

14th M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 1030203

H.W.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917
Brought in by the Dominion Police
(Class First)

Handwritten signature/initials

1. Surname HUTCHISON
2. Christian name Robert
3. Present address 228 St. Atwells St., Montreal P.Q.
4. Military Service Act letter and number Not registered
5. Date of birth September 3rd 1889
6. Place of birth Montreal P.Q. Canada.
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Teamster
10. Name of next-of-kin Mary Ann Hutchison
11. Relationship of next-of-kin Sister
12. Address of next-of-kin Anderson Corners, Huntington, XXXXXX P.Q.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any No R H
15. Medical Examination under Military Service Act:—
(a) Place Montreal (b) Date Mar 11th/18 (c) Category A2



SUFFICIENT ADDRESS

DECLARATION OF RECRUIT

I, HUTCHISON Robert, do solemnly declare that the above particulars refer to me, and are true.

Robert Hutchison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 28 yrs. 6 mths.
Height 5 ft. 7 ins.
Chest measurement } fully expanded 34 ins.
range of expansion 3 ins.
Complexion Fair
Eyes Blue
Hair Light Brown

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

Table with 2 columns: R.D., L.P. and handwritten values.

Major for O.C. 1st Depot Bn. 1st Quebec Regiment
O.C. First Depot Btl.

First Quebec Regt.

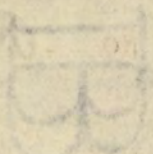
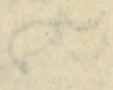
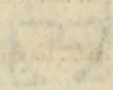
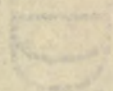
Place Montreal P.Q. Date Novr 11th 1917



PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1917

Class



DECLARATION OF RECRUIT

DESCRIPTION ON CALLING UP

MADE IN

Regiment

Depot Battalion

Rank

Height

Weight

Complexion

Hair

Eyes

Build

Complexion

Hair

Eyes

1. Name  
2. Birth date  
3. Present address  
4. Military service No. and number  
5. Date of birth  
6. Address of birth  
7. Married, widowed or single  
8. Religion  
9. Trade or calling  
10. Name of next of kin  
11. Height, weight of head & feet  
12. Address of notification  
13. Whether in receipt of money or the Army Allowance  
14. Particulars of previous military service, if any  
15. Medical examination and fitness for service

Signature of Recruit

Height  
Weight  
Complexion  
Hair  
Eyes  
Build

Signature of Recruiting Officer



NAME Mitchinson, Robt REGT. NO. 4030203 UNIT 1st Lieut FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*afw-3997-1*

