



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 997

Name in full Robert Whitfield Mills Age 23

Address Mortons Hs. N.S.B.

~~Married~~ Single Height Weight

Color Dark Hair dk Brown Eyes Grey

Other distinguishing marks Scar on Right Elbow

Nearest relative Sara Jane Mills (Mother)

Address Mortons Hs. N.S.B.

Dependents None

Occupation Seaman Present Wage 300 per year

Previous service -

Decorations -

General Remarks -

Date of Enlistment Feb. 15/14

Robert Whitfield Mills, 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 condition of my service.

Robert Whitfield Mills

Declared before me this 9 day of Feb. 1914

Handwritten notes:
engaged to Sara Jane Mills
Married 12/12/14
Robert Whitfield Mills
Feb. 15/14

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 997

Name Robert Whitfield Mills

Apparent age 23 years _____ months. Height _____ feet _____ inches.

Chest measurement { Girth when fully expanded _____ inches. ✓
 Range of expansion _____ inches.

Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Gray

Other distinguishing marks: Scar on right elbow

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mrs. Jane Mills, Morston Harbour, N.S.W., Nfld.

| Relationship Mother

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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pens. on years days	Service in Re-serve not allowed to reckon towards G. C. Pay years days	Signature of Officers certifying correctness of entries
Service towards limited engagement reckons from <u>1/2/15</u>							
Joined at <u>St. John's</u> on <u>1st February '15</u>							
Total Service forfeited as above							
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days							
" " Pension " _____ (") _____ " _____ "							

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 997

Name Robert Whitfield Mills

Apparent age 23 years _____ months. Height feet inches.

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

Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Grey

Other distinguishing marks: Scar on right elbow

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Sara Jane Mills, Moratons Harbour, N.D. Bay, Nfld.

| Relationship Mother

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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pens on	Service in which 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>1/2/15</u>							
Joined at <u>St. John's</u> on <u>1st February '15</u>							
<u>Discharged April 22 1919</u>							
<u>Embarked 1st Division at Halifax 20th Dec. 1915</u>							
<u>Embarked for Cairo 31st Dec. 1915</u>							
<u>Embarked to C.E.F. 2nd Division at Genoa 10th Dec. 1915</u>							
<u>Admitted 12 4th H. Rowers Section 14-3-17</u>							
<u>Leave Suspended 24-7-18</u>							
<u>Arrived Headquarters Nfld 7-2-19</u>							
<u>Demobilization at Halifax 22nd 19</u>							
Total Service forfeited as above							
Total Service towards Engagement to <u>22-11-19</u> (date of discharge) <u>4</u> years <u>81</u> days							
" " " Pension " (") " " "							

R. Miles.

997

R.R.O.

WILL. 848

Name

Mills Robert

Regtl. No.

997

Rank

Pvt.

Regiment

Date of:—

28/5/19.

Receipt ...

Transfer ...

Final disposal and
to whom sent ...



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

Roll Whitehead Mills, Regl. No. *997*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>998</i>	<i>Wife</i>	<i>Mrs Sarah Jane Mills</i>	<i>Moriltons W.A.S.</i>	<i>60</i>
Total Allotment, \$				

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.) *E. Sheppard*
 Officer Commanding
 Company
M. Johnson

(Sig.) *Roll W Mills*
 (Rank) *Pte*

No. 997 Rank Pls Name Mills R.

Pay	£	s	d	Total
150	10			110
Loas Allocation				60
Net Rate				50

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d					
						From	To			£	s	d	c		
<i>P.M.A.</i> Balance			4	0	Balance	8/6/17						24	11	1/2	
Acquittance Rolls	12	5	8	Pay @ net rate	8/6/17	5/12/17	180	50	90	00	18	9	10	1/2	
Hospital Advances					Ration allow										
A.B. 64 (35/102)	1	5	8	14 days @ 1/9									1	4	6
P. & R.O. Payments															
13-15-4 Cheque 7157		30	0	0		6/12	18/12	13	50	6	50	1	6	9	44-56
					30-10-2										
					-1-16-11 ✓										✓ 45-12-3
15-4 Leach 4769	15/17	1	16	11											

43-15-4

CHECKED.
Box
6/11/17

No. 997 Rank L/Cpl Name Mills R.

