

ORIGINAL

No. 2 SECTION SKILLED RAILWAY EMPLOYEES

ATTESTATION PAPER.

No. 2125248.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? **Wyer**
- 1a. What are your Christian names? **John**
- 1b. What is your present address? **469 Notre Dame St. St. Lambert ^{Montreal} Monti Que**
- 2. In what Town, Township or Parish, and in what Country were you born? **Montrl, Que.**
- 3. What is the name of your next-of kin? **Wife - Mary Agnes Wyer**
- 4. What is the address of your next-of-kin? **469 Notre Dame St St Lambert ^{Montreal P. Q.} Monti Que**
- 4a. What is the relationship of your next-of-kin? **Wife**
- 5. What is the date of your birth? **August 26th, 1878**
- 6. What is your Trade or Calling? **Air brake Fitter**
- 7. Are you married? **Yes**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? **Yes**
- 9. Do you now belong to the Active Militia? **No**
- 10. Have you ever served in any Military Force? **No**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? **Yes**
- 12. Are you willing to be attested to serve in the } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? **No**
- 14. If so, what was the nature of the disability? **No**
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? **No**
- 16. If so, what was the reason? **No**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **John Wyer**, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date **March 14** 191**7** **John Wyer** (Signature of Recruit)
Williams (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **John Wyer**, 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, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date **March 14** 191**7** **John Wyer** (Signature of Recruit)
Williams (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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 **Montreal** this **14** day of **March** 191**7**
Jas Patterson (Signature of Justice)

M. F. W. 23.
750 M.-1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of John Wyer on Enlistment.

Apparent Age 44 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 3 1/2 ins.

Complexion Medium

Eyes Brown

Hair Black

Religious denominations. { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic Roman Catholic
 Jewish
 Other denominations
 (Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

thin mald on back

Eyesight R. D. = 20
 " L. D. = 200
 Hearing R. Ear OK
 " L. " OK

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him **FIT** for the Canadian Over-Seas Expeditionary Force.

Date M. D. No. 4 191

Place MAR 14 1917

Atmaeappan Major
 President Standing Medical Board
 Medical Officer.

Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

I certify that this man has been before the STANDING MEDICAL BOARD and has been found fit.

Drummond Capt.
 Officer in Charge Mobilization Centre

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Wyer having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date March 14th 1917 *Russell Capt* (Signature of Officer)
 No. 2 SECTION SKILLED RAILWAY EMPLOYEES

m7 20-9-18



DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

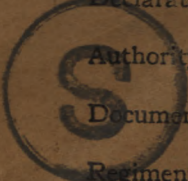


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name Wyer John

Regt. No 2125248 Rank Spr

Corps #2 Skilled R.E.
Med unfit



(2) Pro's on Dis. Dep. & B.P.C.
on m/w 2005
Ref B.P.C. Spec 137
(Returned ¹²/₄) d/1-4-19
BY