*DB-1*

*DB-1*

*S&P-1*

*mfw-69-1*

*misc-1*

*plus cut*

*R22*

**M**

*ACR - 15/4/20*

*13*

*B. P. C.*

*2/4/20*

*8/6/20 Spec 42273 306*

DEATH

Category

DISCHARGE

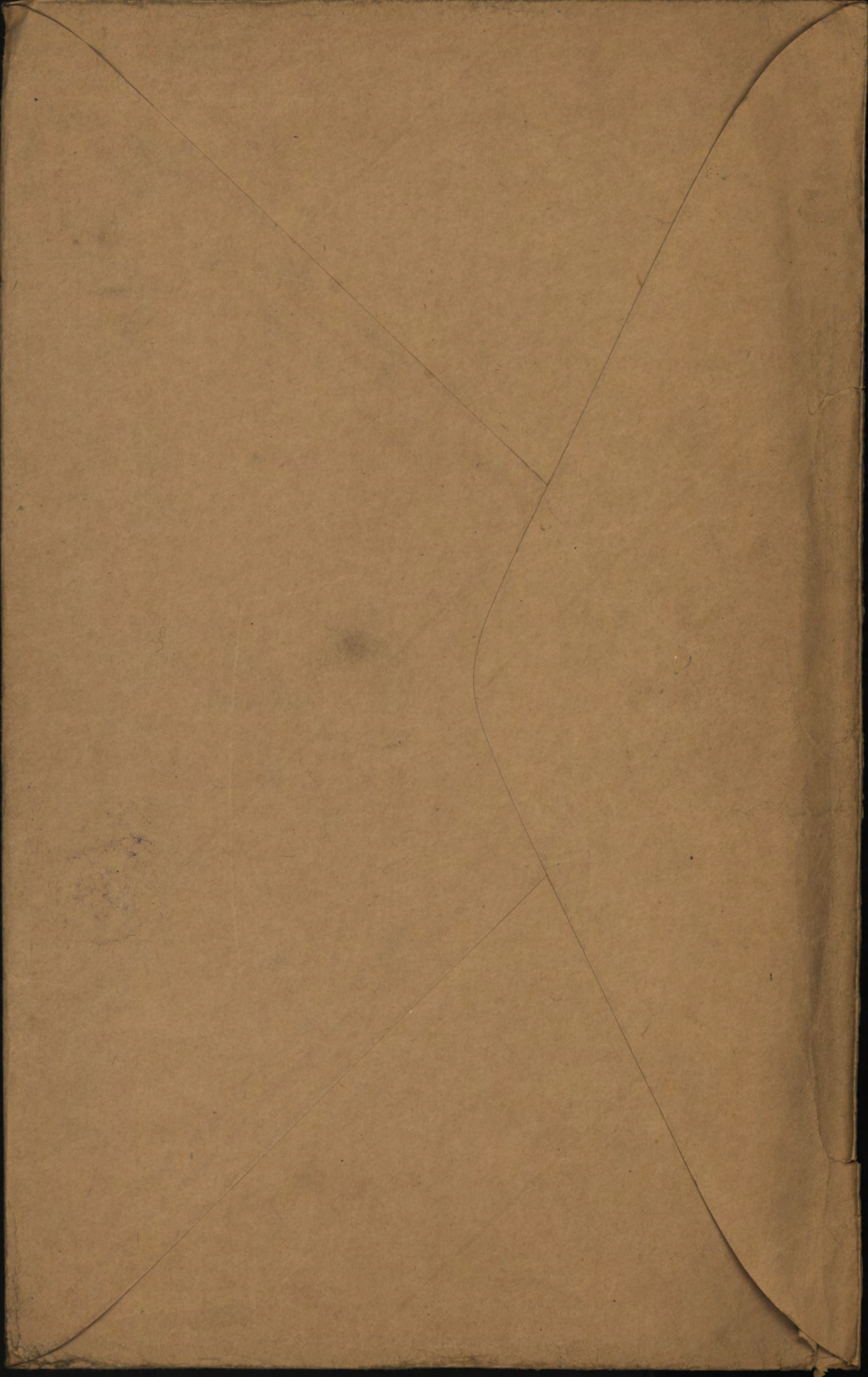
Category

*Dis*

DESERTION

**F**







Number 4030203 Rank Pte

Surname HUTCHISON

Christian Name Robert

Units 13th Bn Can Inf Theatre of War France

Date of Service 11-9-18

Remarks

Latest Address 228 St Antoine St.

Montreal Que

Roll No. Sister Miss Mary Hutchison  
370 Berkeley St

200m.-2-21.M. Toronto

Handwritten notes and markings: '9K' in top left, 'B' in top right, 'D' in a circle on the right, 'D' in a circle on the left, and 'Page 12612' written in red ink across the bottom.

*B. V. net. a. 5 1/2 in*

~~DESP. OCT 29 1924~~  
~~REGN. NO. 6877~~

No. 4 030203 RANK Pte

NAME Hutchison Robert.