Pay	F.A.	Wkg	Total	N.Y.
100	10		110	
Less Allowment			60	
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate: \$					
						From	To							
Balance					Balance		21-12-17						6	10
Acquittance Rolls		27	7	8	Pay @ Net Rate		22-12-17	25-7-18	214	50	107	00		
Hospital Advances			18	4	<i>MR. Do/1/18</i>		24-7-18	20-11-18	120	55	66	00		
A.B. 64. <i>125/120 @ 3/10</i>			1	6	10	<i>R.A. B.C.</i>							1	4
P.A.R.O. Payments					17 8 8								37	1
<i>V. 9872 Cash 20/4/18</i>		29	12	10	12 0 4		21-11-18	4-12-18	14	55	97	70	1	11
<i>Cash 10109</i>	<i>3 12/18</i>		2	0	4								38	13
														2

67-1.8

Mills, Robert

997

Ray Sept.

THE ROYAL NEWFOUNDLAND REGIMENT DR

TO #997, L/C R. Mills

To Passage from Moreton's Hr. to Lewisporte :

\$15.00

To Board & Lodging while at Lewisporte

3.60

l As per voucher attached.

\$18.60



ACCIDENT	<i>Y. J. J.</i>
OH. NO.	<i>15139</i>
INITIALS	<i>Lee</i>
IND. LBCCAS	_____
IND. ALL	_____
PAY LBCCAS	_____
IND. MVA	_____
OH. LBCCAS	_____
IND. MVA	_____

OK

W. J. J.
Assistant Adjutant & Quartermaster
Discharges Depot, Newfoundland

R. Mills

APR 4 1919

1919

\$ C

Mar

31

997 7/8 R. Mills
Dr To Mr Percy Knight
for passage from
Moncton N. to Lewisport 15 00

No. 16

TRAVELLING WARRANT

No food still
13.2.19

Date

10.2.19

The Royal Newfoundland Regiment

Warrant
Please issue 1st Class Passage and Meals for

No.

997

Rank

Lieut

Name

Walter Lobt

~~From~~

~~ST. JOHN'S~~

To

From

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

[Signature]
SIGNATURE OF ISSUING OFFICER.

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

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

Lewisporte,
Newfoundland

nd
April 2 1919

M No 997 Leape R. Mills

Dr. Manuel Hotel.

To Board and Lodging

3 60

Motor Boat Hire

Cartage

Storage

Extras

Paid
R. W. Manuel
per E. M. J.

Trans
17114 *APR 22nd. 1919*

The Department of Militia,

The sum of Fifteen Dollars \$ 15.00 is due

997 L/Cpl. R. Mills for transportation from Lewisporte, to Mertens Hr.

Voucher Attached



Account for \$15.00
J.A. Snowford
Demobilisation Officer
Discharge Depot-Newfoundland
Mertens Hr. NFB

No. 438

TRAVELING WARRANT

Date APR - 4 1918 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 997 Rank *L/Opri* Name *Phill Robt*

From *Limpole* ~~ST. JOHN'S~~ - To *Mounton H^r*

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. J. Snowford
SIGNATURE OF TRAVELING OFFICER
DEPOT ST. JOHN'S, N.F.

Received from Capt R. Mills #997

The sum of \$15. (fifteen dollars)

for passage & meals from Lewropat

To Mortons & Co

Piece Freight
Mortons & Co

Address

R W Mills

Mortons & Co

Cheque mailed to above
address 6/17/19

April 22nd., 1919

#997 B/cpl. Robert Mills,

Moreton's Harbor, N.D. B.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1918."

Yours truly

Capt.
Paymaster & O.i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 997 Rank Pte L/C Name Mills Robt
 Intended place of residence Moretown N.S.

