

ORIGINAL

No. 10 M. D. First Depot Battalion Manitoba Regiment
Regtl. No. 2381989 17-2-1543

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917



(Class One)

1. Surname..... Lewis

2. Christian name..... William Alcuin

3. Present address..... 268 Spence Street, Winnipeg, Canada

4. Military Service Act letter and number..... 310975JR

5. Date of birth..... 4th January 1883

6. Place of birth..... Inverness, Quebec, Canada
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Congregational

9. Trade or calling..... Clerk

10. Name of next-of-kin..... Mrs Elizabeth Lewis

11. Relationship of next-of-kin..... Mother

12. Address of next-of-kin..... 174 Selby Street, Westmount, Quebec, Canada

13. Whether at present a member of the Active Militia..... No

14. Particulars of previous military or naval service, if any..... None

15. Medical Examination under Military Service Act:—
(a) Place. Winnipeg, Canada (b) Date. 18th October 1917 (c) Category. B 3

DECLARATION OF RECRUIT

I, William Alcuin Lewis, do solemnly declare that the above particulars refer to me, and are true.

William Alcuin Lewis (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	35	yrs.	3	mths.	} Distinctive marks, and marks indicating congenial peculiarities or previous disease. Scar on right arm, due to accident, causing weakness to arm
Height.....	5	ft.	9	ins.	
Chest measurement } fully expanded.....	}	range of expansion.....	35	ins.	
			3	ins.	
Complexion.....	Medium				
Eyes.....	Blue				
Hair.....	Dark				

W. G. Gaudin Major for
Commanding, 1st Depot Battalion Manitoba Regiment
O. C. Depot Btln.
Regt.

Place. Winnipeg, Canada Date. 17th April 1918

APR 17 1918

REGISTRATION NO. 123456789

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Regt. No. 100789
Battalion 100789
Depot Battalion

(Class)

1. Name of recruit: *William Albert*

2. Present address: *258 Boscawen Street, Liverpool, Mersey*

3. Military service: *None*

4. Date of birth: *4th January 1893*

5. Place of birth: *Liverpool, Mersey, England*

6. Physical characteristics: *None*

7. Religion: *Anglican*

8. Trade or calling: *None*

9. Nature of occupation: *None*

10. Name of next of kin: *None*

11. Relationship to next of kin: *None*

12. Address of next of kin: *174 Selby Street, Liverpool, Mersey*

13. Whether or not a member of the Army: *None*

14. Particulars of previous military or naval service, if any: *None*

15. Medical examination under Military Service Act: *None*

16. Date of classification: *18th October 1917*

17. Category: *B 3*

DECLARATION OF RECRUIT

I, *William Albert*, do solemnly declare that the particulars stated above are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Particulars	Remarks
Age	24 years
Complexion	Light
Build	Medium
Height	5 feet 6 inches
Weight	120 lbs
Complexion	Light
Build	Medium
Height	5 feet 6 inches
Weight	120 lbs

Distinctive marks and marks indicating any special peculiarities or previous disease: *None*

Recd. 18/10/17
 Date of issue: 18/10/17
 Signature of Recruiting Officer

MM-27-219



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate..... 2

AFB 132 _____ 1

BPC 167 _____ 2

MFA 39a _____ 1

MFA 113 _____ 2

MFA 465 _____ 1

MFA 129 _____ 2

MFA 91 _____ 1

M. F. W. 62. 100m.-6-17.

H. Q. 1772-31 935. MFA 408 _____ 2

DISCHARGE DOCUMENTS

R. O. No. _____

H. Q. No. _____

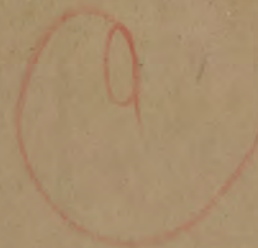
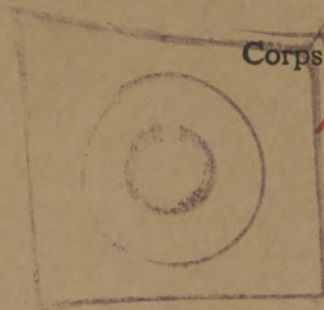
Name LEWIS WILLIAM ALCUIN

2381989

Regt. No. _____ Rank Cte

Corps 5th Bn. C. G. R.

