting Officer:

NO. OF TEST

FINDING

- 1 No.
- 2 No.
- 3 No.
- 4 No.
- 5 No.
- 6 No.
- 7 Yes.
- 8 Yes.
- 9 No.
- 10 N.
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 n
- 20 n
- 21 n
- 22 N.
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 N.
- 30 N.
- 31 N.
- 32 n
- 33 Yes. 7 yrs ago.
- 34 5-9-14
- 35 151
- 36 34 1/2      37 1/4
- 37 \$6.50 a week.
- 38 Gather      Blackman Rd.
- 39 no

Fit

525

Signature of Medical Examiner:

Clayton Macpherson

PAY LIST.

to

191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **1st. Newfoundland Regiment**  
 No. **525** Rank **Private** Name **Mullins F.**  
 Died (a) at on the of 191 .  
~~Deserted at~~ Discharged at **Newton Park School Ayr.** on the **15** of **October** 1915 .

I Certify to the correctness of above in every particular.

(Sd.) **J.A. Ledingham, Capt.** { *Commanding Squadron, Troop,*  
*"E" Company* *Battery or Company.*

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month.....				Balance Cr. last month.....	2	19	4½	
	Cash issues (Date of each issue to be stated)				Pay 14 days at \$1.00 from 2nd. to 15th. \$ 14.00				
					Proficiency, Service or good conduct pay				
					days at from to				
Oct. 15	191	3	11	8½	Field Messing allowance 14 days at 10¢				
	"				from 2nd. to 15th. \$1.40 = \$15.40	3	3	3	
	"				Clothing and kit allowance .....				
	Allotment \$8.00				Amount produced by the sale of Necessaries				
	Forfeits 1 days pay 1.10				Personal Clothing and Effects from Form 2...				
	Consolidated stoppage \$ 9.10	1	17	4	Amount of Savings Bank balance, including interest (if no balance, to be so stated)				
	Hospital Stoppages 5 days @ 7d.		2	11	Deferred Pay or Gratuity... <b>Exch. Bal.</b> .....		18	10½	
	Balance due by the Paymaster	1	7	6½	Balance due to the Paymaster.....				
		£	6	19	6	£	6	19	6

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £\_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>

Dated at **London**  
 this **2** day of **November**. 1915.. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

**PAY LIST.**

to 15th October 1915. Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps 1st Newfoundland

No. 525 Rank Private Name F. Mullins

Died (a) at on the 15th of October 1915  
 Discharged at on the 15th of October 1915  
 Deserted at on the 15th of October 1915

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,  
 Battery or Company.

**STATEMENT OF ACCOUNT.**

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....	1	10	5½
	Cash issues (Date of each issue to be stated)				Alotment not paid for Oct 2 weeks @ 4.00 or wk. to 8.00 Pay days at from wk. to	1	12	10½
	191	£	s.	d.	Proficiency, Service or good conduct pay			
	"				days at from to			
	"				Messing allowance days at			
	"				from to			
	Hospital Stoppage		2	11	Clothing and kit allowance .....			
	Consolidated stoppage .....				Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster	3	0	5	Balance due to the Paymaster.....			
		£	3	3		£	3	3
				4				4

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correctly chargeable against the Public CONTINGENT.

Dated at this day of 31 AUG 1915 1915

J. W. Marshall 2nd Lt  
 PAYMASTER & OFFICER Paymaster

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.



PAY LIST. to 191 Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **1st Newfoundland Regiment**  
 No. **525** Rank **Private** Name **Mulling, F.**  
~~Discharged~~ at \_\_\_\_\_ on the \_\_\_\_\_ of 191 .  
~~Discharged~~ **Newton Park School, Ayr.** on the **15** of **October** 191.5.

I Certify to the correctness of above in every particular.

J. Ledingham, Captain { *Commanding Squadron, Troop,  
Battery or Company.*  
**E. Company**

STATEMENT OF ACCOUNT. [FORM 1.]

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month .....	2	19	4½
	Cash issues (Date of each issue to be stated)				Pay 14 days at \$1.00 from 2nd to 15th \$14.00			
		£ s. d.			Proficiency, Service or good conduct pay			
	191	3	11	8½	days at _____ from _____ to _____ Field <del>allowance</del> 14 days at 10 cts \$1.40			
	"				from 2nd to 15th \$15.40	3	3	3
	"				Clothing and kit allowance .....			
	Allotment 2 weeks @ \$4.00 .. \$8.00				Amount produced by the sale of Necessaries			
	Forfeits 1 days pay \$1.10				Personal Clothing and Effects from Form 2...			
	Consolidated stoppage. \$9.10	1	17	4	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	<i>Hospital Stoppage 5 days = 7</i>		2	11	Exchange Balance		16	10½
	Balance due by the Paymaster	1	7	6½	<del>Balance due to the Paymaster</del>			
		1	10	5½	Balance due to the Paymaster.....			
		£ 6	19	6		£ 6	19	6

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>.

