

ATTESTATION PAPER.

No. A 57898

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION (ANSWERS) **TRIPPLICATE**

1. What is your name? *William J. Hargraves*
  2. In what Town, Township or Parish, and in what Country were you born? *Montreal*
  3. What is the name of your next-of-kin? *Margaret E. Good Hargraves*
  4. What is the address of your next-of-kin? *275 Mance*
  5. What is the date of your birth? *March 7 - 1884*
  6. What is your Trade or Calling? *Steamer*
  7. Are you married? *Yes*
  8. Are you willing to be vaccinated or re-vaccinated? *Yes*
  9. Do you now belong to the Active Militia? *No*
  10. Have you ever served in any Military Force? *Yes - 3 yrs - 1st Regt. Prince of Wales Rifles*  
If so, state particulars of former Service. *5 yrs - 1st Regt. Prince of Wales Fusiliers*
  11. Do you understand the nature and terms of your engagement? *Yes*
  12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*
- William J. Hargraves* (Signature of Man).  
*Chubb* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William J. Hargraves*, 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 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.

*William J. Hargraves* (Signature of Recruit)  
Date *July 12th* 191*5* *Chubb* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William J. Hargraves*, 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.

*William J. Hargraves* (Signature of Recruit)  
Date *July 12th* 191*5* *Chubb* (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 *12* day of *July* 191*5*  
*Arrowsmith J.P.* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
*Arrowsmith J.P.* (Approving Officer)

Description of William John Hargraves on Enlistment:

Apparent Age 30 years 4 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height 5 ft. 5 1/2 ins.

2 Vac L. Arm  
1 Vac R. Arm

Chest-measurement { Girth when fully expanded 35 1/2 ins.  
 Range of expansion 2 ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

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

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 12 July 1915

J. A. Fairie  
Lieut. A. M. C.  
 Medical Officer.

Place Montreal

\*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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William J. Hargraves 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.

M. Cascoque (Signature of Officer)

Date July 12th 1915

ATTESTATION PAPER.

No. 2953181

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... HARGRAVES
- 1a. What are your Christian names?..... WILLIAM
- 1b. What is your present address?..... 245 Bourbonniere St Montreal.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Montreal P. Que.
- 3. What is the name of your next-of-kin?..... Mrs W (Bella) Hargraves.
- 4. What is the address of your next-of-kin?..... 245 Bourbonniere St Montreal.
- 4a. What is the relationship of your next-of-kin?..... Wife.
- 5. What is the date of your birth?..... March 3<sup>rd</sup> 1884.
- 6. What is your Trade or Calling?..... Teamster.
- 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?..... Yes Composite Reg. on active service
- 10. Have you ever served in any Military Force?..... Yes 1st Prince of Wales Dragoon Bn. 6 months of active service 23 months composite 1915-16
- 11. Do you understand the nature and terms of your engagement?..... Yes.
- 12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes.
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. Yes
- 14. If so, what was the nature of the disability?..... Broken Ankle.
- 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?..... Not applicable.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Hargraves, 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 April 27<sup>th</sup> 1918. William Hargraves (Signature of Recruit) M. P. Rubenstein (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Hargraves, 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 April 27<sup>th</sup> 1918. William Hargraves (Signature of Recruit) M. P. Rubenstein (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 Highlands P.Q. this 27<sup>th</sup> day of April 1918. J. Austin Major (Signature of Justice)

Description of William Hargrave on Enlistment.

Apparent Age.....24.....years.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height.....5.....ft. 5 1/2.....ins.

Chest measurement. { Girth when fully expanded.....35.....ins.  
 Range of expansion.....2.....ins.

Complexion.....fair.....

Eyes.....blue.....

Hair.....fair.....

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

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 C.I. for the Canadian Over-Seas Expeditionary Force.

Date.....May 1st.....1918.....

Place.....indian.....

T. J. Shaw  
 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:—

.....  
 .....  
 .....

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Hargrave.....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.

W. J. Schenck  
 Lt. Col. (Signature of Officer)  
 G. C. 4th Bn, Canadian Garrison Regiment C. E. F.

Date.....JUN - 1 1918.....1918.....

12-11-16

Deceased

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.....