2. Occupation Seaman
 Classification of soldier E Medical Category AI

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 APR 4 1919
 for H. Mills Lieut.
 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
4-4-19
R. Mills
 Signature of soldier
J. A. Stewart
 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 and Date ST. JOHN'S
4-4-19
R. Mills
 Signature of soldier
W. Gleaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30.1.15 No of days on Military
 Discharged from service 8.4.19. Plus 14 days Service 1544

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 APR 8 1919
R. H. Lait 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, N.S.
 Date April 22/1919
J. A. Stewart
 Officer in Charge
 The Royal Newfoundland Regiment

a.F.B. 2079/1918

28
31
22
81

The Royal Newfoundland Regiment

Class for Demobilization: —
4/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

 Date *4.4.19*

 Regimental No. *997*

 Name *Mills Robert L/Opt.*

 Address *Moncton N.B.*

 Present Medical Category *A1*

 Recommended for:— { (a) Immediate discharge
 (b) Standing Medical Board

Members of Board {

Ret. Lt. Capt.
 O.C. Discharge Depot.

S. P. ...
 Senior Medical Officer

S. O. ...
 M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 997 Rank L/C Name Mills Robert
 Date of Enlistment 30.1.15 Address Moncton N.B. District Imperial
 Occupation Paymaster Classification for Discharge 16 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 11.11.19

R. Mills
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

R. Mills

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. #6000

(b) Clothing Supplied

Chas. Clouston Lieut

Date 11-11-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R15E49438 to his home at and Release Certificate No. 1981 issued.

Date 4-4-19

J.A. Crawford
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 22-4-19

Date 4-4-19

PERMIT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

H. M. ...
Depot Paymaster.

Discharge approved for 8-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med	D.F. 1	1
F 173	W 3494	B 122	1	Board 1st	" 2	1
F 175a	D 400A	B 1915		do 2nd	" 3	2
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	" 6	
B 179c	B 120	M 93				

Date 4-4-19

J.A. Crawford
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

APR 8 1919

Date

R.H. Sait 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
"Seaman"

R. Mills

Signature of Man.

J. A. Shaw

Signature of the Vocational Officer or his Representative.

Reg. No. 997

ST. JOHN'S.

Place

APR - 4 1910

Date

191

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

MEDICAL HISTORY

OF

Surname MullChristian Name Robert.

Table 1.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Birthplace:—Parish.....	County.....			
Examined	on 30 day of Jan 1915	on	day of	191
	at St Johns	at		
Declared Age.....	23 years	days	years	days
Trade or Occupation.....	Seaman.			
Height	5 feet	7 inches	feet	inches
Weight		139 lbs.		lbs.
Chest Measurement {	Girth when fully expanded... 34 inches			inches
	Range of expansion... 37½ inches			inches
Physical Development.....				
Vaccination Marks {	Arm			
	Number			
When Vaccinated	Never.			
Vision	R. E.—V==		R. E.—V==	
	L. E.—V==		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)	Clayton Macpherson			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted	at St Johns.	at		
	on 1 day of Feb 1915	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1st Nfld. Regt.	987		
Transferred to.....				
Became non-effective by.....				
	on	day of	191	on
		day of	191	
(Signature)				
(Rank)				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.


Date	Brief Details, and Signature
	<p style="text-align: center;">It is hereby certified that this soldier has been before a Board of Medical Officers and has been classified as _____ for Discharge on Deposition. Medical category _____ H. H. 19 _____ Date of T.M.R. _____</p> <p style="text-align: right;">  <small>Captain Assistant Adjutant General</small> </p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
Sgt. John W. Med	Feb. 1. 15	20 Mar 15			
T.S. Stepleau	20 Mar 15	22 Mar 15			
T.S. ORDUNA	22 Mar 15	30 Mar 15			
Edinburgh Castle	30 Mar 15				

April 23, 1919

#997 L/Cepl. Robert Mills,

Moreton's Harbor, 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 the "War Service Gratuity."

Yours truly

Master & C. i/w Records ^{Captain,}

17213

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 erasures, 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. *Robert Mills*..... 2. Surname.....

3. Rank..... 4. Regt. No. *991*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Moretown St. Hilda*

6. Date of enlistment in the Regiment..... *Jan 30/15*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*

8. Relationship of such dependents..... *—*

9. Address in full of such dependents..... *—*

.....