T. O. S. 11-11-17

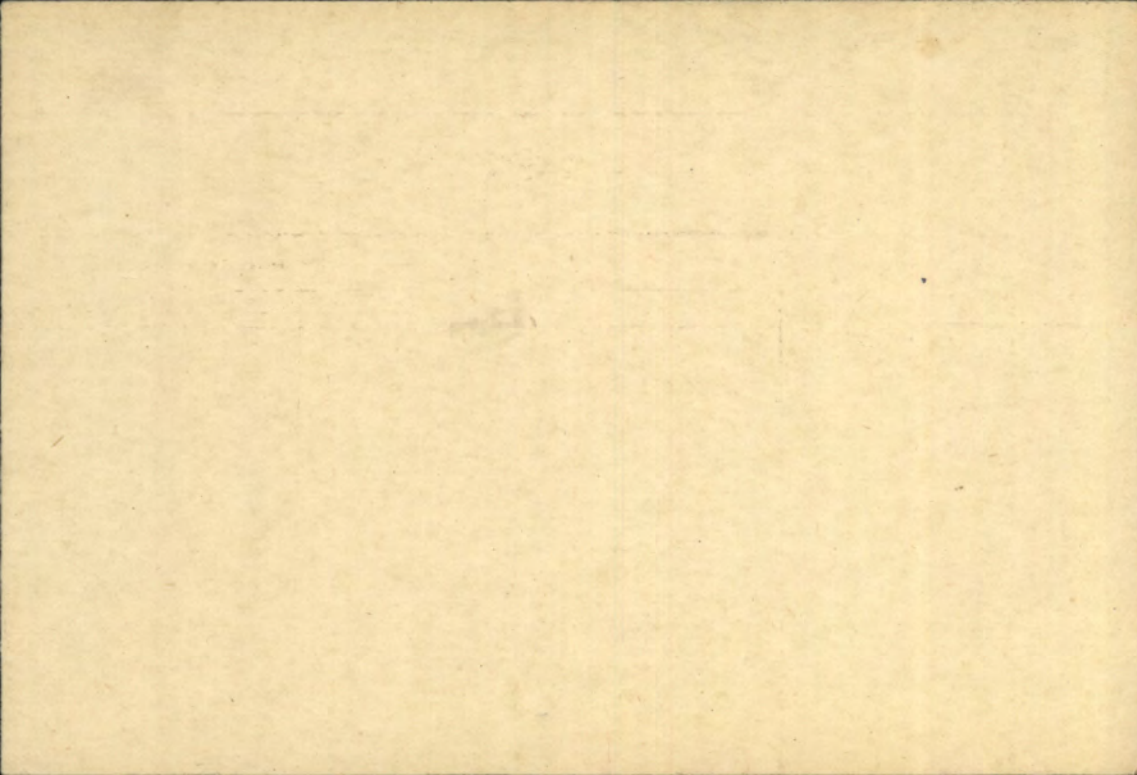
UNIT

1st Depot Bn 1st Que Regt.

D.O. 72 of 13-3-18

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<del>1917</del> Nov 11	1918 Mar 31	21	Defaulter. a. u. l. 11-11-17 to 8-3-18 for facts 118 days P.A.	D.O. 73 of 14-3-18.
Apr		21	Trans of 13-4-18	D.O. 103 of 13-4-18.





SURNAME.

Hutchison,

CARD NO.

7.4

CHRISTIAN NAMES

Robert

S.O.S. 214-19, Darnob.

REGL. NO. 4030203

RANK

Pf.

FOLL.

D.O. 119 of 29-4-19.

UNIT 1st Que. Regt. 1st Dpo. Bn

#4, 120, 100.

Enid 17.5.20 4

BCR 975 R-7 18/5/20

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hutchison, Mary Ann

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

Anderson Corners, Huntingdon  
P. Q.

COUNTRY OF BIRTH

Canada, Montreal, P. Q.

DATE

Sep. 31st 1889

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Nov. 11th 1917

P.W. 17-4-18.  $\frac{1228}{5}$

R/C. 19-4-19  $\frac{305}{20}$  Pf.



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



649-H-30192

Hutchison, R. #4030203

Pte., Ex.

C.E.F.

13th Bn.

*not elig. for star.*

Medals & Decs.

Sister

Miss Mary A. Hutchison,  
37 O Berkeley St.,  
Toronto, Ont.



P. & S.

Sister

Same as above.

*Ser. #986219.*

Mem. Cross

Nil.

21124

*Suppl. Card in Canada*

*m.f.*

*supp card destroyed 7-3-21.*



Scroll Desc.

Regn. No.

49835-

Plaque Desc.

NOV 15 1923

Regn. No.

Plaque ret'd. 20-11-23.

LTR

Rank \_\_\_\_\_ Name  HUTCHISON, Robert Reg'l No.  4030203  
 Unit \_\_\_\_\_  If in perm. Corps, }  
           7th Dft. 1st Bn QUE  What Unit? }  
 Married or Single  Single.  
 Place and Date of Enlistment  Montreal. Nov, 11th, 1917. Place of Birth  Montreal. Can.  
 Name and Address, Next-of-Kin  Mary Ann Hutchison  
 Anderson Corners Huntington P.Q. Canada Relationship  Sister.

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

N/E R.B. No. 24112  
 File R.L. \_\_\_\_\_  
 Category O R CANADA

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

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.				
3-5-18	23 Rec.	Arrived in England TOS	B'sholt	28-4-18	S/S MELITA DO 123 47 Rec checked 18-9-18 m 7.
15-6-18	20 "	T.O.S from 23 Rec	"	12-6-18	" 166 23 Rec 165 14.6.18
12-9-18.	"	T.O.S. to 13 <sup>th</sup> Bn	"	11-9-18	DO #1140/179.18 13 Rec DO. 255.
18-3-19	13 Bn	Proc to England Proc to Canada	Lecler	16-3-19	80 29
24-3-19	E Wing CCe	TOS from 13 Bn	B'sholt	10-4-19	45-F-38
		S.O.S To Canada 10.4.19 E. Wing CCC, DO 14 12,4 19		17-3-19	80 5







# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. ....

THIS IS TO CERTIFY that No. 4030203 (Rank) Private

Name (in full) Hutchinson Robert enlisted in

the 1st Depot Battalion 1st Quebec Regt.