Comp'd des. dep. to
B.P.C. on m/w
2005
Ref. B.P.C. Spec 203
at 05/1/19
m/w

484361

CANADIAN FORCES
RECORDS CENTRE
36084
PERS JACKET

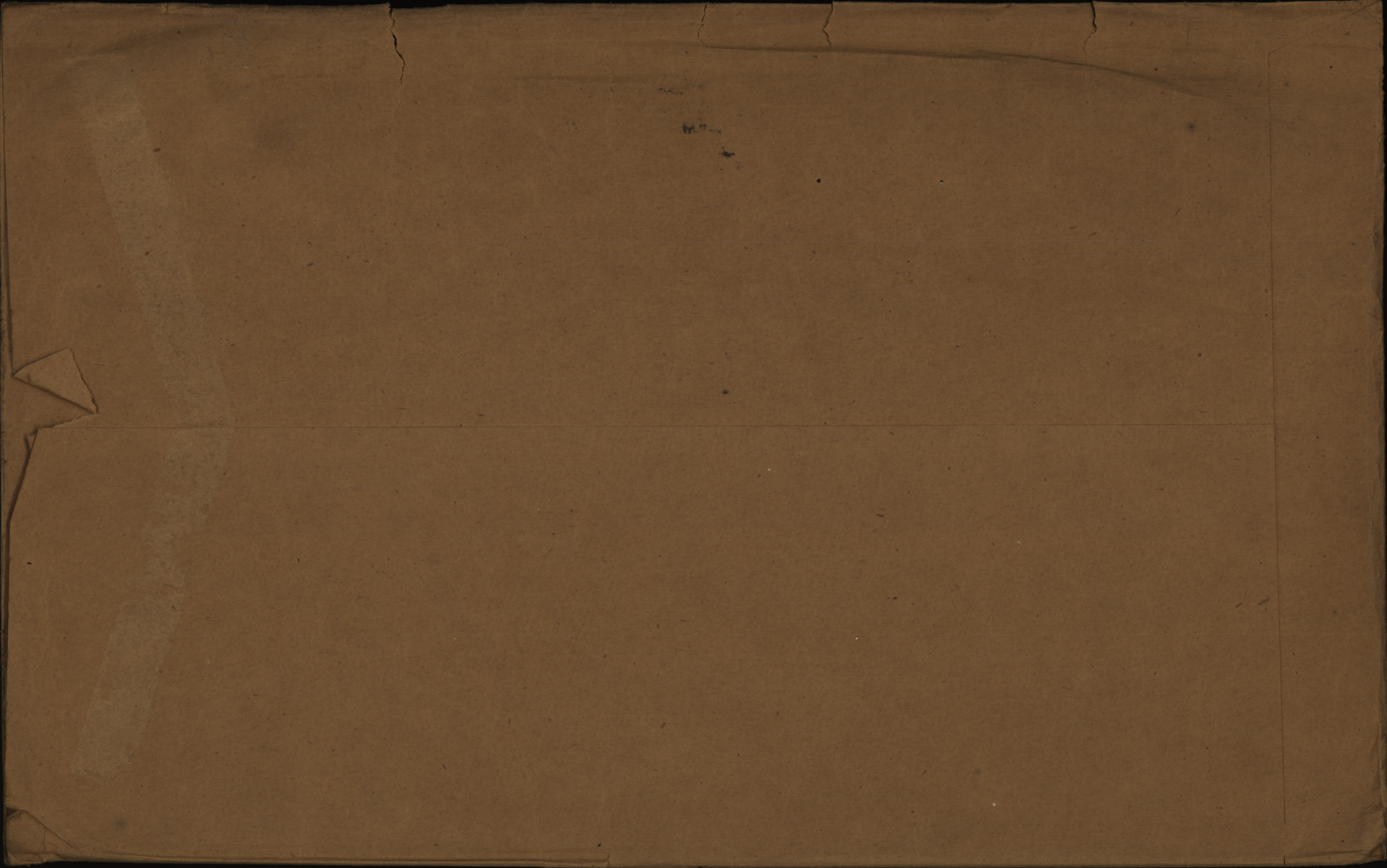


30-4-19
28-20
16-20
3-20
1

m4
1-1-21
1-1-23

Q. F. W. 62.
50M.-9-16.
H. Q. 1772-30-935.

Downy well
Copy of Will



LIST No.

HOSPITAL

DATE OF ADMISSION

REMARKS

my
P
Number. *201205248*

Rank. *Spo.*

B
R
X

Surname. *WYER*

Christian Names. *John*

Unit. *Can Army Sp* Theatre of War. *France*

Date of Service. *3-7-17*

Remarks. *(Widow) Mrs M. A. WYER*

(D)

~~*495 Notre Dame St., Montreal*~~

103102
Latest Address. ~~*709 Notre Dame St.*~~
336 Victoria Ave
St Lambert
Montreal PQ

Roll No. *19* *P.Q.*

Page 4040

NAME

RANK AND UNIT

NEXT OF KIN

CABLE

NO.

DATE

REGT. NO.

DESP. MAY 23 1925

REGN. NO. 13671

Receipt recd. 28-5-25

NATURE OF CASUALTY

B. V. per d. 30 4/24

~~DESP. APR 28 1924~~

~~REGN. NO. 3753~~

No. 2125 248. RANK *PL*

NAME *Weyer, John.*

T. O. S. 14-3-17.

UNIT *No 2 Sect. Skilled Railway Employees.*

D.O. 14 of 16-3-17.

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917. Mar. 14</i>	<i>1917. Mar. 31</i>	<i>n.</i>		



NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No. 2125248
H. Q. FILE No 649

FOLLOWS

No.

FOLLOWS

Wyer J
Sapper C. R. T.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 112-3	#53 Gen. Boulogne	8-1-18	Cellulitis adhesions
a 116-(3)	frisch. to B. of details	10-1-18.	" "

✓ ✓ *JOHN Spr*
Wyer, J., ~~Pte.~~ 2125218 ⁴ *form* #2 S.S.R.E. 649-W-18737
58. 3rd Gang & Key. Oper. Co.

Med. & Ded. Widow *(M)* Mrs. M. A. Wyer,
495 Notre Dame St.,
St. Lambert, P. Q. *canast*

(Ser. # 806321)
P. & S. (Widow). Address as above.

Mem. Cross. (Widow) " " "

Scroll Desp. MAY 3 - 1911 Reqn. No. 2.40954

Plague Desp. 2. M. Reqn. No. 86432
B. W. M.

not elig for 1914-15 Star

SEP 15 1912

M. 1915

W 44372 FEB 7 1921

1058

649-W-18737

30510 in 21-878 2
CARD NO. 2
AD 116 of 1-878 460A

SURNAME.

Wyer

CHRISTIAN NAMES

Jahn

REGL. NO.

2125248

RANK

Pte.

UNIT

Skilled Rly. Emp. (No. 2 Sect.)

FORMER CORPS

Mil.

FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wyer, Mrs. Mary Agnes

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

469 Notre Dame St., St. Lambert, P. Q.

"M"

COUNTRY OF BIRTH

Canada Montreal, P. Q.

DATE

Aug. 26th 1893

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Mar. 14th 1914

9/518-4-17 763/8

M/c 20/3/18-77-4

arr. H

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Air Brake Fitter.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

44

YEARS

MONTHS

HEIGHT

5-

FEET

6

INCHES

CHEST MEASUREMENT

36 $\frac{1}{2}$

INCHES

EXPANSION

3 $\frac{1}{2}$

INCHES

COMPLEXION

medium

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

3 moles on back.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Mar. 14th 1919

Present address

469 Notre Dame St., St. Lambert, P. Q.

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

WYER

J.

2125248

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

CRT.BGR

HOSPITAL

DATE OF ADMISSION

53 Gen. Boulogne.

8-1-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Cellulitis Sdhensions. *le*

1

2-

3.