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..... *From June 30/15-6*

6 p/4/19 date of temporary discharge

Signature of Applicant: *R. W. Mills*
 Place of Residence: *Moretowns St, N Fed.*
 Declared before me at: *St. Johns, N Fed.*
 This *4th* day of *April* 19*19*
John McCarthy
J.P.

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>6 mos.</i>	<i>1120 00</i>
.....
.....
.....

Certified Correct.

Paymaster.

[Signature]



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 *Robert Mills.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *997.*

Intended address *Moncton N.S.*

Height on discharge *5 Feet 6.*

Color of hair on discharge *Light Fair*

Complexion

Color of eyes *Brown*

Descriptive Marks *1 scar on Right Arm*

Figure on discharge *Medium*

Christian name of Father *Joshua*

Christian name of Mother *Sarah Jane*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Moncton N.S. 28th Sept. 1893*

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)

R. Mills

A.C.H.

(Rank)

Station

St. John's

Date

4-3-19

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.

The Royal Newfoundland Regiment
MEDICAL OFFICER
St. John's Hospital
Unit, or Command Depot.

Station

Date

28



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Roll Whitford Mills, Regl. No. 997

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and _____ Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of; and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
998		<u>Mrs Jane Mills</u>	<u>111 St. John St</u>	<u>60</u>
Total Allotment, \$				

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
 Company

(Sig.) [Signature]
 (Rank) [Signature]

[Signature]
 MAR - 3 1915 191

ST. JOHN'S, APR 4 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To *L/c. R. Mills*

Billeting Soldiers as undermentioned

from *Feb 24th /19* to *April 8th /19*

J. C. S.

997. L/c. R. Mills 44 30

B 9 m

NO. TO	15136
DATE	
NAME	
POST	

EW

Certified correct for \$ *44.*

R. J. Milne
Billeting Officer.

R. J.

No. R. 16

TRAVELLING WARRANT

*No food till
13.30.*

Date

10.2.19

The Royal Newfoundland Regiment

Andrew Gath Hill Campbell

Please issue 1st Class Passage and Meals for

No.

997

Rank

Plt

Name

W. G. Hill

To

ST JOHN'S

From

20 Moncton St

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

CH NO

12175

INITIALS

W. G. Hill

IND. LEGS

INITIALS

PAY LEGS

INITIALS

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

SIGNATURE OF ISSUING OFFICER.

W. G. Hill Capt

2/13/19

This is to certify that ~~Mr~~ Nath Hill
Campelton has given me first
class passage from Campelton
to Comfort Cove for the sum of
\$5.50. (five Dollars fifty cent)

Signed

Lt C R. W. Mills

997

A. B. [unclear] Regiment



[Handwritten signatures and scribbles, including 'A. H.' and 'A. B. ...']

6/12/19

March 7, 1919

Mr. Nath. Hill,
Campbellton, N.D.B.,
Mfld.

A. C. J.

Dear Sir:

I enclose herewith cheque
for \$5.50 being amount due you for driving
L/Corp. R.W. Mills #997, to Comfort Cove.

Yours truly,

Capt.
Paymaster.

12175

11631

997

S S Home

Lewisport

Nov 10th/20

Dear Sir

As I have not been home for about 20 months all my Ribbons & Medal has gone to my home (Mortons Ohio) and I have not received them till lately so I am enclosing the receipts now

Yours Respectfully

R. W. Mills

Chief Officer

S. S. Home

Lewisport

7

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 997. NAME. *L. W. Mills*

DATE. *7/11/20*
PLACE. *Lehigh*

7

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 997. NAME. *L. W. Mills*

DATE. *7/11/20*
PLACE. *Leipzig*.....

4)
A. J.

RECEIPT.

997

I hereby certify that I have received the 1914-1915

STAR.

No 997 Name A. W. Gullis

Witness. _____

Date 7/11/20

Place Lumpaka

C.R. 997

Extract from Daily Orders Part II The Royal Newfoundland
Regiment Depot St. John's dated April 25th 1919.

.....

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date.
22/4/19.

997, L/C. Robt. Mills.

C.R. 997

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt
St. John's, April 10th, 1919.

The discharge of the undernoted has been APPROVED by
O.C. Discharge Depot from 8-4-19.