CANADIAN EXPEDITIONARY FORCE at Montreal Que on the 11<sup>th</sup>

day of November 1917

HE served in England and France

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 29

Height 5' 6"

Complexion Fair

Eyes Blue

Hair Light Brown

Marks or Scars

Nil

Robert Hutchinson  
Signature of Soldier

Date of Discharge



Issuing Officer

[Signature] Lieutenant  
Rank

Date April 21<sup>st</sup> 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



# DISCHARGE CERTIFICATE

## CANADIAN EXPEDITIONARY FORCE

THIS IS TO CERTIFY that No. 4637503 (Rank) Private

Name (in full) Robert [unclear] enlisted in

the 1st Battalion

CANADIAN EXPEDITIONARY FORCE at [unclear] on the 11th

day of November 1917

HE served in [unclear]

and is now discharged from the service by reason of Medical Unfitness

Demobilisation

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age <u>28</u> Height <u>5' 6"</u> Complexion <u>[unclear]</u> Eyes <u>[unclear]</u> Hair <u>[unclear]</u> Marks or Scars <u>[unclear]</u>	Signature of Soldier <u>[unclear]</u>
Leading Officer <u>[unclear]</u> Rank <u>[unclear]</u> Date <u>19</u>	Date of Discharge <u>[unclear]</u>

N.B. - As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Military Council, Ottawa, Canada.

M.C. 100-11-12  
 H.C. 100-11-12



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.

Unit, Regiment or Corps. 13th Bn.

Regimental No. 4050203 Rank Pte Name HUTCHISON, Robt.  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

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				
29-4-19	O/S	T.O.S. DD#4	Montreal	10-4-19	D.O. Pt. II-119
29-4-19		S.O.S. DD#4 Demob.	"	21-4-19	D.O. Pt. II-119 R.O. 1420
<i>G. H. Fletcher</i> Lieutenant, <i>a) Assistant Adjutant,</i> <i>District Depot No. 4.</i>					

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O]



Casualty Form - Active Service

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				



# FORM OF WILL

I, **HUTCHISON Robert** (Name in full)

Regimental Number **4030203** serving in **1st DEPOT BN. 1st QUEREC REG'T.**

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

*225 St Antoine  
Mill*

I devise all my real estate unto

.....  
.....  
**NIL**  
.....

Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

.....  
**Mary Ann Hutchison (Sister)**  
.....  
**Anderson Corners, Hutington**  
.....  
**P.Q.**  
.....

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

### NOTE

This space for the  
appointment of  
Executor if  
necessary.

### IMPORTANT NOTE

this **9** day of **March** A.D. 191**8**

This must be signed  
and Dated by  
THE SOLDIER  
HIMSELF.

*Robert Hutchison*

Signature of Soldier.

\*N.B. Personal estate includes p.y, 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.....*W. D. D.*.....

Address of Witness.....*Guy St Bts Montreal P.Q.*.....

THE TWO  
WITNESSES

Occupation of Witness.....*Soldier*.....

MUST  
SIGN HERE

Signature of Second Witness.....*Lucile O. D.*.....

Address of Witness.....*Guy St Bts Montreal P.Q.*.....

Occupation of Witness.....*Laedier*.....



FORM OF WILL

1. I, \_\_\_\_\_ (Name in full)

do hereby revoke all former wills by me made and

declare this to be my last Will.

I devise all my real estate unto

\_\_\_\_\_

\_\_\_\_\_ and my personal estate I bequeath to

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



A.2 M.S.A. 15

ORIGINAL

MILITARY SERVICE ACT, 1917.

4030203

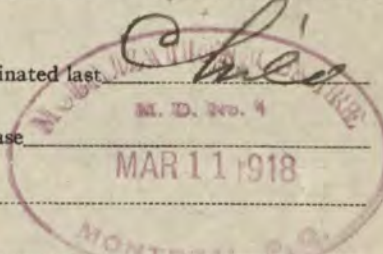
MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname HUTCHISON Christian name Robert
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. Not registered
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_
- 4. Address (including street and number, if any) 228 St. Atwells St, Montreal P.Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of March 1918, 1917, by the undersigned medical board sitting at Montreal P.Q.

