



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5704 Name James Mullins Corps RC

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. James Mullins
2. What is your full Address? ..... 2. 227, Campbell Ave
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. Bricklayer
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

James Mullins 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.  
James Mullins SIGNATURE OF RECRUIT.  
P. J. Raymond Signature of Witness.

James Mullins OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
 .....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 .....  
 on this 17 day of May 1918  
Edwards Ricart Signature of Attesting Officer

✓ 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 1918  
 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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

5104

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

Name John Mullins  
 Apparent age 23 years \_\_\_\_\_ months \_\_\_\_\_ Height 5 feet 4 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Mullins  
227 Hamilton Ave | 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 Depot	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 <u>initial</u> engagement reckons from <u>17-5-18</u>									
Joined at <u>St John's</u> on <u>Monday 17-1918</u>									
Discharged June 29/1919									
Reported for duty <u>27-6-18</u>									
Embarked <u>St John's</u> <u>St Columella</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
Embarked for <u>1st Lt.</u> <u>23-11-18</u>									
Re-embarked <u>Home</u> <u>28-11-18</u>									
Joined <u>1st Lt.</u> <u>5-1-1919</u>									
Transferred from <u>Home</u> <u>22-7-19</u> <u>Regiment</u> <u>Newcastle</u> <u>25-7-19</u>									
So the entitlement for demobilization <u>22-5-19</u>									
Arrested the entitlement to <u>1919</u> <u>Leamouth</u> <u>St John's</u> <u>29-6-19</u>									
Total Service towards Engagement to <u>29-6-1919</u> (date of discharge)					1 year		44 days		
Pensions _____									

C.R. 5104

**Extract from Daily Orders Part 11 Unit The Royal WFLA, Regt.  
St. John's, June 30th, 1919.**

**The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c Records from 29-6-19.**

5104 Pte. Jas. Mullins.

C.R. 5704

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, June 16th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 15-6-19.

5104 Pte. Jas. Mullins.

C.R. 5704

Extract from Daily Orders Part II Unit The Royal Wfld.  
Regt. St. John's, June 14th, 1919.

5104 Pte. Jas. Mullins.

Reported at Headquarters 1-6-19 Hk "Gersiean" which sailed  
Liverpool 22-5-19.

C.R.

5104

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19,

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5104 Pte. J. Mullins.

C.R. 5104

Extract from Nominal Roll of Draft No. 56, of the 2nd.,  
Battalion of the Regiment at Winchester to the 1st.,  
Battalion, D. E. F., Embarked Southampton 23/11/18.

#5104 Pte. J. J. Mullings.



C.R. 5104

Extract from Daily Orders part 11, from Unit The Royal  
22d. Regt. St. John's, dated July 25, 1918.

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

#5104 Pte. James Mullins.



C.R. 5104

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated May 26th, 1918.

#5104 Pte. J. Mullins.

Attested for General Service with the Royal Hfld.  
Regt. from 17.5.18 to report 1.6.18

J. Mullin's

C.R. 5104

~~ASD~~

## Medical Report on an Invalid.

Station Fazeley A. Camp

Date \_\_\_\_\_

1. Unit Royal Newfold
2. Regimental No. 5704
3. Rank Pte.
4. Name Mullin J.
5. Age last birthday 23.
6. Enlisted { on 17. 5. 15  
at St John
7. Former Trade or Occupation } Booklayer
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). nil
- (b) constitutional or hereditary, and not aggravated by service during the present war. nil
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. nil

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*See complaint of pro. disability*

14. If the disability is an injury, was it caused—

*na*

- (a) In action?  
(b) On field service?  
(c) On duty?  
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

*na.*

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

*na.*

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

*Repatiation*

20. Do you recommend—

- (a) Discharge as permanently unfit, or  
(b) Change to England?

*Major D.D.D.*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H. A. Camp*

Date *1. 21. 19*

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Mullins, Regl. No. 5704  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Sixty Dollars and Sixty 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.:  
 Allotment begins Aug. 15, 19

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT* (each person)
4682	Father	John Mullins	227 Hamilton Avenue St. John's	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) A. Lewis Lt  
 Officer Commanding  
St. John's Company  
July 16<sup>th</sup> 1918

(Sig.) James Mullins  
 (Rank) Pte

Nº 6280



## THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, James Mullins, Regl. No. 5702  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
5 Dollars and 60 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz :

Allotment begins Aug. 19<sup>th</sup>

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
41622		James Mullins	227 Southey Ave St John	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.)

 Officer Commanding  
*[Signature]*  
 Company

(Sig.)

(Rank)

 James Mullins  
 Pte

 July 16<sup>th</sup>  
 1916



No. 18321/2015

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn Royal Nfld. Regt.,  
Winchester.



13th November 1918

Nov. 14th 1918

Subject: 5104, Pte. J.J. Mullins

With reference to the following telegram (9823) from the Hon. Minister of Militia, received

Pay to 5104 Mullins £3:0:0

Draft £3:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*J. W. Marshall*  
Chief Paymaster & O.1/c Records.

Receipt hereunder.