Demob'd

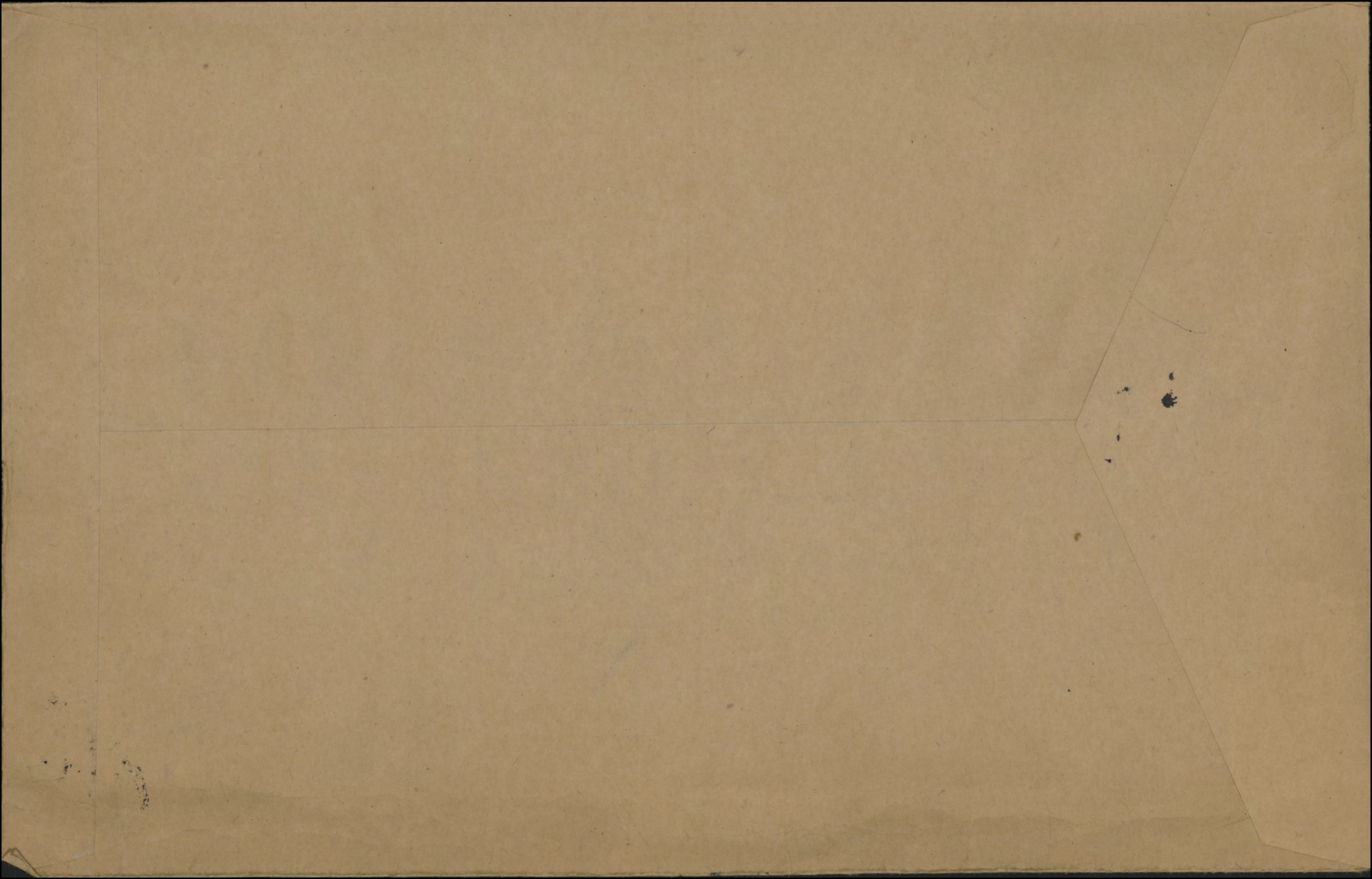


25277



MM 25/1/52

mail card



NAME

REGIMENTAL NO.

RANK

ENLISTED AT

PROMOTIONS, &C.
AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &C.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Lewis William Gleim

2381989

Private

Winnipeg Man

April 17 1918

nil

Single

Mrs Elizabeth Lewis

mother

174 Selby St West

Manitoba

Duchesne

Canada

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
D.O.S.:	39	1.6.18.	
D.O.S.	234	16.12.18	R O 1328 268 Spruce St unidentified man

LEDGER NO. ⁴ 674-867

SERIAL NO.