- 5. Age as stated \_\_\_\_\_ Years \_\_\_\_\_ Months
- 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Months
- 7. Height 5 Feet 7 Inches
- 8. Weight 121 Pounds
- 9. Chest measurement { Minimum 31 Ins. Maximum 34 Ins.
- 10. Complexion Fair { Eyes Blue Hair L. BROWN
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks None
- 13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 1
- 14. When vaccinated last None
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease \_\_\_\_\_



Signature of Man

16. Slight defects but not sufficient to cause rejection \_\_\_\_\_  
The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A<sup>2</sup>

R. D. =	20
L. D. =	20
F. D. =	07

William Prof President.  
Arthur Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
MAR 26 1918		J. A. Gairie Capt M.O.	3-3-18		J. A. Gairie Capt M.O.
			MAR 19 1918		J. A. Gairie Capt M.O.
			MAR 25 1918		J. A. Gairie Capt M.O.

Joined 11th day of November 1917, 191 at Montreal P.Q.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st DEPOT BN. 1st QUEBEC REG'T.</u>			<u>11-4-18</u>
<u>23rd RESERVE BATTN C.E.F.</u>			
<u>20th CAN. RESERVE BN. "QUEC. REG'T."</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>12-4-18</u>	<u>Nil</u>	<u>Ar J. A. Gairie Capt</u>

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

Capt







# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 4130203 Rank Pte Surname Hutchison  
(Given name in full)  
Robert  
 Unit or Corps 13th Bn Birthplace Montreal

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

**1. GENERAL DESCRIPTION:**

Physique Good Weight 130 lbs. Height 5-6 ft. Colour of Eyes Blue  
 Nutrition Good  
 Pulse 74 regular  
 Condition of arteries Soft  
 Vision Rt. of 12 Left of 12  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
Nil

Opinion as to general health and physical condition good

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System No Genito Urinary System No Cardio-Vascular System No  
 Special Senses No Integumentary System No Respiratory System No  
 Disturbance of mentality No Muscular System No Digestive System No  
 Osseous and Joint System No Any other general condition No

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Brampton (Overseas)

Date 19-3-19

Signed H. A. Cook M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature R. Hutchinson

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date .....

Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)



CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HUTCHINSON, R.  
REGIMENT 13 Can B Co RANK Plt No. 4030203

Date of Examination in England 19-3-19 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

J-F

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1
2. EXTRACTIONS 4, 21
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

*Rhysian Giff*  
A. D. D. S. N. 2, No. 5

Signature of Dental Officer *R. H. A. Giff*

BRAMSHOTT CAMP  
DENTAL OFFICERS



THE UNIVERSITY OF CHICAGO  
LIBRARY

THE UNIVERSITY OF CHICAGO  
LIBRARY

THE UNIVERSITY OF CHICAGO  
LIBRARY

THE UNIVERSITY OF CHICAGO  
LIBRARY

THE UNIVERSITY OF CHICAGO  
LIBRARY

THE UNIVERSITY OF CHICAGO  
LIBRARY



15.11.51

—  
—  
—

— 15.11.51



To be made out in duplicate.

H.Q. 54-21-23-53

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

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 1st DEPOT BN. 1st QUEREC REG'T.

(2) Regimental Number 4030203

(3) Full Name of Soldier HUTCHISON  
Robert

(4) Place of Birth Montreal que Canada

(5) Are you married, or not? Single

(6) If married, state,  
(a) Full name of your wife Not applicable

(b) Present Postal Address Not applicable

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls Not applicable

Also their names and ages Not applicable



(9) Is your Father alive?..... **NO**

If so, state name and address..... **Not applicable**

(10) Is your Mother alive?..... **No**

If so, state name and address..... **Not applicable**

(11) If your Mother is a widow..... **Not applicable**

Are you her sole support, or not?..... **Not applicable**

(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.

.....  
.....  
**Not applicable**

(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.

.....  
**Mrs. Mary Ann Hutchison**

.....  
**Anderson Corners, Hutington, P. O.**

(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.

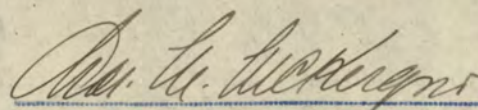
.....  
**Not applicable**

(15) Are you insured?..... **No**

If so, in what Company?..... **Not applicable**

Have you made arrangements for payment of your Insurance premium..... **Not applicable**

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

  
..... **Major,**  
..... **for O.C. 1st Depot Bn. 1st Quebec Regiment...**  
**Officer Commanding.**

Date..... **March 9th 1918.**



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: HUTCHISON, Robert.
EFFECTIVE DATE: -		EFFECTIVE DATE: -		NUMBER: 4030203
AMOUNT: -		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY
				DATE EFFECTIVE
				RANK OR APPOINTMENT
				L.P.C. from Canada
				1/5/18
				Private
UNIT AND TRANSFERS				
ORIGINAL UNIT: - 1 <sup>st</sup> D. Br Quebec. No 7 Draft.				
DATE ACCOUNT FIRST OPENED: - 1/5/18				
				DATE LEDGER SHEET T 3 <sup>rd</sup>
				UNIT TRANSFERRED TO
				2 <sup>nd</sup> Reserve Br
				Can Sect.