Dated at London  
 this 2nd day of November 1915. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.





# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	525	Army Rank	Private
Name	Francis Mullins		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)			
Corps	1st Newfoundland Regt.		
Battalion, Battery, Company, Depot, &c.			
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)			
Date of discharge	October 15/15		
Place of discharge	on board of Corsican		

1. Description at the time of discharge.

Description at the time of discharge.		Descriptive marks.
Age	20 years — months	
Height	5 feet 9 1/2 inches	
Chest measurement	girth when fully expanded ins.	
	range of expansion ins.	
Complexion	Fresh	
Eyes	Blue	
Hair	Brown	
Trade	Labourer	
Intended place of residence	St John's Newfoundland	
(To be given as fully as practicable)		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Discipline

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character: — Good

4. Character awarded in accordance with King's Regulations: — Should be a good workman in civil life

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067, and that Army Form D. 489 was awarded in this case.

*[Signature]*  
Initials of Commanding Officer.  
Commanding Depot -  
Newton - on - Ar

Army Form B. 2088 has been issued to\*

6. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class

6. Campaigns, Medals and Decorations

Certificate of education .....

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

(Place) Sp Corsican

(Date) 15 October 1915

Ernest Ayre Cpr  
for Commandant Depot  
Commanding Battn. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Sp Corsican

(Date) 15-10-15

J Mullins (Signature of Soldier.)

R. Goodyear Sgt (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

J Mullins (Signature of Soldier.)

10. Statement of service.

Service towards engagement to Dec 31/14 (the date to which the record of service is completed) 1 years - days.

Further service " " Oct 15/15 (the date of confirmation of discharge) ... .. " 13 "

Total ... 1 " 13 "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for Oct 15/15 (date)

(Place) Netley on Army

(Date) Oct 15/15

Signature Crowhurst Major  
Commandant Depot.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

*Temporary*

To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178a to be used for Special Reserve recruits and  
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname *Mallins* Christian Name *Frank Lee*

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191  
at \_\_\_\_\_

Declared Age ... *20* years — \_\_\_\_\_ days.

Trade or Occupation ... *Labourer*

Height ... feet, \_\_\_\_\_ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. \_\_\_\_\_ inches.  
Range of Expansion \_\_\_\_\_ inches.

Physical Development ...

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
Number \_\_\_\_\_

When Vaccinated ...

Vision ... { R.E.—V= \_\_\_\_\_  
L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... { (a) \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_

(Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... { at \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191

Corps	Regtl. No.
<u><i>1st Newfoundland</i></u>	<u><i>525</i></u>

Transferred to ...

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_



Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Canary St Hosp. Det.</i>	<i>5</i>	<i>8</i>	<i>15</i>	<i>18</i>	<i>8</i>	<i>15</i>	<i>Gonorrhoea</i>	<i>14</i>	<i>mild Ant. Fungulous Pot. Permang. no discharge</i>	<i>L. Reed, Lt. Comd.</i>
<i>" "</i>	<i>1</i>	<i>9</i>	<i>15</i>	<i>6</i>	<i>9</i>	<i>15</i>	<i>" "</i>	<i>6</i>	<i>mild Ant. Singetin anulysed.</i>	<i>L. Reed of C. R. M. S.</i>



Despatching  
Office  
Stamp.



Arrival  
Office  
Stamp.

No. 605

From India Sept

No. \_\_\_\_\_

Registered Letter Addressed—

Mrs Julia H. Mullins  
Rencontre

Received by A M 7 B

No. of  
Postmar.'s  
Uniform } \_\_\_\_\_

Received a Registered Letter  
addressed as on the receipt form  
bearing the above number.

FORM K



No. 466

# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, J Mullins, Regl. No. 525

hereby agree, until further notification by me, and in similar official form, to make an Allotment of four Dollars and week Cents, per ~~diem~~ from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).	
	<u>Mother.</u>	<u>Mrs B Mullins</u>	<u>Blackmarsh Rd</u> <u>St Johns</u>	<u>4</u>	<u>==</u>
Total Allotment. \$				<u>4</u>	<u>==</u>

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.) J.W. March  
Officer Commanding  
Company

(Sig.) J Mullins  
(Rank) PL

15th December

5

Mrs B. Mullins,  
Blackmarsh Road.  
City.


Dear Madam,-

I enclose cheque for £8.00, being final  
payment under the allotment made by your son No.525 Pte.  
F.Mullins.

Yours very truly,

J.M.H/B.M.W.

Enclosure.

  
Deputy Paymaster.