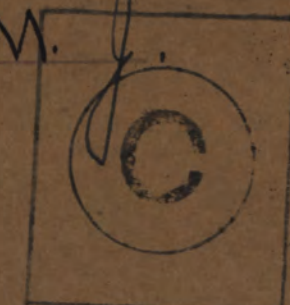
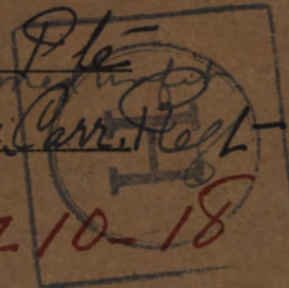
Name **HARGRAVES WILLIAM.**

Regt. No. **2753181**

Rank **PLT**

Corps **44 On Can. Cav. Regt.**

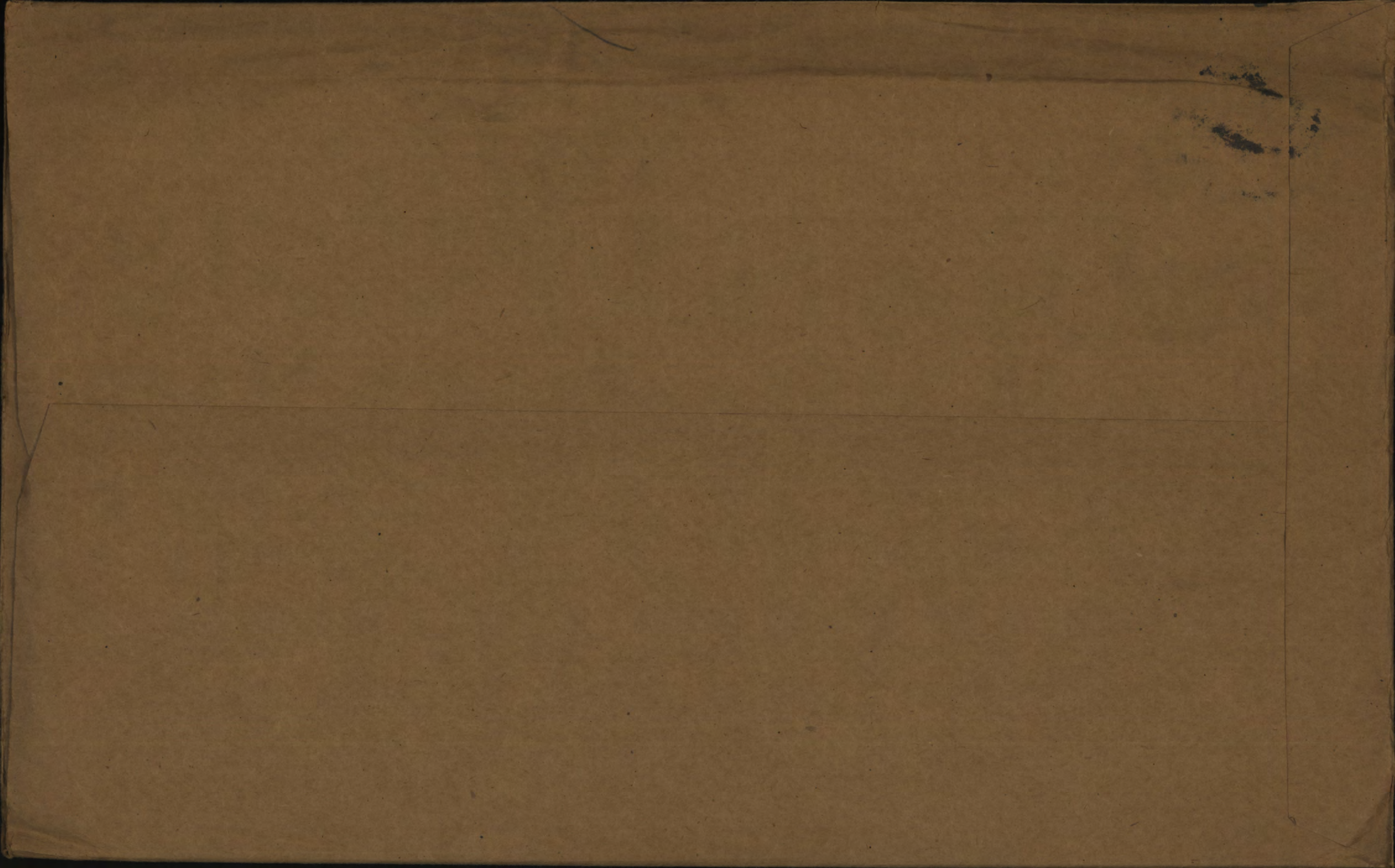
**S.O.D. 17-10-18**  
**M.S. 4**



68071

*Doc S.F. #10 -*

*7.30*  
*22-30*  
*26 30*



SURNAME.