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
29/8/18	1089	20 Res	£2 9 73				
13/3	7057	3 C.I.B.	4 66				
20/3	761	B'shatt	58 40				
			72 79				
L.P.C. Bal 31/3/19.		Cr. \$16659 17/6 87					

PARTICULARS OF RENDERING NON-EFFECTIVE: - *Rel. to Can 1/4/19 Ref id 5010-2/1/3/19. B'shatt MND - Comp 29/3.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
30-4-18	Balance from Canada								28 30		
May				AR 255 22 Res 1-5-18	4 87				23 43		
				" 435 " 15-5-18	4 87				18 56		
				PP 34/10					52 66	15	
				34/10	9 74						
JUN	RP								85 66		
				AR 629 23 Res 3-6-18	4 87				80 79		
				" 605 20 Res 17/6-6	29 20				51 59		
				33	34 07					30	
JUL	P.P.								85 69		
				A.P. 729 " 11-6-18	24 33				61 36		
				" 838 " 26-7-18	9 73				51 63	45	
				34/10	34 06						
				P.P. 34/10	9 73				76 50	60	
				34/10	9 73						
Sep.	P.P.								109 00		
				A.P. 1147 " 10-9-18	9 73				99 27		
				D.N. 1955. C.C.H.Q 19-9-18	3 57				95 70	75	
				33	13 30						
OCT	P.P.								126 07	90	
				AR 819 #1. 3 C.I.B. 16.10.18.	3 73						
				34/10	3 73						
NOV	P.P.										
				" 1082 " 4-11-18	3 73						
				" 1213 " 13 1/18	3 73						
				" 1290 " 23 1/18	3 73				181 98	120	
Dec.									216 08	135	
JAN 1919	P.P.										
				34/10	11 19						
				101 20							
Feb.											
				AR 1375 16 3/4 36-8-18	129 81						
				" 1950 1 1/4	7 54				195 56		
				30 50	20 52						
	Carried forward			30 50							

1147  
2007  
853  
412



NUMBER X030203 RANK

NAME

HUTCHISON R

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb. 1949	Bil forward	3080			2052				2408	135.00	
				A.R. 206 3CIB.	17 <sup>3</sup> / <sub>4</sub>	373			2423 <sup>3</sup> / <sub>4</sub>		
				✓ 2278 ✓	3 <sup>3</sup> / <sub>4</sub>	373			2486 <sup>3</sup> / <sub>4</sub>		
				✓ 2491 ✓	16 <sup>3</sup> / <sub>4</sub>	373			2008 <sup>3</sup> / <sub>4</sub>		
Mar	P.P.	3410							2289 <sup>3</sup> / <sub>4</sub>	150-	
	Int on D.P.	412		A.R. 2679 3CIB.	2 <sup>3</sup> / <sub>4</sub>	373			2004 <sup>3</sup> / <sub>4</sub>	10	
				Corrected Balance					2296 <sup>3</sup> / <sub>4</sub>		
				A.R. 7027 3CIB	13 <sup>3</sup> / <sub>4</sub>	466			2332 <sup>3</sup> / <sub>4</sub>		
				✓ 761 Bilion	20 <sup>3</sup> / <sub>4</sub>	5840			186	60	
		6982									
				A.R. 1089 27/4/48 2bilion	9850	973					

S.O.S. to Canada 10<sup>3</sup>/<sub>4</sub>  
 Q.R. to S.L. 45.

*(Large red scribble)*



SHORT FORM.