DISPOSITION

CL. 14-1-18 A112-3.

18-1-18. @116(3)

DATE

Dis. to Base Detach - 10-1-18.

REMARKS

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 8125249 Rank Sgt Name WYER J.

Corps S.R.E. who was* Discharged

On July 31 1918, to I.S.C.
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1 1918, to July 31 1918 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances by Cheques } No.....			Reg't Pay..... <u>31</u> days at \$..... <u>2c.00</u>	<u>62.00</u>	
} No.....			Field Allow. <u>31</u> days at \$..... c.....		
Assigned Pay and Sep'n Allee. No. <u>1125</u>	<u>62.00</u>		Separation Allowances* (Monthly)	<u>25.00</u>	
Other charges	<u>2662</u>	<u>35.00</u>	Other Allowances*		
Payment on transfer or discharge No. <u>2661</u>	<u>24.00</u>		Other Credits* <u>Civ. Clothing</u>	<u>35.00</u>	
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	<u>122.00</u>		Total.....	<u>122.00</u>	

* Give particulars.

A monthly stoppage of \$..... 32.00 (†) has..... (‡) been paid on account of Assigned Pay for the month of..... July 1918 } (to) Assignee..... Harry Wyer
 { and Sep'n Allee. for month of..... July 1918 }
 (Address)..... 495 Notre Dame St.,
St. Lambert Que.

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

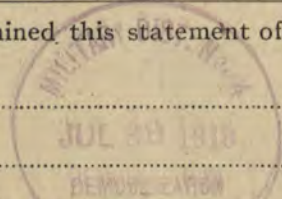
- State (1) date of enlistment..... 14-3-17
- (2) if married and if a Separation Allowance Card has been submitted..... S.A. Pd to 51-7-19
- (3) cause of discharge..... authority..... M.D.No. 4. 22-W-1265
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date.....

Place.....



W. Chuvala
 CAPTAIN-PAYMASTER
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

FORM OF WILL.

I, John Wyer (Name in full)

Regimental Number 2125248 serving in No. 2 SECTION SKILLED RAILWAY EMPLOYEES

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mary Agnes Wyer (Wife) Name and Address
469 Notre Dame St. St Lambert of person or
Montreal. Que. persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mary Agnes Wyer (Wife) Name and Address
469 Notre Dame St. St Lambert of person or
Montreal. Que. persons to receive
personal estate*
(See note).

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 16 day of March A. D. 1917

John Wyer Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Watkin Williams

Address of Witness No. 2 SECTION SKILLED RAILWAY EMPLOYEES

Occupation of Witness Yardmaster

Signature of Second Witness D.B. Stock

Address of Witness No. 2 SECTION SKILLED RAILWAY EMPLOYEES

Occupation of Witness fireman

THE TWO WITNESSES MUST SIGN HERE

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto _____

Name and Address of person or persons to whom this is to go

Name and Address of person or persons to receive personal estate

Witnessed by _____

Subscribed and sworn to before me this _____ day of _____ 19____

Notary Public for the State of _____

I, _____ do hereby certify that the foregoing is a true and correct copy of the original Will of _____ as the same appears to me from the original and its contents in each other's presence and in the presence of _____

Notary Public for the State of _____

My Commission Expires _____

M.F. B. 465
100m.-7.16.
1772-39-990

DENTAL HISTORY SHEET

DIVISION.....

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER

Weyer

Johnson

REGIMENT

RAILWAY EMPLOYEES

Oto

BANK

No. *2125748*

DATE	No.	FILLINGS				Extracted	Anesthetic	Treated	Crowns	Cleaned	As of 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											



DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

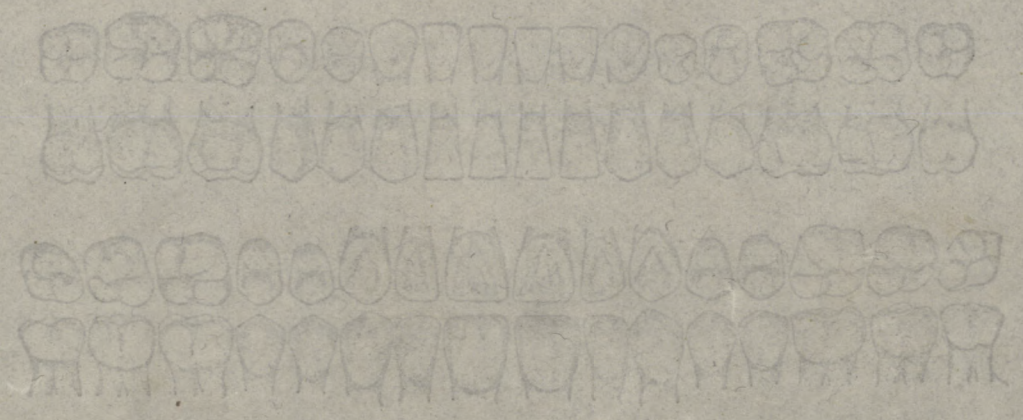
DIVISION

REGIMENT

COMPANY

NAME: _____
 GRADE: _____
 BRANCH: _____
 UNIT: _____
 SERVICE NO: _____
 DATE: _____

DATE	EXAMINER	EXAMINATION	PERIOD	REMARKS



No. 2 SECTION SKILLED RAILWAY EMPLOYEES

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

DUPLICATE

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **No. 2 SECTION SKILLED RAILWAY EMPLOYEES**

(2) Regimental Number..... **2175248**

(3) Full Name of Soldier..... **John Wizer**

(4) Place of Birth..... **Montreal Que.**

(5) Are you married, or not?..... **Yes**

(6) If married, state,
 (a) Full name of your wife..... **Mary Agnes Wizer.**

(b) Present Postal Address..... **469. Notre Dame St
Lambert
Montreal - Que**

(7) Are you a widower?.....