*Chambers*  
LIEUT. COLONEL,  
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. 2nd Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Three  
pounds on account of  
cable remittance from Newfoundland.

*J. J. Mullins*  
No. 5104 Rank Private

Witness A. L. Carter, Pte.



3720  
No. ~~2002~~/148

From: NEWFOUNDLAND

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

Transport:  
March 7th. 1919

5104  
Pte Mullins J. J.

With reference to the following telegram from the Minister of Militia, / / ( 67. )

"Pay to- 5104 Mullins  
£ 5 - 0 - 0

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*F. H. Marshall*  
Chief Paymaster & O. 1/c Records

CHIEF PAYMASTER  
NEWFOUNDLAND CONTINGENT  
58, VICTORIA STREET,  
1st. Batt. Ryl. Nfld. Regt.  
B. E. F.  
N. F. P. / 80.  
MILITARY RECORDS.  
CONTINGENT,  
STREET,  
ENGLAND.

10-4-1919

5104 Pte Mullins J. J.

This man wishes this amount retained to credit of his account please

Dep <sup>sified</sup> 7/3/19 JH



Mullins, James

5104

Ray Sept.

June 29, 1919

#5104 Pte. James Mullins,  
Hamilton Avenue,  
City.

Dear Sir:

Please find enclosed Discharge  
Certificate No. 2420.

Yours truly

Captain,  
Quymaster & Officer i, c records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5104 / Rank \_\_\_\_\_

Name Gullen J \_\_\_\_\_

Warned for demobilization on

JUN 12 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5104 Rank Pte Name Mullins Jas  
 Intended place of residence Hamilton Ave

2. Occupation Bookkeeper  
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

**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 JUN 12 1919  
 Date ST JOHN'S 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 and date ST JOHN'S  
JUN 12 1919  
 Signature of soldier J. Mullins  
 Signature of witness Arthur Louston

## 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 and date ST JOHN'S  
JUN 12 1919  
 Signature of soldier J. Mullins  
 Signature of witness W. J. Calton

## STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 No of days on Military  
 Discharged from service JUN 15 1919 Plus 14 days Service 409

## 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 JUN 15 1919  
 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, Nfld  
 Date June 29/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment



# The Royal Newfoundland Regiment

Class for Demobilization:—

*H.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*10.6.19*

Regimental No *5104*

Name

*Murphy, Jas.*

Rank

*Pte.*

Address

*227 Hamilton Av.*

Present Medical Category

*A1*

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

*R. H. [Signature]*  
O.C. Discharge Depot.

*[Signature]*  
Senior Medical Officer

*[Signature]*  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5104 Rank Plt Name Mullins James  
 Date of Enlistment 17-5-18 Address Hamiltonville, District of St. John's  
 Occupation Bricklayer Classification for Discharge F Medical Category F.I.  
 Recommendation S. M. P. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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 11-6-19 O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.

*J. Mullins*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied \_\_\_\_\_

*W. L. Bush*

Date 12-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at Hamilton, Ont. and Release Certificate No. 12625 issued.

Date 12-6-19 *J. R. Knowlton*  
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 29-6-19

Date 12-6-19 *J. R. Knowlton*  
Depot Paymaster.

Discharge approved for 15-6-19  
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
B179c	B 120	M 93		

**2 Form B**

Date 12-6-19 *J. R. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

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

**Eligible for War Service Gratuity**

Date JUN 15 1919 *R. H. Sait*  
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*

*P. Mullins*

Signature of Man.

Reg. No. *5104*

*J. A. Snowcroft*

Signature of the Vocational Officer or his Representative.

Place

*ST. JOHN'S*

Date

*12-6-19*

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

# MEDICAL HISTORY

Surname Mullins Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish S. Johns County Wfed

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	17 day of May 1914	S. Johns	day of	191
Declared Age	25 years	days	years	days
Trade or Occupation	Bricklayer			
Height	5 feet 4 1/2 inches		feet	inches
Weight	127 lbs.			lbs
Chest Measure- ment	Girth when fully expanded... 36 1/2 inches			inches
	Range of Expansion... 4 1/2 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
		1 scar		
When Vaccinated	10 yrs ago			
Vision	R.E.—V=	6/12	R.E.—V=	
	L.E.—V=	4/10	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>James Mullins</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	S. Johns	at	
	on	17 day of May 1914	on	day of 191
		Corps		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	The Royal 5/104			
	Wfe Dept			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## Medical Report on an Invalid.

Station Hazley HouseDate 1-5-19

1. Unit Royal Newfoundland
2. Regimental No. 5104
3. Rank Pte
4. Name Mullins J.
5. Age last birthday 23
6. Enlisted { on 17-5-18  
at St John's
7. Former Trade or Occupation } Bricklayer
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary; and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. nil

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*He complains of no disability*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

*m*

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

- (b) Where?
- (c) Opinion?

*m*

16. Was an operation performed? If so, what?

*m*

17. If not, was an operation advised and declined?

*m*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*m*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*m*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatriciation*

*W. H. S.*  
*Major D. D.*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Down*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1-5-19*

\*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.