*Hargraves,*

CARD NO.

CHRISTIAN NAMES

*William J.*

FOLL.

*SOS D No: 13/9/15-5*

REGL. NO.

*457898.*

RANK

*Pte.*

UNIT

*60<sup>th</sup>**Bn.*

FORMER CORPS

*Prince of Wales Rifles & Fus.-5 yrs.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Hargraves, Margaret E. Wood,*

RELATIONSHIP TO SOLDIER

*not stated*

ADDRESS

*275. Mance St. Montreal. P. Q.**Discharged.*

COUNTRY OF BIRTH

*Canada, Montreal. P. Q.*

DATE

*March 7<sup>th</sup> 1884*

PLACE OF ATTESTATION

*Montreal. P. Q.*

DATE

*July 13<sup>th</sup> 1915.*

MARRIED: *yes*

SINGLE

WIDOWER

TRADE OR CALLING

*Teamster*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*30*

YEARS

*4.*

MONTHS

HEIGHT

*5-*

FEET

*5 1/2*

INCHES

CHEST MEASUREMENT

*35 1/2*

INCHES

EXPANSION

*2.*

INCHES

COMPLEXION

*Dark*

EYES

*Blue*

HAIR

*OK. Brown.*

DISTINGUISHING MARKS

*2 Vac's left arm, also right arm.*

MEDICAL EXAMINATION.

PLACE

*Montreal. P. Q.*

DATE

*July 12<sup>th</sup> 1910.*



No. *A. 57890*  
*437898*

RANK

*Pte*

NAME

*Hargreaves W. J*T. O. S. *13-7-15*

UNIT

*60th. Battalion**5042-15-7-15*M. D. *Val.*

PAID FROM	PAID TO	SIG- OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>July 13</i>	<i>July 31</i>	<i>c</i>		
<i>Sept 1</i>	<i>Sept 13</i>	<i>n.</i>	<i>Dischgd 13-9-15</i> <i>med. unfit.</i>	<i>50888-13-9-15</i>
			<i>40 closed by charges n.</i>	

UNIT SAILED

NOV 6 1915



✓  
Hargraves. Wm., Pte. 2753181 4th Bn. 649-H-22293

Med. & Dec. (Widow) Address Unknow.

P. & S. (Father) Wm. Hargraves. Esq.,  
223 Bourbonniere St. 246 Valois St.  
Montreal. Que. Hochelaga  
Montreal. P.Q.

Mem. Cross. (Father) Address as above.

(Mother died sub.)

Scroll Desp.

17821 Reqn. No. 251750

FEB 7 1922

Plague Desp.

55146  
Reqn. No. 28577

Canada only.  
Mf.

651107 2/7/21

893

Plaque red 22-2/22

Plaque re deep .14 - 4 - 23. 1213

~~\*~~

Surname *Hargraves*  
Christian names *William*  
Regtl. No. *2753181* Rank *Pte*  
Unit *Can Gas Regt (4<sup>th</sup> Bn)*

H. Q. ....

M. D. No. *4* .....

T. O. S. *May 1<sup>st</sup> 1918* .....

D. O. Pt. II *1* of *1/5/18* .....

S. O. S. *17-10-1918* .....

Reason *Dec.* .....

Auth. *LD 174 of 21-10-18 and B.C. 9/A* .....

Next of kin *Hargraves Mrs Bella* Relationship *wife* .....

Address *245 Bourbonniere St.*  
*Montreal*  
*P. Q.* .....