(8) Have you any children?..... **Yes 4**

If so, give number of boys and girls..... **3 Boys & 1 Girl**

Also their names and ages.....

Bernard Wizer	16 years
Henry	13 "
Leo	12 "
Lily	10 "

(9) Is your Father alive? *Yes*

If so, state name and address *John Weyer. 157 Duke St. Montreal P. Q.*

(10) Is your Mother alive? *No*

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

15) Are you insured? *Yes*

If so, in what Company? *Foresters + G. Kelly*

Have you made arrangements for payment of your Insurance premium *Yes*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Ruevillo Capto
Officer Commanding.

Date *MAR 16 1917*

No. 2 SECTION SKILLED RAILWAY EMPLOYEES

J.P. Rank _____ Name **WYER, John** ✓ Reg'l No. **21252487**
 Unit **No. 2 Sec. Skld. Rly Empl** ^{If in perm. Corps} **was Unit?** } Married or Single **Married.**
 to **Can. Rly Troops Depot.**

Place and Date of Enlistment **Montreal. 14th March. 1917.** Place of Birth **Montreal. Que.**

Name and Address, Next-of-Kin **Mary Agnes Wyer.**
469 Notre Dame St. Lambert. Montreal. P.Q. ✓ Relationship **Wife.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

245

N/E. R.B. No. **2317**
 File R.L. _____
 Category **Can OK.**

on 4
1-1-21
1-1-25

Discharge, Date and Place _____ Reason _____ Character _____

H. W. V., Ld.—9:46-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND 29 4 17 S S GRAMPIAN.					
11-6-17	Dep. B.R.T.	T.C.S. from 132 R.O.B.	Pufflet	11-6-17	132 R.O.B OVI 151 OVI 87A 9 77
3-7-17	Dep. B.R.T.	to 58 Broadbrage R.O.B. ^{Spa}	Pufflet	2-7-17	58 R.O.B OVI 113 OVI 118 of 27 77
1-2-18	Dep. B.R.T.	T.C.S. posting from 58 R.O.B. ^{Spa}	do	31-1-18	OVI 32.
5-2-18	58 R.O.B.	to Depot B.R.T. (unfit) ^{Spa}	Field	28-1-18	OVI 5
9-3-18	Dep. B.R.T.	On command ball action to Canada R.O.B. Para 312 of 25 ^{Spa}	Pufflet	9-3-18	OVI 68

+

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
23.3.18	Depot C.R.P.	Grases to be On board at S.S. Burton & is all from embarkation to Barata		Sp. Fleet 12.3.1808 ¹¹ 82	

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Wyer* Surname *John* Christian Name

Regimental Number *2125248* Rank *Pte 4*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks: *Deceased*

File No. 19816-J-7.

WAR SERVICE GRATUITY.

Register No. W 2313

Sw. 15. 11. 20.

Reg. No. 2125248 *Plu*
Name Wyer John
Address _____
(Deceased)

Dependent Mrs Mary A. Wyer.
Address 495 Notre Dame St.
St Lambert MA

Pay Soldier \$ _____
Gaylor - Neville
Clerk RA 3/12/20

Pay Dependent \$ 400=
Days 122 Rate 100 Due 400=
Less P.D.P. credited _____
Less further Dr. Bal. _____
or overpayment. _____
Net 400=

*B 2134
11-12-20*

*PAB ruling
Pay whole of WSG
to Widow.*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					16 ¹² / ₂₀	65444	189255	400=
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
[Signature]
Date 3/12/20

[Signature]
15 ¹¹/₂₀

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

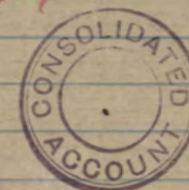
H. Q. 177-39-818.

