



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5730 Name Patrick Mullin Corps RC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------|
| 1. What is your name? | 1. <u>Patrick Mullin</u> |
| 2. What is your full Address? | 2. <u>Boyd's Cove N.S.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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. <u>Yes</u> |

I, Patrick Mullin 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.

Patrick Mullin SIGNATURE OF RECRUIT.

H-y-D
Corps Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Patrick Mullin 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 Boyd's Cove on this 4th day of July 1915

Signature of Attesting Officer C.B. Dickson Lieut.

†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 complied with. I accordingly approve, and appoint him to the

If enlisted by special authority, such will be attached to the original attestation.

Date 5th July 1915 Place Boyd's Cove N.S.B. } Approving Officer. W. H. ...

† 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)

Reg. No. 5730 Rank Plt Name Mullins Patrick 7605
Attested 4-7-18 Address Boyd's Cove Swill Dist.
Allotment 50 Allottee Robert Mullins (Father)
Date of Allotment 1-8-18 Returned from Overseas.....
Embarked for Overseas SEP 22 1918 Cause.....

7-7-18 Vace 1st 2-9-18

AL 17-7-18 to 29-7-18 Returned 29-7-18

C.R. 5730

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 6-8-19.

5730 Pte. P. Mullins.

Extract from Daily Orders part 11, from Unit The Royal Mfld
Regt. St. John's, dated July 5th, 1918.

#5730 Pte. Patrick Mullins.

Attested for General Service with the Royal Mfld
Regt. 4-7-18

C.R. 5730

Extract from Daily Orders by Major M.S. Sullivan, Com-
manding Hfld. Forestry Companies 26-11-18.

The undernoted having arrived from the 2nd Bn. Royal Hfld.
Regt. is attached to the strength from this date and posted to
"A" Co. for rations.

5730 Pte. P. Mullins.

C.R. 5730

Extract from Daily Orders Part 11 Unit the Royal 221d. Regt.
St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 23-7-19

5730 Pte. P. Mullins.

C.R. 5730

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

5730 Pte. P. Mullins.

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

C.R. 5730

Extract from Nominal Roll Detained from St. John's for
Overseas, Sept. 22, 1915. "M"

5730 Pte. Mullins Patrick.

S. Mullins.

C.R. 5730

1880

No 3954/602

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To; Officer Commanding,
2nd Batt. Ryl Nfld. Regt.

Winchester.

12th March 191 9

March 15th 191.

5730. Pte. Mullins P.

With reference to the following
telegram from the Minister of
Militia / / (75)

Receipt hereunder.

Kearney LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n.

"Pay to- 5730. Mullins
£7. 0. 0.

Received the sum of £ 7

Seven pounds in respect of
telegraphic remittance from the
Minister of Militia.

Cheque £7. 0. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

P. Mullins
No. 5730 Rank Private

Witness Cpl C. Barnes

A. J. Munnell
Chief Paymaster & O. i/c Records.

Mullins, A

5730

Ray Sept.

August 6th 1919.

#5730, Pte. P. Mullins,
Boyd's Cove, Twillingate.

Dear Sir:

Enclosed please find Discharge Certificate
3409.

Yours truly,

Capt. & O.i/c. Record^s.

RS.



6625

Trinidad

Sept 27 1919

Dear Sir:-

Mr Patrick McEllin of Bay's
 Mr - wear Bay, Car. in Cause
 trouble to the amount of \$400.00. The
 matter is in Court so I am asking
 if he has any money due him
 by the Military Department will
 you kindly hold it in the mean
 time, until the matter is
 disposed of. He is at Little
 Rock Island. I was cannot
 finalize the matter until Oct
 15/19.

Yours truly,
 Capt. W. Hardey. C. P. Roberts
 Paymaster Military Dept. C. M.

\$69.50 Balce - W.S.H.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5730 Rank Pfc Name Mullens P
 Intended place of residence Boyd's Cove Tullaghan

2. Occupation Fisherman
 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 9 1919

Miss Lamb
 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 9 - 1919

P Mullins
 Signature of soldier
J. H. [unclear]
 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 9 - 1919

P Mullins
 Signature of soldier
James O. Sheehan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 4-7-18 No. of days on Military
 Discharged from service 23-7-19 Plus 14 days Service 399

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 23 1919

L.R. Coffey Capt
 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 August 6/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

AWB 2079/3409

The Royal Newfoundland Regiment

Class for Demobilization:—

8.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

8.7.19

Regimental No. *5730*

Name

Mullins Pat

Address

Notre Dame Bay

Present Medical Category

A-1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R.H. Last Major
O.C. Discharge Depot.

Hobson
Senior Medical Officer

W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5730 Rank. Plt Name Mullins P
 Date of Enlistment 4.7.18 Address Boyd Cove District Lewis
 Occupation Fisherman Classification for Discharge 16 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st.	" 2	3
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 8.7.19O. C. Discharge Depot. Mullins P

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

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 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2279.....to his home at Boyd's Cove and Release Certificate No. 3343 issued.

Date 9-7-19 J.A. 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 6-8-19

Date 9-7-19 J.A. Knowlton
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
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 9-7-19 J.A. Knowlton
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 23 1919 L.R. Cooper Capt
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.