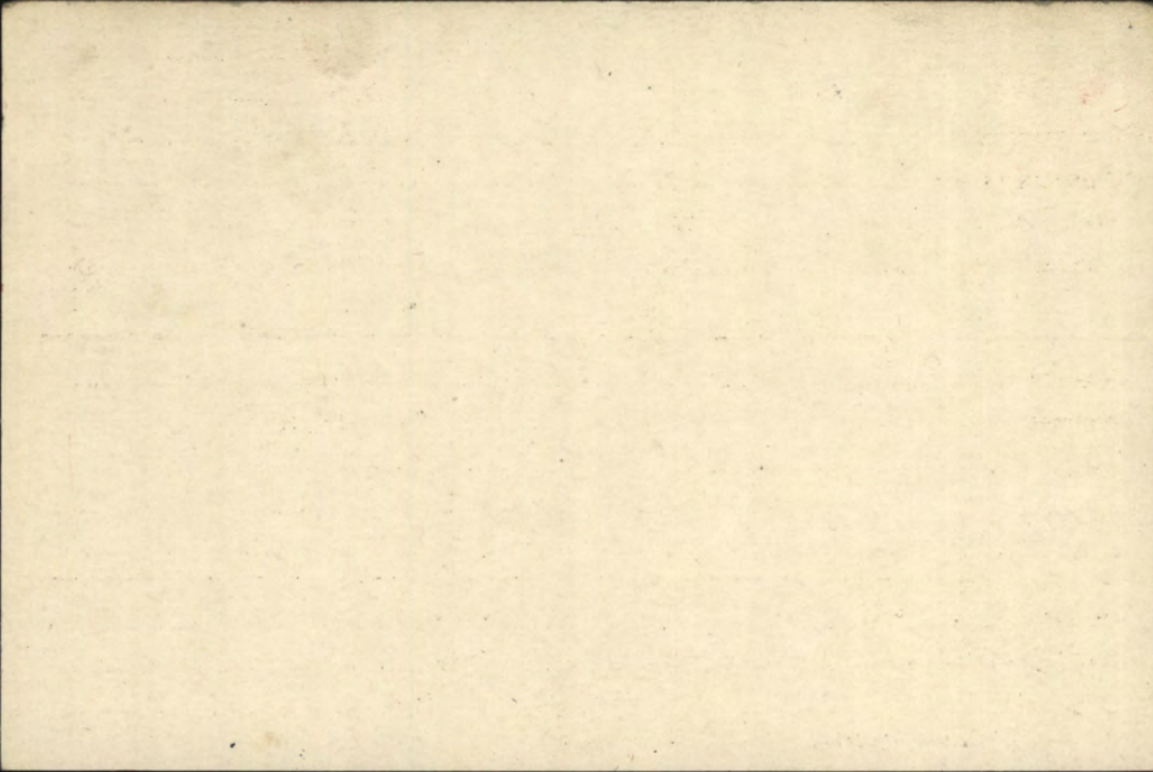
Also notify: .....

BORN—Place *Canada, Montreal P. Q.* Date *March 7<sup>th</sup> 1884* .....

ATTESTED—Place *Highlands P. Q.* Date *Apr 27<sup>th</sup> 1918* .....

O/S .....

R/C .....



LEDGER NO. <sup>✓</sup>3957 - 212<sup>✓</sup>

SERIAL NO. ....

REG. NUMBER <sup>2753181</sup> NAME <sup>Margreaves W</sup>

RANK <sup>pte</sup> CORPS <sup>H.Q. C. G. R.</sup>

AGE ..... SERVICE .....

NAME OF HOSPITAL <sup>General (G.G.E.)</sup> PLACE <sup>Montreal</sup>

DATE OF ADMISSION <sup>17/10/18</sup>

DISEASE <sup>Influenza (Pneumonia)</sup>

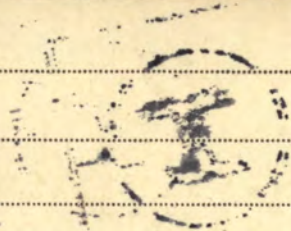
TRANSFERRED TO OTHER HOSPITALS .....

<sup>Died 17/10/18</sup>

OPERATION .....

DISCHARGED TO ..... IN CATEGORY .....

REMARKS:.....





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

M. F. W. 54. (A. F. B. 103:

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

4th Bn, Canadian Garrison Regiment, C. E. F.