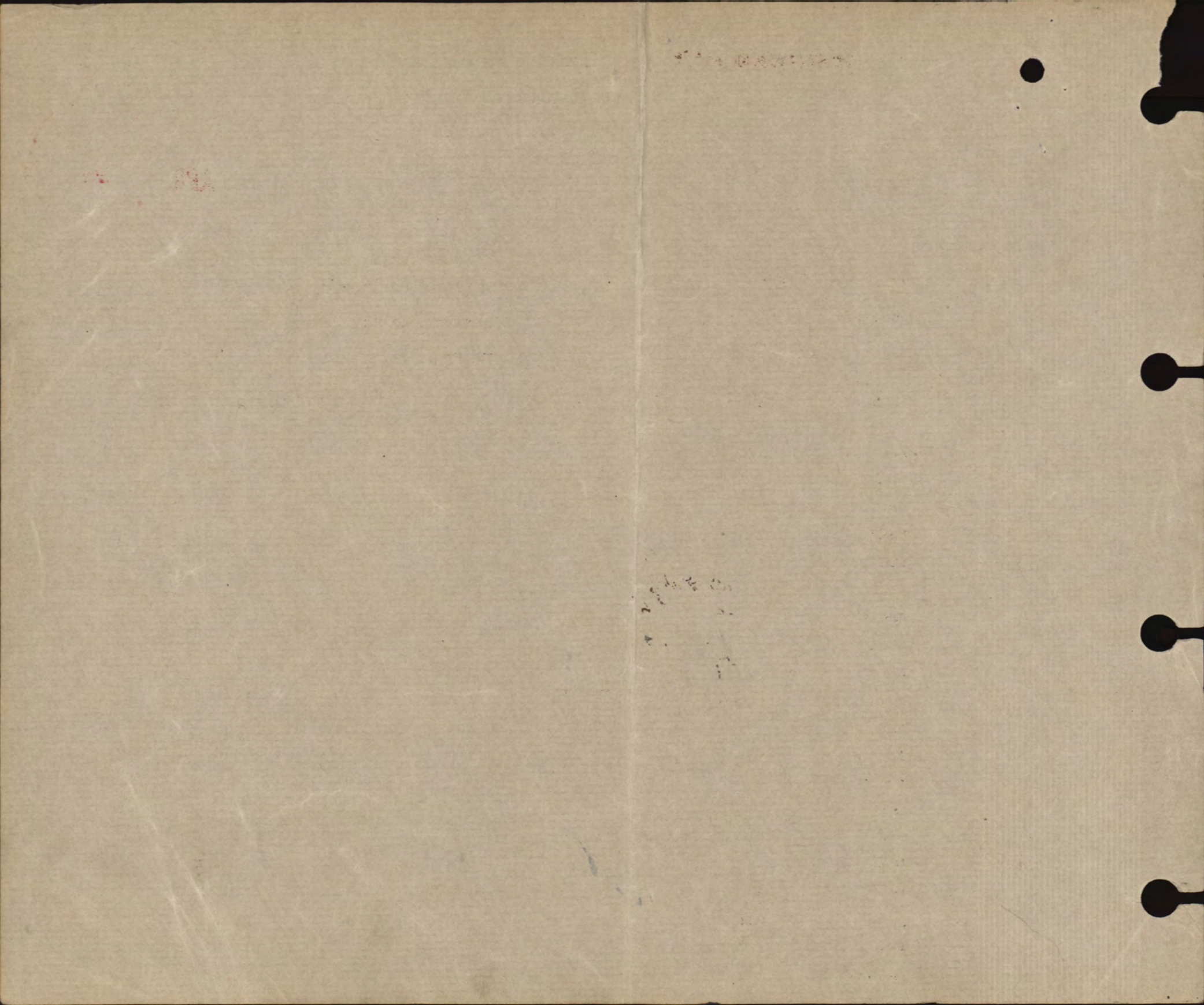
SEPARATION ALLOWANCE

Name *Mary Wyer* Name of Soldier *Wyer John*
 Address *469 Notre Dame St.* Regtl. No. *212 5248*
St Lambert's Rank *Pte*
Pq. Corps *2 Sect Skilled Ry Empls*
 Relation to Soldier } *38⁰⁰ Dec 17* To what Corps belonging }
 wife, child or mother } *APR 1917* when called out }

50% *april 1917* PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>02 m 18/12/17 sub 2/1/2/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2. *May Wyer*
 (Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier *Wyer John*

38⁰⁰ Dec 1/17 P.C. 212 5248.2"SSR E

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>50/- apr 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		26465	50	<i>26465 canid pld.</i>
May		<i>Q 9057</i>	100	<i>100 E.</i>
June		<i>2 19617</i>	50	<i>B.50 + future</i>
July		<i>U. 26182</i>	50.	
Aug.		<i>Q 33598</i>	50	
Sept.		404358	40745	<i>B 40745 Can Nls</i>
Oct.		<i>L 46686</i>	50	
Nov.		<i>W 34789</i>	50	
Dec.		<i>N 64195</i>	50	
Jan.	1918			
Feb.				<i>450</i>
March				<i>26⁰⁰ Jan to adjust @</i>
April				<i>38⁰⁰ future @</i>
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

14. 3. 14
SEPARATION ALLOWANCE

Name *Mary A. Weyer*
 Address *469 Notre Dame St.*
St Lambert
Montreal. P. Q.

Name of Soldier *Weyer, John*
 Regtl. No. *2125248*
 Rank *Pte*
 Corps *No 2 See Skilled Ry Emp*