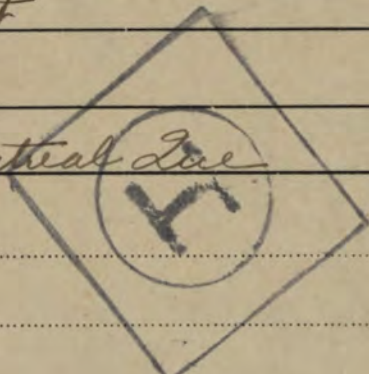
D.A. 9

War Service Badge  
Class "A" No. 2415

PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

Occupational Group No. 23

6A

1. No. 4030203		
2. Rank. Private		
3. Name. Hutchinson Robert		
4. Unit. 13 <sup>th</sup> Battalion R.H.C.		
5. Date of Discharge	21-4-19	Place Montreal Que
6. Reason for Discharge..... <p style="text-align: center;">DEMOBILISATION</p> 		
7. Authority. R.O. 1420 DD#4 D.O. Pt. II-119.		
8. Proposed Residence after Discharge..... 228 St Antoine St <p style="text-align: right;">Montreal Que</p>		
9. CERTIFICATE TO BE SIGNED BY SOLDIER. <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ? 1339..... Montreal  april 21<sup>st</sup> 1919  Robert Hutchinson  Signature of Soldier.</p>		
10. CONFIRMATION. <p>The discharge of the above named man is hereby confirmed.</p> <p>Place..... Montreal  Date..... april 21<sup>st</sup> 1919  Signature.....  <p style="text-align: right;">Lieutenant,  Officer in Charge, Discharge Section, Dispersal Station "F"  (O. C. Discharging Unit.)</p></p>		

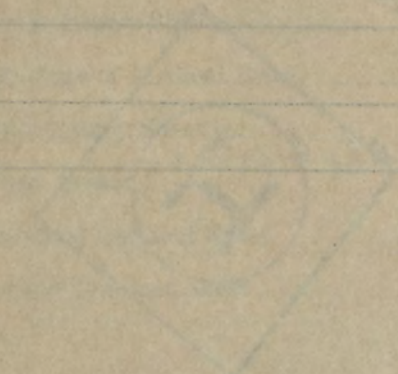
at



PROCEEDINGS ON DISCHARGE

Demonstration

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



CERTIFICATE TO BE SIGNED BY WITNESSES

I hereby acknowledge that at the undersigned place and date I viewed the discharge certificate of \_\_\_\_\_ and that the same is a true and correct copy of the original.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
 Minister of Labor

COMPLETION

The discharge of the above named man is hereby certified.

I hereby certify that the above named man is a discharged man.

\_\_\_\_\_  
 Minister of Labor



LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate	2. Discharge Certificate
3. Discharge Certificate	4. Discharge Certificate
5. Discharge Certificate	6. Discharge Certificate
7. Discharge Certificate	8. Discharge Certificate
9. Discharge Certificate	10. Discharge Certificate
11. Discharge Certificate	12. Discharge Certificate
13. Discharge Certificate	14. Discharge Certificate
15. Discharge Certificate	16. Discharge Certificate
17. Discharge Certificate	18. Discharge Certificate
19. Discharge Certificate	20. Discharge Certificate
21. Discharge Certificate	22. Discharge Certificate
23. Discharge Certificate	24. Discharge Certificate
25. Discharge Certificate	26. Discharge Certificate
27. Discharge Certificate	28. Discharge Certificate
29. Discharge Certificate	30. Discharge Certificate
31. Discharge Certificate	32. Discharge Certificate
33. Discharge Certificate	34. Discharge Certificate
35. Discharge Certificate	36. Discharge Certificate
37. Discharge Certificate	38. Discharge Certificate
39. Discharge Certificate	40. Discharge Certificate
41. Discharge Certificate	42. Discharge Certificate
43. Discharge Certificate	44. Discharge Certificate
45. Discharge Certificate	46. Discharge Certificate
47. Discharge Certificate	48. Discharge Certificate
49. Discharge Certificate	50. Discharge Certificate
51. Discharge Certificate	52. Discharge Certificate
53. Discharge Certificate	54. Discharge Certificate
55. Discharge Certificate	56. Discharge Certificate
57. Discharge Certificate	58. Discharge Certificate
59. Discharge Certificate	60. Discharge Certificate
61. Discharge Certificate	62. Discharge Certificate
63. Discharge Certificate	64. Discharge Certificate
65. Discharge Certificate	66. Discharge Certificate
67. Discharge Certificate	68. Discharge Certificate
69. Discharge Certificate	70. Discharge Certificate
71. Discharge Certificate	72. Discharge Certificate
73. Discharge Certificate	74. Discharge Certificate
75. Discharge Certificate	76. Discharge Certificate
77. Discharge Certificate	78. Discharge Certificate
79. Discharge Certificate	80. Discharge Certificate
81. Discharge Certificate	82. Discharge Certificate
83. Discharge Certificate	84. Discharge Certificate
85. Discharge Certificate	86. Discharge Certificate
87. Discharge Certificate	88. Discharge Certificate
89. Discharge Certificate	90. Discharge Certificate
91. Discharge Certificate	92. Discharge Certificate
93. Discharge Certificate	94. Discharge Certificate
95. Discharge Certificate	96. Discharge Certificate
97. Discharge Certificate	98. Discharge Certificate
99. Discharge Certificate	100. Discharge Certificate

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**LIST OF DISCHARGE DOCUMENTS.**

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ),
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G, Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *& Duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group..... *B*

Checked by No. *15*..... *[Signature]*

Date *4-4-19*.....