997 L/Cpl. Robert Mills.

Moretown H^o

Mar 11th 1919

Minister of Militia -
St John's
Dear Sir:

Laurel Corporal

997 Robt. W. Mills
has been in contact
with a case of Small-
pox and is under
quarantine and so
will not be allowed
to leave his home
before possibly the
first of April

Yrs truly,
A. J. Wood M.D.

Mortons Hill

Mar. 11th / 19

Capt. R. H. Tait

Dear Sir

As I have come
in contact with a case of
small-pox. it is impossible for
me to report bact^{To 217-495} on the 24/3/19
as I am under quarantine and
will not be able to leave my
home until April 1st / 19.

The Medical Doctor has written to
The Minister of Militia about
my case.

Yours truly
H. W. Mills
1st R. ⁹⁹⁷ Field Regt

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 Star.

C.R. 997

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name.....

Name *R. W. Mills*

Date.....

Place.....

Please sign and return to Dept. of Militia.

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 5 for your issue.

Lieut. Colonel,

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Western Egyptian Frontier* from *Sept. 19th* 1915 to *Dec 31st* 1915.

(Date) *7/4/19* (IO) *997* (Rank) *Lieut.* (Name) *Mills, R. W.*
(Place) *St. John's*.....

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 5 for your issue.

Lieut. Colonel,

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of
1914-15 Star.

I certify that I am entitled to this issue,
having served on* *Western Egyptian Frontier.*
from *Sept. 19th* 1915 to *Dec 31st* 1915.

(Date) *7/9/19* (NO) *997*... (Rank) *Capt.* (Name) *Mills, R. W.*
(Place) *St. John's*.....

*Fill in theatre of War where you served in
Gallipoli, Mudros, Lemnos, or Western Egyptian
Frontier.

C.R. 997

Extract from Nominal Roll of the Royal WFLA. Regt.
24-2-19.

The undermentioned who was transferred from
B.S.F. to the 2nd Bn., Winchester, 19-1-19 awaiting
Repatriation.

997 B/c. R. Mills.

C.R. 997

Extriser from Daily Orders Part 11 Unit The Royal Hfld. Regt
St. John'sg 11-2-19.

The Undersated Returned from Overseas and Reported to Depot
11-2-19.
///////// 7-2-19.

Repatriated on A/C Demobilization.

997 L/C. Robert Mills.

C.R. 997

Previous report regarding transfer to 9th Divisional Reception
Camp is hereby cancelled.

Authority:

Pay & Record Office, London, 20/12/18. (Memo. from Lieut. Cooper).

997 L/C. R. Mills.

C.R. 997

Extract from Casualties received from Pay and Record Office, London,
dated December 1918.

AUTHORITY Memo dated 10/12/18 from Lieut. L. R. Cooper.

#997 L/C. R. Mill

C.R. 997

Extract from Daily Orders, UNIT, in the field, dated 31/7/18.

#997 Pte. R. Mills.

APPOINTED L/C 24/7/18.

C.R. 497

NEWFOUNDLAND CONTINGENT.

Extract of Casualty List received from P. & R.O. March 23rd 1917.

997 Pte R. Mills.

1st Newfoundland. Impetigo..... Adm. 2 Conv. Dep. Rouen. ex. 12 General
Hospital 16th March 1917.

C.R. 997

Extract from Officers R.C.'s and men
of the Newfoundland Regiment who were
employed as Transport to the 1st., 2nd.
and 3rd., Composite Battalions engaged
on the Western Frontier in Egypt.
Dec---Feb.

997 Pte. R. Mills

The above men did not embark for Gallipoli
but were left behind at Alexandria when the
Battalion sailed on Sept. 15th., 1915.
22/4/16.

C.R. 997

Extract from Nominal Roll of draft embarked for
Overseas per S.S. Stephano March 20th 1915.

No. 6. Platson.

Pte. 997 M. Mills.

C.R. 997

Robert W. Mills was attested for General Service
with the NEWFOUNDLAND REGIMENT on Feb. 1st 1915.
Regimental No 997 was allotted to Pte. Robert W. Mills.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

Casualty Form—Active Service.