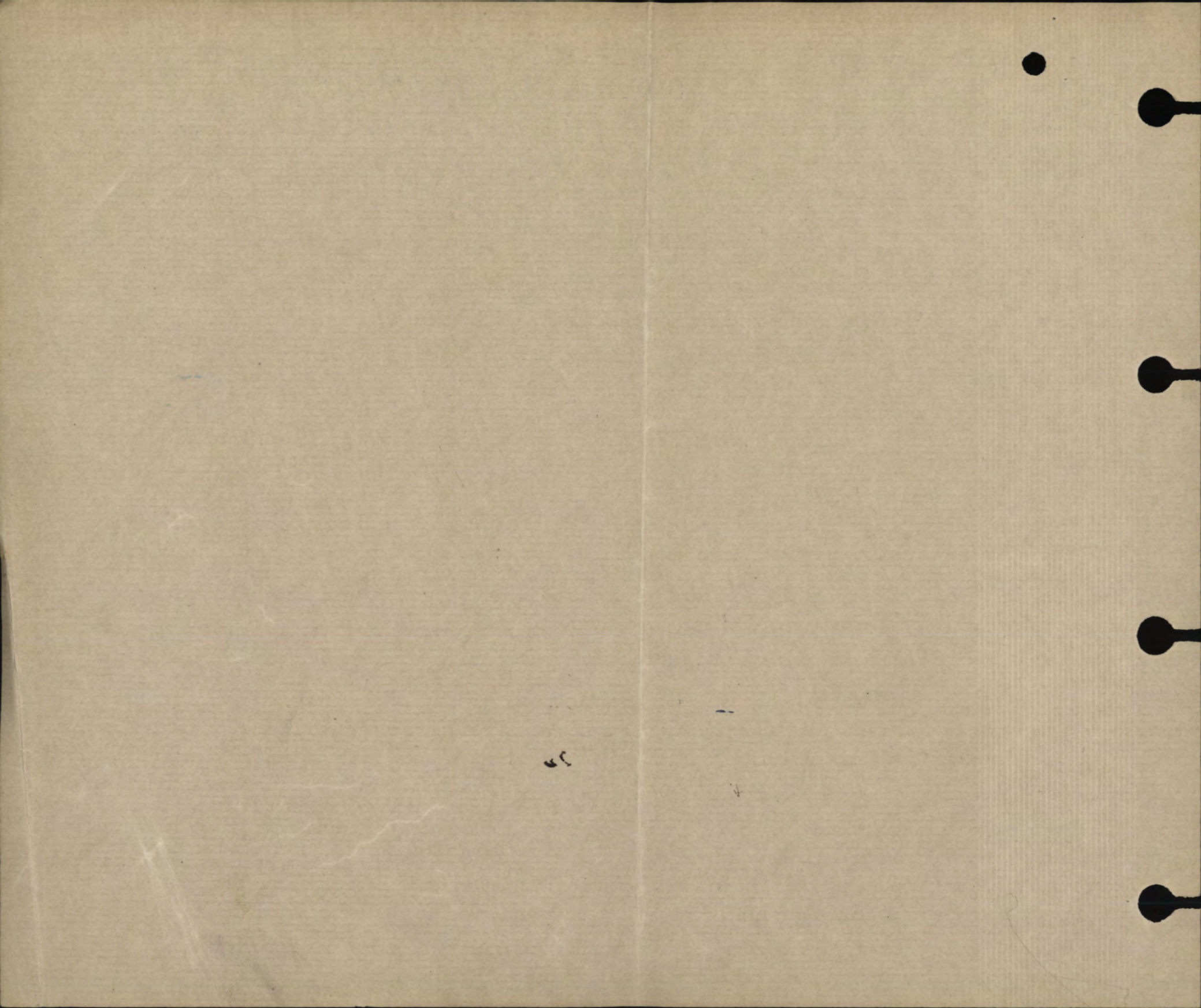
Relation to Soldier }
 wife, child or mother } *Wife*

To what Corps belonging }
 when called out } *✓*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





14. 3. 17

MILITIA AND DEFENCE

M. F. W. 11a.

50m.-6-18.

1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mary A. Weyer

Wife
PAYMENTS.

Name of Soldier *Weyer John*

L. L. Job 4503.-Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>B 3450</i>	<i>21</i>	<i>31 R</i>
May		<i>T 6429</i>	<i>20</i>	<i>20</i>
June		<i>T 9684</i>	<i>20</i>	<i>20</i>
July		<i>T 12944</i>	<i>20</i>	<i>20</i>
Aug.		<i>H 16172</i>	<i>20</i>	<i>T</i>
Sept.		<i>L 19543</i>	<i>20</i>	<i>B</i>
Oct.		<i>S 22046</i>	<i>20</i>	<i>B</i>
Nov.		<i>H 25879</i>	<i>20</i>	<i>M</i>
Dec.		<i>W 27875</i>	<i>20</i>	<i>Mae</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

91

31 R

20

20

20

20

T

B

B

M

Mae

91

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MARRIED OR SINGLE *M*

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN *Mrs Agnes Myer*
469 Notre Dame St. St. Lambert Montreal

RELATIONSHIP OF NEXT OF KIN *Wife*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Granted W. Pay @ 90%</i>	<i>14/1/17</i>	<i>HA 600-1039</i>

Enabled to receive W.P. until date of final discharge. Culy. Act. 161-7-1 of 31/12/18

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
---------------	-----------------	----------	------------------

REG'L No. *2125248* RANK *Private* NAME *Myer, John*

IF IN PERM. CORPS WHAT UNIT *13th L.R.O.C.* TRANSFERRED TO *58th B.S.O.C.* DATE *1/1/18* AUTHORITY *Non-Rolls*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Montreal Que.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Mar. 14th 1917.* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *50.00* DATE EFFECTIVE *1-12-17*

PAYABLE TO *Mrs. Mary Agnes Myer 469 Notre Dame St. St. Lambert Montreal Que.* RELATIONSHIP *Wife*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

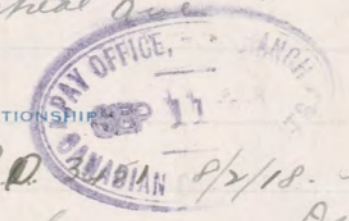
PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Stopped* EFFECTIVE *1/4/1918* REASON *Auth R.O.*