REG. NUMBER 2381989 NAME Lewis W. A.

RANK Pte CORPS W. H. 4 S. G. R.

AGE SERVICE

NAME OF HOSPITAL D. M. C. H. PLACE Montreal

DATE OF ADMISSION 13.1.19

DISEASE Pneumonia

TRANSFERRED TO OTHER HOSPITALS

OPERATION 2

DISCHARGED TO Died 30.1.19 IN CATEGORY

not on strength
at date of death

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

(21)
SURNAME.

Lewis

CHRISTIAN NAMES

William Alvin

REGL. NO.

2381989

RANK

Pte.

UNIT

Man. Regt. 1st Depo. Bn.

FORMER CORPS

Mil.

10 05.
with P.T. 20/4/18 16 of 235
CARD NO. 4/18
808. Alvin. 16-12-18 234 of 18-12-18
"Memb." 2nd Bn. C.G.R. M.A.D.s
FOLL.

T. O. S. Apr. 17. 1918.

D.O. Part II No. 146

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lewis, Mrs. Elizabeth

RELATIONSHIP TO SOLDIER

mother

ADDRESS

174 Selby St., Westmount P. Q.

COUNTRY OF BIRTH

Canada, Inverness P. Q.

DATE

Jan. 4th. 1883

PLACE OF ATTESTATION

Winnipeg Man.

DATE

Apr. 17th. 1918

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

5th ~~Reg~~ ~~Bn~~ C. G. R.

NAME *Lewis, N. A.* B. 2

REGIMENTAL NO. *2381989* RANK *Private*

ENLISTED AT *Quebec* PROMOTIONS, &c. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II, -D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &C.
	No.	DATE	
S.O.B. on discharge effct 16-12-18	234-6	18-12-18	R.O. 1328 aff
	address		
	268 Spence St. Winnipeg, Man.		
Documents received for transmission to M.H.Q. 3-2-19	D.O.		

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2381989 (Rank) Private

Name (in full) Lewis William Alcuin enlisted in
the 1st. Depot Battalion Man. Regt.

CANADIAN EXPEDITIONARY FORCE at Winnipeg Man. on the 17th
day of April 1918

HE served in Canada only.

and is now discharged from the service by reason of Demobilization R.O. 132 8

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

Age 36

Height 5-----9

Complexion Medium

Eyes Blue

Hair Dark

W. Lewis

Signature of Soldier

Marks or Scars

scar on right arm,

Date of Discharge Dec 17th 1918

Signed at Quebec P.Q. this 17th day of December 1918

in Military District No. 5

File Reference No.

A. Hays

Issuing Officer

O. C.

Rank

5th Battalion C.G.R.

Appointment

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 2381989 (Rank) Private Name Lewis William Alcuin

Unit 5th Battalion C.G.R.

Address on Discharge 268 Spence St. Winnipeg Man.

Character and Conduct On demobilization the particulars called for on the back of this certificate will not be completed. *JD*

Former Occupation Clerk

Special Qualifications of Value in Civil Life Clerk

Medals and Decorations none

Remarks service in Canada.

Signed at Quebec P.Q? this 17th day of December 1918

W. Lewis
Name of Officer

for O.O.
Rank

5th Battalion C.G.R.
Appointment

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

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

500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

mt
25/6/17 mg

Unit, Regiment or Corps *st. DEPOT BATTALION, MANITOBA REGIMENT*

Regimental No. *3381989* Rank *PRIVATE* Name *Lewis* *William Alcuin*

Enlisted (a) *17.4.18* Terms of Service (a) *CEF* Service reckons from (a) *17.4.18*

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) *CIVIL Clerk*

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				
<i>20-4-18</i>	<i>A.A.G.</i>	<i>"A" Coy 1st Depot Battalion Manitoba Regiment</i>	<i>Quebec</i>	<i>20 -4-18</i>	<i>R.O. 1420 Para C.</i>
		<i>S.O.S. P.O. 234 P.O. 11 no 234</i>	<i>17-12-18</i>		<i>Quebec Recd. Of Records 5th Div. H.Q. 17-12-18</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.]