Unit, Regiment or Corps

MONTREAL

Regimental No. *7453181*

Rank *Private*

Name *Sargaves, William*

Enlisted (a) *MAY 1 1918*

Terms of Service (a) *Nav & 6 mos.*

Service reckons from (a) *MAY 1 1918*

Date of promotion to present rank *27-4-18*

Date of appointment to lance rank

Numerical position on roll of N. C. Os. *27-4-18*

Extended

Re-engaged

Qualification (b)

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				
MAY 1 1918		TAKEN ON STRENGTH 4TH BN. C. G. R. C. E. F. AUTH, PT. II D. O. 1.		1.5.18	<i>W Melville</i> Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment, C. E. F.
21.10.18		STRUCK OFF STRENGTH 4TH BN, C. G. R. C. E. F. AUTH, PT. II D. O. <i> Died in Grenadier Guards Army Hospital at 7<sup>18</sup> AM - 17.10.18.</i>		14-17-10-18	<i>W Melville</i> Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment, C. E. F.

(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) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44  
154 (D.P.) 150M-2-19.  
1772-89-903.

LAST PAY CERTIFICATE

AMENDED FOR  
SUBSISTANCE OCTOBER

Regimental No. **2753185** Rank **PTE.** Name **HARGRAVES W.**  
(Surname first)  
Unit **4th BATTN. CAN. GARRISON REGT CEF** who was\* **STRUCK OFF STRENGTH**  
On **October 18th. 1918** 191....., to..... **DECEASED**  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **Oct. 1st** to **Oct. 18th.** 191...  
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		100.00
Regimental Pay..... <b>18</b> days at \$ <b>1.00</b> c.....		18.00
Field Allowance..... <b>18</b> days at \$ <b>.10</b> c.....		1.80
Separation Allowance .....		
Clothing Allowance .....		
Post Discharge Pay.....		
*Other Credits <b>Subs. Refunded 15.20 Subs. Refunded Oct. 2.80</b>		16.00
<b>8 days Subsistence 6.40 Oct.</b>		6.40
Advances <b>Canteen 1.00 Subsistence 6.40</b>	7.40	
Separation Allowance and Assigned Pay Cheque No. <b>18490</b>	10.00	
*Other Charges <b>Overpaid SA from October 1917 to May 1918</b>	190.00	
Balance on transfer or on discharge, cheque No. <b>Balance Debit.</b>		65.20
Total.....	207.40	207.40

\*Give particulars.

A monthly stoppage of \$..... **10.00**..... (†) has..... (‡) been paid on account of  
Assigned Pay for the month of **October 1918** }  
and Separation Allee. for month of **-----** 191..... } (to) Assignee **Mrs. E.R. Lloyd**  
(Address) **245. Bourbonniere St. Montreal P.Q.**  
(†) 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:— **Covering Entries on October and November Pay Rolls.**  
State (1) date of enlistment..... **19-5-16**..... married or single..... **DECEASED**  
(2) Separation Allowance, entitled or not..... (3) Reason for discharge..... **DECEASED.**  
(4) Authority for discharge or transfer..... **R.O. 174 D/18-10-18**

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer, or soldier.

Date **March 14th. 1919**

Place **Montreal P.Q.**

*R. A. Meloch*  
Lieut.  
4th BATTN. CAN. GARR. REGT. Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916. CEF  
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.  
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.



A457898

MEDICAL HISTORY SHEET.

Surname Hargreaves Christian Name William John

Examined { on 12<sup>th</sup> day of July 1915  
at Montreal  
Birthplace { City or Town Montreal  
County P.Q.  
Apparent age 30 yrs. 4 mths.  
Trade or occupation Teamster  
Height 5 Feet 5 1/2 Inches.  
Weight 123 Lbs.  
Chest measurement { Minimum 33 1/2 inches.  
Maximum expansion 35 1/2 inches.  
Physical development  
Small-Pox Marks  
Vaccination Marks { Arm Right 1 Left 2  
Number 3  
When Vaccinated last  
(a) Marks indicating congenital peculiarities or previous disease  
(b) Slight defects but not sufficient to cause rejection

Approved by J. A. Fairie  
Rank Lieut A.M.C. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on day of 191 at

	Corps.	REG'T. NUMBER.	RANK.	DATE.
Joined on enlistment				
Transferred to.. .....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

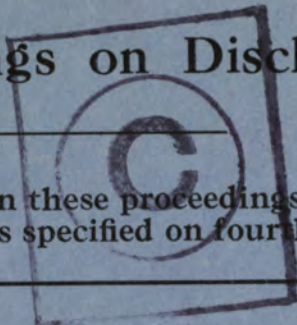
STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Services, on the man becoming non-effective ; the date and cause being stated on next page.