DISCHARGE DATE AND PLACE *Canada 1/3/18* REASON AND AUTHORITY *Discharge*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	C.			\$	C.			\$	C.																			
<i>1 MAY 1917</i>																													<i>Bal from Canada</i>		
<i>" 31</i>	<i>10</i>	<i>34</i>	<i>10</i>		<i>31</i>	<i>90</i>	<i>27</i>	<i>90</i>							<i>Budget</i>					<i>50</i>		<i>100</i>	<i>27</i>								
<i>June 30</i>		<i>33</i>			<i>30</i>		<i>27</i>								<i>51 24.5</i>			<i>4 87</i>		<i>50</i>		<i>64 60</i>	<i>22 40</i>								
<i>July 31</i>		<i>34</i>	<i>10</i>		<i>31</i>		<i>27</i>	<i>90</i>							<i>2 10.5</i>					<i>50</i>		<i>50</i>	<i>34 40</i>								
<i>Aug 31</i>		<i>34</i>	<i>10</i>		<i>31</i>		<i>27</i>	<i>90</i>							<i>Budget</i>					<i>50</i>		<i>50</i>	<i>46 40</i>								
<i>Sept 30</i>		<i>33</i>			<i>30</i>		<i>27</i>								<i>98 46</i>			<i>14 60</i>		<i>50</i>		<i>64 60</i>	<i>41 80</i>								
		<i>168 30</i>					<i>137 70</i>					<i>65</i>	<i>371</i>					<i>29 20</i>		<i>300</i>		<i>379 20</i>	<i>41 80</i>								
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALLGE. ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALLGE. ENG.	REMARKS							
<i>Sept</i>	<i>Bal</i>								<i>41 80</i>			<i>Nov</i>	<i>Bal</i>								<i>43 09</i>										
<i>Oct</i>	<i>P.P.</i>	<i>34 10</i>		<i>Q.P.</i>					<i>50</i>			<i>P.P.</i>	<i>33</i>			<i>Q.P.</i>				<i>50</i>											
	<i>W.P.</i>	<i>27 90</i>		<i>58th B.S.O.C.</i>	<i>200</i>				<i>357</i>			<i>W.P.</i>	<i>27</i>			<i>58th B.S.O.C.</i>	<i>19/9/17</i>	<i>58th B.S.O.C.</i>				<i>3 56</i>									
				<i>AR</i>	<i>24</i>				<i>357</i>							<i>278</i>	<i>29/9/17</i>					<i>3 57</i>									
				<i>AR</i>	<i>149</i>				<i>357</i>							<i>299</i>	<i>15/10/17</i>					<i>4 46</i>									
		<i>62 00</i>			<i>10 71</i>				<i>50 43 09</i>						<i>60</i>						<i>11 59</i>	<i>50</i>									

Casualty Form - Active Service

Regiment or Corps No 2 Sec (Skilled Railway Employees)
 Rank *Pte* Surname *Wyer* Christian Name *John*
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, 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.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ... Disembarked...			
1-2-18	Dep B.R.T.	T.C.S. posting from 58 th B.G.R.C.C.	Purfleet	31-1-18	W.H. 32. 2082 com
9/3/18	C.R.T. ON COMMAND DEPOT	C.D.D. BUXTON	PURFLEET	9/3/18	Part 11 D.O. 60 Lieut for C.C. Canadian Railway Troops Depot.

(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 will be entered.
 (b) Signaller, Shoeing-Smith, &c. W. 11814-M1188 1000m 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354. (P.T.O.)

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, 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.213, Army Form A.36, or other official documents.
Date	From whom received				
11 MAR 1918	TAKEN ON STRENGTH G.D.D, BUXTON Pt. 11 ORDER No. 59				
MAR 1918	EMBARKED FOR CANADA FROM LIVERPOOL				
MAR 2, 1918	TAKEN ON STRENGTH No. 4 CASUALTY UNIT		Commanding		Lieut.-Col. Canadian Discharge Depôt.
					Adjutant, No. 4 CASUALTY UNIT
APR 18 1918	T. O. S. District Depot No. 4			AUTHY. PT. II D. O. No. 1	
31-7-18	Discharged Auth KR&O 397 (10) CM 1917 MD 4 22-W-1265 Cat. "E" Medically Unfit				
	discharged to Inv. Sol. Comm. PC #433				<i>W.P. Gagnier</i> Lieutenant, Officer i/c Discharge Section, District Depot No. 4.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 10s.)

500M.—9-16

H. Q. 1772-39-930.

No. 13 Light Ry Oprg Co RE B E F
Casualty Form—Active Service.

No. 2 SECTION SKILLED RAILWAY EMPLOYEES

Unit, Regiment or Corps

Regimental No. 2125248 Rank Pte Name Wyer, John

Enlisted (a) 14 Nov/17 Terms of Service (a) Duration of War Service reckons from (a) Mar. 14/17

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) Car Repairer

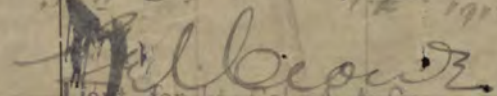
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
16.4.17	OC SRE	Embarked	Halifax	APR 16 1917	E.A.T. Grampian W.W.W
24.4.17	OC SRE	Disembarked	Liverpool	APR 29 1917	E.A.T. Grampian W.W.W
11.6.17	OC SRE	Transferred to C.R.T.D. Pufflet 50 P II 151 P 4	Aldershot	11.6.17	W.S.
11/6/17	C.R.T.D.	taken on strength	Pufflet	11/6/17	REG NO 151
2.7.17	C.R.T.D.	Proceeded Overseas to 13th Light Ry Co. 58th Div. G. Coy.	Pufflet	2.7.17	P II 50 No 173 Strong Smith W.W.W
5.7.17	OC 58. Bty.	Having arrived from France and as reinforcement taken on strength of 58th Bty. Gange Ry Opr Co	France	5.7.17	R.H. 16-17131 9.2 Ovens 118/27.8.17
		Joined Unit		5.7.17	B 213 D.C.S. No 7

(Wife) Mary Agnes Wyer, St. Lambert, Montreal.
 (Next of Kin) CER 4591 Notre Dame St.