17-12-18

OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

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 quo'ed in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

**Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name William Alwin Surname Lewis
 Unit of Corps 5th Battn C.C.R. (If a soldier) Regtl. No. 2381989
 Born at Inverness Co. Grantie P.O. on, (date) Jan 4th 1883
 Signature (for identification) William Alwin Lewis

The examination is to be made by one Medical Officer.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight

Colour of eyes

160 lbs.

BLUE

Height

Identification Marks, Scars, etc.

5 ft. 9 in.

Cuff scar right Biceps

2. NUTRITION AND DIATHESIS?

GOOD

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

NORMAL

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

NEGATIVE

5. HEART ?

Abnormal Sounds ?

NIL

Abnormal Size ?

NEGATIVE

Pulse Rate ?

78

Intermittence or Irregularity ?

NIL

Muscular Tone ? GOOD

6. ARTERIES.—(a) Any hardening or nodulation ?

NIL

(b) Blood Pressure.

NORMAL

7. DIGESTIVE SYSTEM ? (Condition of teeth and tonsils to be included).

GOOD

8. GENITO-URINARY SYSTEM ?

NEGATIVE

Urinalysis—S.G. ?

Reaction ?

Albumen ?

Sugar ?

9. SKIN, MIDDLE EAR, EYE
or any other part ?

Vision :

Hearing :

Rt. Eye..... 20

Rt. Ear..... 20 ft

L. Eye..... 20

L. Ear..... 20 ft

10. Is there any evidence of impair-
ment of health or physical
condition not mentioned above?
If so, describe.

NIL

11. Opinion as to the health and
physical condition of the one
examined ?

GOOD

Examined at

Quebec P.Q.

Signed

W. A. Lewis
William Alexis Lewis
 M. O.
 Signature note of Soldier.

Date

Dec 14th 1918

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.

**Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name willia m Alwin Surname Lewis
 Unit of Corps 5th Battalion L.G.R. (If a soldier) Regt. No. 2381989
 Born at Inverness Co Megantic P.Q. on, (date) Jan 4th 1883
 Signature (for identification) x William Alwin Lewis

The examination is to be made by one Medical Officer.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight

160 lbs.

Colour of eyes

Blue

Height

5 ft. 9 in.

Identification Marks, Scars, etc.

cuff scar right biceps

2. NUTRITION AND DIATHESIS?

GOOD

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

NORMAL

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

NEGATIVE

5. HEART ?

Abnormal Sounds ?

NIL

Abnormal Size ?

NEGATIVE

Pulse Rate ?

78

Intermittence or Irregularity ?

NIL

Muscular Tone ?

GOOD

6. ARTERIES.—(a) Any hardening or modulation ?

NIL

(b) Blood Pressure.

NORMAL

7. DIGESTIVE SYSTEM ? (Condition of teeth and tonsils to be included).

GOOD

8. GENITO-URINARY SYSTEM ?

NEGATIVE

Urinalysis—S.G. ?

Reaction ?

Albumen ?

Sugar ?

9. SKIN, MIDDLE EAR, EYE
or any other part ?

Vision :

Rt. Eye.....

D-20

ψ 20

L. Eye.....

Hearing :

Rt. Ear.....

20 ft

L. Ear.....

20 ft

10. Is there any evidence of impairment of health or physical condition not mentioned above?
If so, describe.

NIL

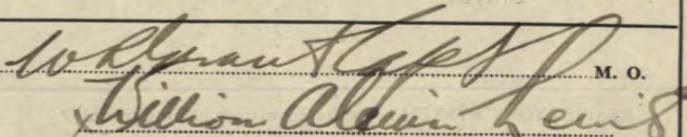
11. Opinion as to the health and physical condition of the one examined ?

GOOD

Examined at

Quebec P.Q.

Signed



M. O.

Date

Dec 14th 1918

Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.

17-1543

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.



66

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 Lewis Christian name William Lewis
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it)..... 310975
4. Address (including street and number, if any)..... 248 Spence St.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18th day of Oct 1917, by the undersigned medical board sitting at Fort St

5. Age as stated 34 Years 9 Months. 6. Apparent age..... Years..... Months
7. Height 5 Feet 9 Inches. 8. Weight 134 Pounds.