# Proceedings on Discharge.

*Handwritten initials/signature*



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

No.	457898	
Rank	Private	
Name	Hargreaves, W. J.	
<small>NOTE - The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	60th BATTALION C. E. F.	
Date of Discharge	13/9/15	
Place of Discharge	Valcartier, Que.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	30 years 4 months	Descriptive Marks. 2 ✓ Face L. Arm 1 ✓ R. Arm 
Height	5 feet 5 1/2 inches	
Complexion	Dark	
Eyes	Blue	
Hair	DK. Brown	
Trade	Teamster	
Intended place of residence.		
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of		
<i>Medically unfit.</i>		
<small>N.B. - The causes 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.</small>		
<small>To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.	
	<small>N.B. - This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O.. Canada.)		

*Carded.  
S. G.*

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.....

Three horizontal dashed lines for recording medals and decorations.

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).....

(Date).....

*W. Mayberry*  
*bat*  
60th BATTALION C. E. F.  
Commanding



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).....(Signature of Soldier.)

(Date).....(Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge 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).....

(Date).....



*F. Gascoigne, Lt Col*  
(Signature)

60th BATTALION C. E. F.



**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.

<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>Settlement of Man's Account on          Transfer and Last Pay Cer-          tificate, " 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> <hr/> <p style="text-align: center;">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>
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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.*

ACTIVE MILITIA.

CERTIFICATE OF DISCHARGE.

THIS CERTIFIES that *417898 Pte. Hargreaves N. J.*  
of *Montreal* County of.....  
Province of *Quebec* Dominion of Canada, aged  
*30 1/2* years, served continuously in.....  
60th Battalion, C. E. F.....  
of Active Militia of Canada, from the *13<sup>th</sup>* day of  
*July* 19*15*, to the *13<sup>th</sup>* day of *Sept* 19*15*  
and is now discharged therefrom.

Dated at *Quebec*  
the *17<sup>th</sup>* day of *October*  
19*15*

*F. A. Gascoigne, Lt. Col.*  
..... Lieut. Colonel.  
60th BATTALION C. E. F.  
Commanding.....

ACTIVE MILITIA

CERTIFICATE OF DISCHARGE

THIS CERTIFICATE shall be given to  
 of ..... County of .....  
 Province of ..... Dominion of Canada, aged  
 years, served continuously in  
 60th Battalion, C. E. F. ....  
 of Active Militia of Canada, from the day of  
 to the day of 1914  
 and is now discharged therefrom.

Given at .....  
 this day of .....  
 Lieutenant Colonel .....  
 60th Battalion, C. E. F.  
 Commanding Officer