† Delete this word if no exceptions are to be made.





## 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 Office 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 *Mullins James*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5104*

Intended address *Stamilton Ave*

Height on discharge *5* feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scar on Lt Leg*

Figure on discharge *Mr*

Christian name of Father *John*

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 John's 15 June 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) *James Mullins*

(Rank) *[Signature]*

Station \_\_\_\_\_ Date *19-6-19*

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.

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

Station \_\_\_\_\_ Date \_\_\_\_\_

**Casualty Form Active Service.**

Regiment or Corps St. John's Newfoundland

Rank Rt. Lt. Surname Mullins Christian Name J. J.

Religion R.C. Age on Enlistment 23 years 7 months

Enlisted (a) 7/5/18 Terms of Service (a) Duration Service reckons from (a) 7/5/18

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended ( ) Re-engaged ( ) Qualification (b) \_\_\_\_\_

Occupation Brick-layer or Corps Trade and Rate Platoon Capt. Signature of Officer \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B.215, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.215, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		<u>28 NOV 1918</u>	
		Joined Batt.		<u>5 JAN 1919</u>	
		<u>Arrived in UK</u>		<u>7 1/2/19</u>	

*John!*

(a) In the case of a man who has re-engaged for, or is enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shipping Smith, & Co. (17991), WA. W 1387 - P 1124, 1,000,000. 6/18. D & B. Form B/103, (S. 1255).

*Neely & Kin: Father: John Mullins: 227 Hamilton Avenue: St. John's: N.S.W.S.*

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/O RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *James* ..... 2. Surname... *Murphy* .....
3. Rank... *Rtc* ..... 4. Regt. No. ... *5104* .....
5. Address in full to which future payments of gratuity are to be forwarded... *227 Hamilton Avenue, City* .....
6. Date of enlistment in the Regiment... *May 17, 1918* .....
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... *Not applicable* .....
9. Address in full of such dependents... *No* .....
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 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... *Thirteen months and nine days* ..... 12

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

*Not applicable*

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.

*79.69 Clothing Etc*

15. Have you been issued with a War Service Badge? *no*

16. Have you, during the present war, served in the Imperial Forces? *no*

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? *no*

19. Are you now serving in the Regt.? *no* If not give- (a) date of discharge. *June 26/19* (b) Reason for discharge.

*Demobilization*

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.

*France Belgium and Germany*

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: *J. Mullins*

Place of Residence: 227 *Hamilton Ave. Acton*

Declared before me at: *81 Johns. road*

This *12<sup>th</sup>* day of *June* 191*9* *John M. Carthy*

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

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

*THE OFFICE OF THE PAYMASTER GENERAL*  
*WAR OFFICE, WHITE HALL, LONDON, E.C. 4.*  
*1919*





THE ROYAL NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, James Mullins, Regl. No. 570  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Five Dollars and Sixty 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: Aug 19  
Allotment begins Aug 19

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4602	Wife	John Mullins	222 Hamilton General John	60
Total Allotment, \$				60

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.) [Signature]  
Officer Commanding  
[Signature] Company  
[Signature] 1911

(Sig.) James Mullins  
(Rank) Pte.

ST. JOHN'S, JUN 13 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pte J Mullin  
227 Hamilton Ave

Billeting Soldiers as undermentioned

from June 1/19 to June 15/19

5104 Pte J Mullin 15 50

ACCOUNT	B. M.
CH. NO.	23310 INITIALS C. E.
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 15.50

J. A. Smallcraft  
Billeting Officer.  
J. P. Mullins

C. E.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39

Regiment of

*Royal Newfoundland*

Number of Sheet *51*

Signature of O. C. Company

*A. Dicks Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5104 Mullins James</i>	Age on	<i>23</i> years <i>3</i> months	<i>Booklayer</i>	
Joined		Date	Place and Date of Enlistment		
Joined		Date	Date	<i>St John</i>	
Joined		Date	Date	<i>17.5.18</i>	Place of Birth
Joined	Date	Date	Period of	with Colours <i>144</i> years.	with Reserve <i>365</i> years.
				<i>St John</i>	

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
				<i>Demobilized</i>	<i>St John</i>	<i>29.7.19</i>			

To be carried over

Army Form B. 121.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 2026 to his home at Hammond, Ind. and Release Certificate No. 2026 issued.

Date 12-16-19 *J. H. Snowloff*  
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 12-1-19

Date 12-1-19  
Depot Paymaster.

Discharge approved for 15-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 208	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist	" 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
B179c	B 120	M 03		

2 Form B

Date 12-6-19 *J. H. Snowloff*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-  
Officer in Records.  
Board of Pension Commissioners.  
with following additional documents.

Date JUN 15 1919 **Eligible for War Service Gratuity**  
*Paul J. ...*  
O. C. Discharge Depot.

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

Date June 20, 1919 *J. H. Snowloff*

Reg. No. *5104.* Rank *Pvt* Name *Mullens Jas*

Attested ..... Address *227. Hamilton Avenue.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29.1.19.*

Returned on S.S. *Loisian* Cause *Discharge*

*11619*  
*15649*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**