9. Chest measurement { Minimum 32 Ins. 10. Complexion med { Eyes Blue
Maximum 35 Ins. { Hair Dark

11. Physical development..... { Good
Fair
Poor 12. Smallpox marks.....

13. Number of vaccination marks { Right arm.....
Left arm 4 14. When vaccinated last childhood

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

Scar on right arm due to accident causing slip to weakness of arm

16. Slight defects but not sufficient to cause rejection.....
The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis 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 1st

McClure President. Rubens Member. W. G. Leggett Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 17th day of April 1918 at WINNIPEG, MANITOBA, CANADA

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st. DEPOT BATTALION, MANITOBA REGIMENT.</u>	<u>2381989</u>		<u>APR 17 1918</u>
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

No. 6
C. E. F. Schedule

Signature of Man

Clark Canada

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D.S.
35

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

Regimental No. 2381989 Rank Pte Name Lewis W.A.

Corps "D" Coy 5th Battalion C.G.R. who was* Discharged

On 17-12-18 191... to 1-12-19 191...
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-19 191... to 17-12-18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Balance Cr. from prev. month.....	10	00
Advances by Cheques } No.			Reg'l. Pay.... <u>17</u> days at \$... <u>1.00</u> ...	17	00
} No.			Field Allow.... <u>17</u> days at \$... <u>10</u> ...	1	70
Assigned Pay and Sep'n Allee. No.....			Separation Allowance* (Monthly).....		
Other charges <u>L/.50 Cap Bag</u> ... <u>20</u>		70	Other Allowances*... <u>Clothing</u>	35	00
Payment on transfer or discharge No <u>589</u> ... <u>63</u> 00			Other Credits*.....		
Bal. Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	63	70	Total.....	63	70

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of NIL 191... (to) Assignee.....
and Sep'n Allee. for month of..... 191...
(Address)

(†) 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.

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

REMARKS:—

- State (1) date of enlistment.....17-4-18.....
- (2) if married and if a Separation Allowance Card has been submitted.....No.....
- (3) cause of discharge..... authority RLC-1328.....
- (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 17-12-18.....

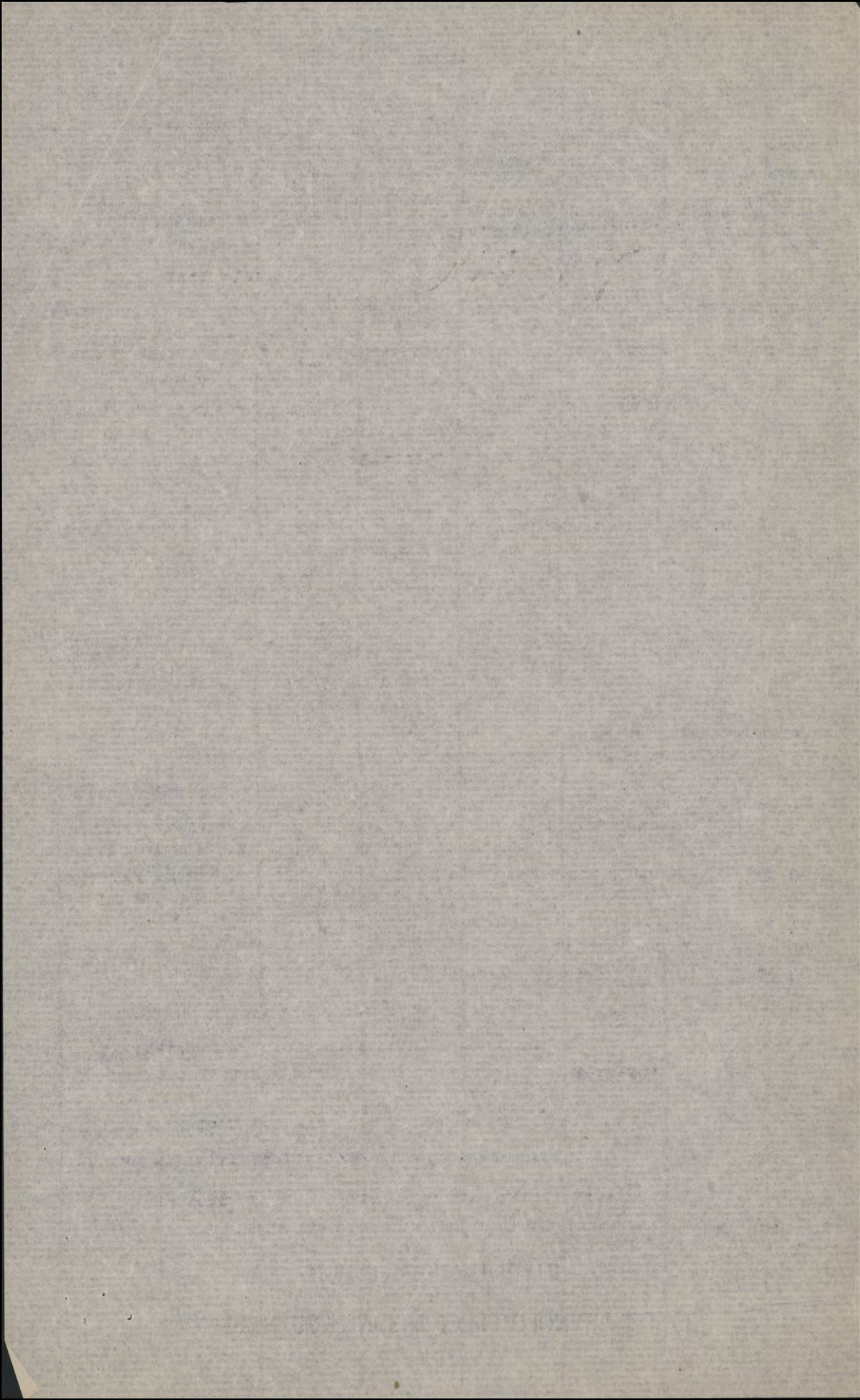
W.E. Russell
Lieut.
5th Battalion C.G.R. Paymaster.