13-7-15

MILITIA AND DEFENCE

370

SEPARATION ALLOWANCE

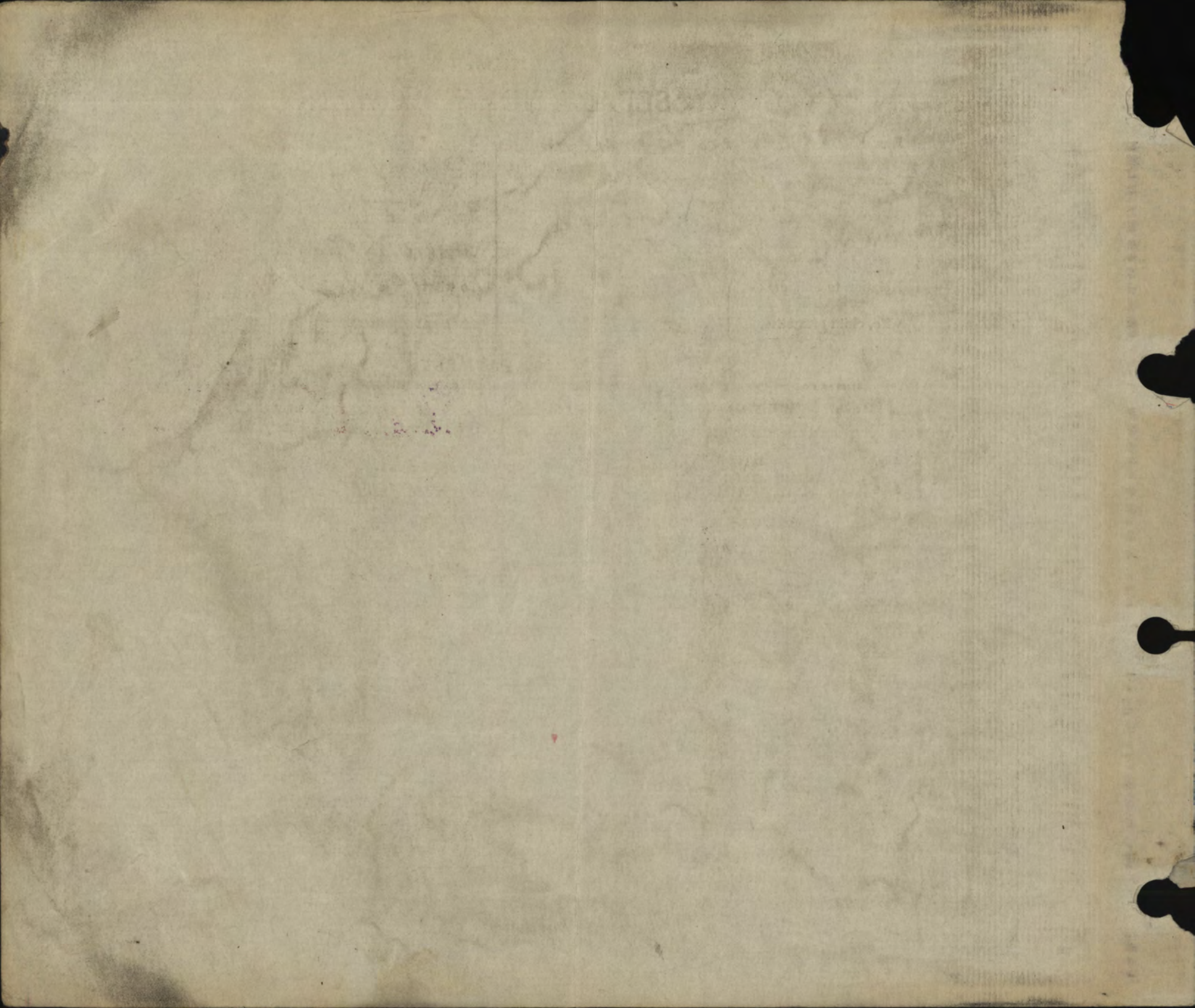
make em. B.L.

Name *Margaret Hargreaves* Name of Soldier *Hargreaves Wm. Jno.*  
 Address *275 Mandel St* Regtl. No. *057898*  
*apartment #7* Rank *Pte*  
*Montreal Que* Corps *60th Battalion*  
 Relation to Soldier } *Wife* To what Corps belonging }  
 wife, child or mother } when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Return of \$X overpaid requested 27/9/15</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		<i>N 2815</i>	<i>32</i>	<i>37 H 12795 cancelled on address Discharged 13/9/15 (P.M.L. 14/9/15)</i>
Sept.		<del><i>H 12795</i></del>	<del><i>20</i></del>	
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



H. G. G. R. No. 1777 B. Coy

1777  
2753181

# MEDICAL HISTORY SHEET.

Surname Hargreaves Christian Name William

Examined { on 19th. day of May 1916  
 at Burnside Barracas  
 Birthplace { City or Town Montreal  
 County P.Q.  
 Apparent age 31 yrw.  
 Trade or occupation Teamster  
 Height 5 Feet 5½ Inches.  
 Weight 141 Lbs.  
 Chest measurement { Minimum 33 inches.  
 Maximum expansion 35 inches.  
 Physical development Fair  
 Small-Pox Marks none  
 Vaccination Marks { Arm 0 Right. 1 Left.  
 Number 2  
 When Vaccinated last 1914

Approved by J. A. Fairie  
 Rank Lieut A.M.C. M.O.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<u>3/5/17</u>		<u>C</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>25/18</u>		<u>W. Smyth</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19:5:16</u>		<u>J. A. Fairie</u> M.O.
<u>21/17</u>		<u>J. A. Fairie</u> M.O.
<u>8/17</u>		<u>J. A. Fairie</u> M.O.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection  
Broken ankle R.