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. *5730*

Place

St. Johns

Date

9-7-19.

191

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

MEDICAL HISTORY

Surname Mullins

Christian Name Patrick

Table I.—GENERAL TABLE

Birthplace:—Parish Boyd's Cove to S.P. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	on <u>14</u> day of <u>July</u> 191 <u>8</u>	at <u>St John's</u>	on	day of 191
Declared Age	<u>20</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>5</u> inches	feet	inches
Weight		<u>127</u> lbs.		ll s.
Chest Measurement {	Girth when fully expanded	<u>35</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= <u>4/6</u>	L.E.—V= <u>4/6</u>	R.E.—V=	L.E.—V=
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>James Patrick</u>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <u>St John's</u>	at		
	on <u>14</u> day of <u>July</u> 191 <u>8</u>	on	day of	191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>Royal</u>	<u>5730</u>		
Transferred to	<u>Newfoundland Regt</u>			
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(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 *Patrick Mullins*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5730*

Intended address *Notre Dame Bay (Bayshore)*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —
Figure on discharge *Medium*

Christian name of Father *Robert*

Christian name of Mother —

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Notre Dame Bay 24 March, 1897*

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) *Patrick Mullins*

1st
(Rank)

Station *ST. JOHN'S*

Date *5-7-19*

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

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 Land* 7. Former Trade or Occupation } *Fisher*
2. Regtl. No. *5730* 3. Rank. *pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Mullins Patrick* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *22*
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
(c) on duty (d) off duty ?
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 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. *nd*
12. Place of origin of disability. *nd*
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. *nd*

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? }

The Complaint of the disability

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.)

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?

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

Repatination

W. J. [Signature]
 Medical Officer in charge of case.

Station *Wingley, Dorset*

Date *21/4/19*

* 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

August 15, 1919

Mr. Patrick Mullins,
Boyd's Cove, N.D.B.

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 Service Gratuity.

Yours truly.

Captain & Paymaster.

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 & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Patrick* 2. Surname... *Mullins*
3. Rank... *Private* 4. Regt. No. *5.7.30*
5. Address in full to which future payments of gratuity are to be forwarded... *Boyd's Lane, St. Peter's Bay, Millington District*
6. Date of enlistment in the Regiment... *July 4. 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable
8. Relationship of such dependents... *Not applicable*
9. Address in full of such dependents... *Not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier.....
11. Were you on active service only in field, if so, give dates and particulars of such service..... *No*
12. Give total length of time which you served on active service, whether in field, or Overseas... *3 or 71 days in field and England* *1.2*

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

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.
.....
.....

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?

19. Are you now serving in the Rest? *no* If not give:- (a) Date of discharge. *Jan 24 1919* (b) Reason for discharge. *Remobilization*

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. *England*

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: *Patrick Mullins*
 Place of Residence: *Boyd's Cove, Water Lane Bow*
 Declared before me at: *in plus*
 This 10 day of *July* 191*9*...

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

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

Royal Newfoundland Regiment..

To..

5730 Pte. P.Mullins.

July. 26th.1918. To board and lodging.

\$1.00

B/P.Attached (While on home leave)

ACCOUNT	<i>Board Messing</i>
CH. NO.	<i>526</i>
IND. LEU	
PAY LI	
GEN	

OK.

Atkinson Jr.

Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's Nfld.

20-7-18

20/18

Prices consistent with quality are the best.  satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisporte, July 26 1918
Newfoundland

At Ste. Pat. Muller's No 573.0

Dr. Manuel Hotel.

To Board and Lodging

1 00

Motor Boat Hire

Cartage

1 00

Dr. R. W. Manuel
Storage

Extras

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet

Regiment of

Royal Newfoundland Regt.

Signature of O. C. Company

The Adjutant General

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Patrick Mullins</i>	Age on <i>21</i> years	months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<i>St John's</i>		<i>R.C.</i>	
Joined	Date	Period of	with Colours <i>3rd</i> years.	Place of Birth	
Joined	Date	with Reserve <i>3rd</i> years.		<i>Bayds Cove N.B.</i>	

Place	Date of Offence	Rank	Case of Discretion	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>	<i>6th</i>				<i>19</i>

To be carried over.

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. *5730* 3. Rank *Pr*
- 4. Name *Mullins* *Patrick*
(Surname) (Christian Names)
- 5. Age last birthday *22*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Fisherman*
- 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 ?

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.)

Recom plains of no Disability

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.

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 ?

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

Repatriation

W. E. Proctor

Col. K. Hunt

Medical Officer in charge of case.

Station .. *St. Azely, Bourn*

Date *9/14/19*

* 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.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2279.....to his home at Boyd's Cove and Release Certificate No. 3343 issued.

Date 9-7-19 J.A. Crawleff
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 1-8-19.....

Date 1-7-19 Depot Paymaster.

Discharge approved for 23-7-19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	Form B
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 9-7-19 J.A. Crawleff
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 20 1919 H.R. Loober Capt
O. C. Discharge Depot.

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

Date July 21 1919