# Casualty Form—Active Service.

*Group 7*

*C.*  
*M. J. 28/8/18 M. J.*

Unit, Regiment or Corps 1st DEPOT BN. 1st QUEBEC REGT.

Regimental No. 4030203 Rank Private Name HUTCHISON Robert  
C. E. F.

Enlisted (a) 11-11-17 Terms of Service (a) CEF ofw Service reckons from (a) 11-11-17

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) Presbyterian

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				

			Emarked Halifax 17-4-18 Disembarked Liverpool 28-4-18.		
3-5-18	23rd Can Res Bn.	TAKEN ON STRENGTH from Canada.	Bramshott	28-4-18	D.P.11.C.123 ✓
3-5-18	do	On Command Seg-Camp Trensham.	Bramshott.	28-4-18	D.P.11.O.123
7-6-18	do	On Command Ceases	do	6-6-18	D.P.11.O.158.
14-6-18	23rd Can. Res. Bn.	Struck off Strength on Posting to the 20th Res Bn RHC. Bramshott Daily Part II Orders No. 165.	Bramshott.	15-6-18	✓

*W. Chalmer*

Lieut & Adjutant.  
23rd, Canadian Reserve Battalion.

*12/6/18 Robert T.O.S.* *B. P. 12/6/18 D.O. 166* *mt*

(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. [P.T.O.]



S. B. CLASS. A.

4030203 *Wm R Hutchison*

CERTIFIED CORRECT.

19 SEP 1918

RECORDS, LONDON.

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
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<i>20 Res</i>	<i>Five Trans Para 2A</i>	<i>Bramshott</i>	<i>7/7/18</i>	<i>D.O. 207</i>
<i>20 Res</i>	<i>S.O.S. on posting to B photo</i>		<i>11-9-18</i>	<i>200245</i>
	<i>13 Bn O/S</i>			<i>13 Bn O/S</i>

LT. & ASST. ADJUT. GEN. 20th CANADIAN RESERVE BN.

C. B. D.	ARRIVED C. B. D.	FRANCE	<i>12/9/18</i>	N. R. D.
C. B. D.	LEFT C. B. D. FOR	<i>CC&amp;E</i>	<i>16/9/18</i>	N. R. D.
O. C. 3 <sup>rd</sup> BN	ARRIVED 13 BN.	FIELD	<i>21/9/18</i>	B. 213, D. <i>28/9/18</i>

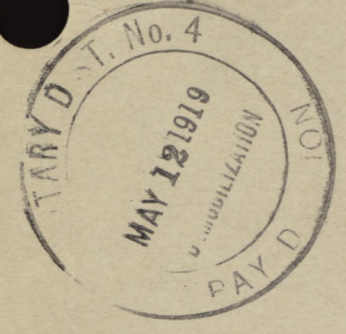
Emb. Camp. Proceeded to *Cartagena* - Sailing *MAR 16 1919*  
 Embarked *10 4 19*  
 Disembarked *18 4 19*

*S.O.S. on proceeding to Canada Bramshott 7/4/19*  
*Caribbean*  
 N. R. MAR 16 1919  
 P. I. O. No. *114*  
 D. *7/9/18*  
 Liff Kelton  
 LIEUT. COL. A. A. G.  
 THE ROYAL HIGH LANDS



H. 95K  
7/20

ADJUTANT PAYMASTER  
91



PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 4030203 RANK *Plt* NAME (IN FULL) *HUTCHISON, Robert*

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
NEXT OF KIN		<i>T.O.S.</i>	<i>10-4-19</i>	<i>DO 119-P-9-B</i>	<i>1st U.R.</i>		
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT	
			\$ C.	\$ C.	\$ C.	NO. DATE	NO. DATE	NO. DATE	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	
				176.87														Balance
<i>14-19</i>			<i>70.00</i>															<i>176.87</i>
<i>25-4-19</i>	<i>25</i>	<i>110</i>	<i>27.50</i>	<i>35.00</i>														<i>132.50</i>
									<i>boat train</i>	<i>CR</i>								<i>309.37</i>
			<i>Other Credits</i>															<i>War Service Gratuity</i>
			<i>W.S.C.S.A. Total</i>															<i>280</i>
<i>21.5.19</i>												<i>Other Charges</i>						<i>Balance</i>
												<i>W.S.G.S.A. Total</i>						<i>176.87</i>
<i>21.6.19</i>												<i>4.40</i>						<i>107917</i>
<i>21.7.19</i>												<i>70</i>						<i>813319</i>
												<i>70</i>						<i>1075102</i>
												<i>70</i>						<i>280</i>