Vision. R.E. 10:10 L.E. 10:15

Enlisted on 19th. day of May 1916 at Montreal P.Q.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>COMPOSITE REGT.</u>			
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Highlands</u>	<u>MAY 30 1918</u>	<u>old fracture R. ankle</u>	<u>C, W. Smyth Capt</u>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.





DEPT  
MILITIA & DEFENCE  
SEP 16 1915  
H.Q. CANADA

## MEDICAL HISTORY OF AN INVALID.

- 1.—Station. *Valcartier Camp.*
- 2.—Regiment of Corps. *60th Batt. C.E.F.*
- 3.—Regimental No. and Rank. *A 57898 pte.*
- 4.—Name. *William John Hargreaves*
- 5.—Age last Birthday. *30*
- 6.—Enlisted { on *July 13/15*  
at *Montreal*
- 7.—Former Trade or Occupation. *Steamster* Date *Sept 4<sup>th</sup> 1915*
- 8.—General remarks on his :—  
(a) Conduct. *good*  
(b) Habits. *good*  
(c) Temperance. *Temperate*
- (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9.—Service.	Years.		Days.	
	PERIODS.			
	From		To	
<i>60th Batt. C.E.F.</i>	<i>July 13/15</i>		<i>Sept 4/15</i>	

- 10.—Disease or Disability. *Partial Ankylosis of right ankle.*
- 11.—Date of origin, cause, present condition and whether the same is the result of service or climate.
- I. Nov 1910. Right ankle was run over by an express waggon. Bones were fractured.*
- II. Very limited movement at right ankle joint. Skin in ankle on marching. Unable to hop on right foot.*
- Has it been aggravated by intemperance, vice or misconduct? *Some deformity at lower end of fibula.*
- IV. No*
- No*

*N.B. This looks like a mal union of a Pott's fracture*

MEDICAL HISTORY OF AN INVALID.

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

*Not applicable*

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

*Not attributed to exposure*

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

*Not aggravated by service*

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

*Yes*

*Disability 2% in general*

*labor market.*

16.—Full particulars of medical treatment of case up to date of invaliding.

*None*

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

*Not previously proposed for discharge*

18—State if for discharge on account of unfitness for service.

*yes*

*A. L. Paves Major A.M.C.*  
*M. O. 60<sup>th</sup> Batts C.F.*  
Medical Officer by whom the case is brought forward.

**OPINION OF THE MEDICAL BOARD.**

(In which it should be stated how far the Board concurs in the above Report.)

The Board having examined No. A57898, Pte W. J. Hargraves, 60th. Battn. C.E.F., concurs in the above and recommends that he be discharged as unfit for service.

Signatures :—

*H. V. Eyles* Capt. A.M.C. President.

Station **Valcartier,**

*A. D. Wilson* Capt. A.M.C.

Date **Sept. 9th. 1915.**

*E. Douglas* Capt. A.M.C. Members.

Date *Sept. 11/15*

*R. A. Winters* Major  
Assistant Director of Medical Services.

Approved.

Date *23.9.15*

*J. M. [Signature]*  
Director of Medical Services.

[OVER]

15--If previously proposed for discharge on medical grounds state the date the disability for which recommended for discharge, and the cause of remand of Corps.

*for discharge*  
*for remand of Corps*

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

(In which it should be stated how far the Board concurs in the above report.)

The Board having examined No. 457898, Pte W. J. Barrowes, 60th. Batta. C.E.F., concurs in the above and recommends that he be discharged as unfit for service.

Date of final Medical Board or decision. }

Administrative Medical Officer.

Date	Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of	The original Report is invariably to accompany the discharge documents of Invalids.

DETAILED MEDICAL HISTORY OF INVALID.

Military Form B. 227.  
 H. G. 1572-89-117.