1) 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 will be entered.
 (b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Report - Active Services

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
26.9.17	P. Mack	Granted Working Pay at the rate of 90% per day on arrival in England		21.11.17	K.H. 16-2226
8.1.18.	o.c. 53 Gault	Admission following cellulitis	Adm. 53 Gault	8.1.18	W 3034/c 6677.
9.1.18.	o.c. 58 Bly B.D.	Adm No 2. CES.	Field.	7.1.18	B 213.
8.1.18.	o.c. No 2 CES	Admission following cellulitis. Rupt.	Adm 2 CES Trans 20 A Train	7.1.18 7.1.18	2036/c 7325.
10.1.18.	o.c. 53 Gault	"	To M.R. Staples	10.1.18	W 3034/c 7704
13.1.18.	o.c. Bly B.D.	To S B. G.B.D from Boulogne T.B.	Bly B.D.	13.1.18.	M.R. No 555.
22.1.18.	"	Classified unfit for further service in France (I.C.T. Hrs)	"	21.1.18	M.R. All. (P/ 23574 of 20.1.18) and W 3034 of 21.1.18.
28.1.18.	o.c. Bly B.D.	Transferred to England on being classified unfit for further service in France & posted to C.P.T. Depot Poulton.	"	28.1.18	N.F. R/ 222. D.O. No. of 20.1.18. 1918.


 Lieut. for Lt. Col. A. A. G.
 Canadian Division, G. H. Q. 3rd Echelon, B. E. F.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

14-3-17

Separation and Assigned Pay Branch

Apr. 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	1-12-17		
	P.C. 3257		

RATE OF ASSIGNMENT

50	38 1/4		
----	--------	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 2125248
 Rank Pte Promoted Reverted Discharge
 Soldier's Name John Myer
 Battalion 2 Sect. Skilled By Empl's
 Beneficiary Mary A Myer
 Relationship Wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mary Myer
 Address 469 Notre Dame St
 Change of Address St Lambert
 1 Que.
 2
 3
 4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31	x x	191	450	641	
Jan 18	Z 69377	30	38	68	
Feb	L 72210	25	20	45	
Feb	A 68413	25	26	51	
Mar	Y 92210	25	38	63	
		271	582		

2 m, 18/12/17.
 L. 72210 ban fac
 to adj Jan.
 March's future 63 m a p.
 % Closed 31-3-18
 Ret'd per Olympic 23-3-18
 MFW 187 m a 271- CP. 552
 MD #4
 J. J. Burke
 30-3-18
 MRO 2 B undered
 30-3-18

M. F. W. 128
 400M-6-17-172-58-111
 L. L. 2230-M. & D. 7683.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400m.-6-17-1772-38-1141
 L. L. 25320-M. & D. 7555.

137
W-5 D.C.C

This space to be for numbers

Proceedings on Discharge.

AUG 24 1918
M. D. 4

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	21252448 2125248
Rank	Sapper
Surname	WYER
Christian Name	John
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No 2 Skilled R.E.
Date of Discharge	July 31st 1918
Place of Discharge	Montreal QUEBEC

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	44 years	months.	Descriptive Marks		
Height	5	feet		6	inches.
Complexion	Medium				
Eyes	Brown				
Hair	Black				
Trade	Air brake fitter				
Intended place of residence	469 Notre Dame St.				
(To be given as fully as practicable.)	Montreal QUEBEC				

2. The above-named man is discharged in consequence of
 KR&O 377 (10) CM 1917 MD 4 22-W-1265 Category "E"
 Medically Unfit to INV. SOL. COMM. PC 4333

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Air brake fitter

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Served in France

2-7-17 to 28-1-18

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... Montreal QUEBEC

R. W. G.

(Date)..... July 31st 1918

Commanding..... Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... Montreal QUEBEC

Issue cannot sign

(Date)..... July 31st 1918

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... Montreal QUEBEC

R. W. G.

(Date)..... July 31st 1918

(Signature)..... Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

No reservations on

<p>Attestation Paper, Military Form B. 232</p> <p>Proceedings on Discharge, B. 213</p>	<p>Reg. Conduct Sheet, Military Form H. 203</p> <p>Conduct Sheet, B. 203a</p> <p>Squadron Battery Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of:</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Copies of Convictions by C. P. in MS.</p> <p>Med. Hist. Sheet, Military Form B. 313</p> <p>Medical Report for Invalids, B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</p> <p>*Only if discharged "Medically unfit"</p>

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted herein.

Reservations referred to at Part B.
 (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="margin-left: 40px;">(a) Proceedings on Discharge.</p> <p style="margin-left: 40px;">(b) Attestation.</p> <p style="margin-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.