587

Regiment or Corps Newfoundland
 Regimental No. C.R. 997 Rank Pvt Name Mills R
 Enlisted (a) Feb 1/15 Terms of Service (a) 1 year Service reckons from (a) Feb 1/15
 Date of promotion to present rank _____ Date of appointment to lance rank _____ Numerical position on roll of N.C.Os. _____
 Extended Discharged Re-engaged Aug 15/15 Qualification (b) _____

Report		Place	Date	Remarks taken from Army Form B. 218, Army Form A. 86, or other official documents.
Date	From whom received			
	Embarked St. John's, NFLD.		20.3.15	
	Disembarked Alexandria		1.9.15	
	<u>Port Said</u>	<u>2.3.16</u>		
	<u>Des Marseilles</u>	<u>10.3.16</u>		
	<u>with 10th Battalion</u>	<u>Saudi</u>	<u>4.7.16</u>	<u>B 213</u>
	<u>29 S.B.D. joined from front</u>	<u>With 9ATT</u>	<u>28.1.17</u>	
	<u>12 S.Hosp. Ad. Scabies</u>	<u>Rouen</u>	<u>11.3.17</u>	<u>From Roll</u>
		<u>So</u>	<u>14.3.17</u>	<u>H.A. 7586</u>
	<u>29 S.B.D. joined Base Depot</u>	<u>So</u>	<u>23.3.17</u>	<u>From Roll</u>
	<u>OC. Unit</u>	<u>In the field</u>	<u>JUN 1917</u>	<u>B 213</u>
	<u>WIT. Bn 30.12.17</u>			
	<u>OC unit appointed Lance Corp</u>	<u>Field</u>	<u>14.7.18</u>	<u>B 213</u>
	<u>Transferred to U.K.</u>			
	<u>for Re-patriation.</u>		<u>19 JAN 1919</u>	<u>1/11/18 B 213</u> <u>Ans. 3/13.</u>

[Handwritten signature]

[Handwritten signature]

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment in the Reserve Section.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Squadron, Troop, Battery and Company Conduct Sheet.

Forms
 B. 121.
 23.

Regiment of *Newfoundland*

Number of Sheets *1*
 Signature of O. C. Company *J. March
 Capt.*

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. <i>997</i>	<i>Mills R.</i>	Age on <i>23</i> years - months	<i>Seaman</i>	
Joined _____	Date _____	Place and Date of Enlistment <i>St John's Feb 1 1915</i>	Religion <i>Methodist</i>	
Joined _____	Date _____	Period of { with Colours <i>4 1/2</i> years. with Reserve <i>3 3/4</i> years	Place of Birth _____	
Joined _____	Date _____			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with title.	By whom awarded	REMARKS
<i>Stabs</i>	<i>1/6/15</i>	<i>Plc.</i>		<i>Absent from duty tatts, till 11.20pm.</i>	<i>Cpl Barred</i>	<i>2 days l.b.</i>	<i>2/6/15</i>	<i>Capt J. March</i>	<i>B.H.K.</i>
				<i>Demobilized</i>	<i>St John's</i>	<i>22 79</i>			

To be carried over

The Royal Newfoundland Regiment

D 997

DEMobilIZATION OF

Reg. No. 997 Rank Plt L/C Name Mills Robert
 Date of Enlistment 30.1.15 Address Moncton N.B. District Swegate
 Occupation Seaman Classification for Discharge 16 Medical Category AS
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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	<u>3</u>
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 4.4.19for R. Mills Plt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

R. Mills

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 4.00

(b) Clothing Supplied _____

W. Clouston lieut

Date 4-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. RUEJ 1948 8 to his home at and Release Certificate No. 198 issued.

Date 4-4-19

J.A. Crawford
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 22-4-19

Date 4-4-19

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

H. Mearns
Depot Paymaster.

Discharge approved for 8-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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
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 4-4-19

J.A. Crawford
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 APR 8 1919

R.H. Sait Capt.
O. C. Discharge Depot.

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

Date 12/4/19

J.P. Evans
for Officer i/c Records

Enlisted 1. 2. 15.
Discharged 22. 4. 19.
France.

~~8~~