FCB. Place Quebec P.Q......

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 triuplicate, with his discharge documents.



649-2-18574

Lewis W 17-2-1543
S. D. No. _____



This space to be for numbers

Proceedings on Discharge.

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

No.	2381989	
Rank	Private	
Surname	Lewis,	
Christian Name	William Alcuin	
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	5th Battalion C.G.R.	
Date of Discharge	17-12-18	
Place of Discharge	Quebec, Que.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	36 years..... months.	Descriptive Marks scar on right arm
Height.....	5 feet 9 inches.	
Complexion	medium	
Eyes	blue	
Hair	dark	
Trade		
Intended place of residence (To be given as fully as practicable.)	268 Pine St. Winnipeg, Man.	
2. The above-named man is discharged in consequence of		
D emob. R.O. 1420 Para C. of 12-12-18		
<small>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.</small>		
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	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 soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
	clerk	

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

24-2-19.
fw

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

Nil

JA

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

6. Medals and Decorations.....

Nil

JA

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)..... Quebec, Que......

Maurice Capy

(Date)..... 17-12-18.....

Commanding 5th Battalion CGR.

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)..... Quebec, Que...... *W.A. Lewis*..... (Signature of Soldier.)

(Date)..... 17-12-18..... (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)..... 244 years..... days.

Total..... 244 years..... days.

11. Confirmation of Discharge.

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

(Place)..... Quebec, Que......

(Signature)..... *Maurice Capy*

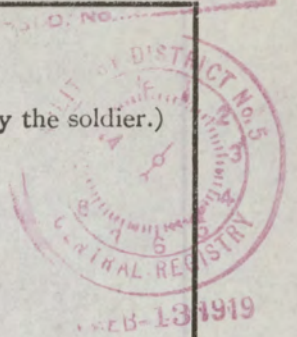
(Date)..... 17-12-18.....

5th Battalion CGR

17-1543

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.)



W. Lewis

<p>Medical Report for Injuries</p> <p>Medical History Sheet for the term of service</p> <p>Statement of Medical Account on Transfer and Last Pay Certificate</p>	<p>Medical Report for Injuries</p> <p>Medical History Sheet for the term of service</p> <p>Statement of Medical Account on Transfer and Last Pay Certificate</p>
<p>Medical Report for Injuries</p> <p>Medical History Sheet for the term of service</p> <p>Statement of Medical Account on Transfer and Last Pay Certificate</p>	<p>Medical Report for Injuries</p> <p>Medical History Sheet for the term of service</p> <p>Statement of Medical Account on Transfer and Last Pay Certificate</p>

in the case of a man discharged on discharge the date and number of deposit receipt with amount of same to be noted hereon

MADE IN CANADA

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 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.