

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
 (ANSWERS).

1. What is your name?..... *Duncan Mason*
  2. In what Town, Township or Parish, and in what Country were you born?..... *Williamstown, Ont.*
  3. What is the name of your next-of-kin?..... *Mr B. Mason, Brother*
  4. What is the address of your next-of-kin?..... *Cornwall, Ont.*
  5. What is the date of your birth?..... *1875 - May 20<sup>th</sup> -*
  6. What is your Trade or Calling?..... *Millwright*
  7. Are you married?..... *no*
  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?..... *3 years B. Bat. Kingston*  
If so, state particulars of former Service.
  11. Do you understand the nature and terms of your engagement?..... *yes*
  12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *yes*
- Duncan Mason* (Signature of Man).  
*A. Rocheau* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Duncan Mason* 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.

Date *8 July* 1915 *Duncan Mason* (Signature of Recruit)  
*A. Rocheau* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Duncan Mason*, 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 *8 July* 1915 *Duncan Mason* (Signature of Recruit)  
*A. Rocheau* (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 *8* day of *July* 1915

*A. Rocheau* (Signature of Justice)

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

Description of Duncan Mason on Enlistment.

Apparent Age 40 years 2 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.)

*1 vaccination mark left arm*

Height 5 ft. 4 ins.

Chest measurement { Girth when fully expanded 42 ins.  
 Range of expansion 2 1/2 ins.  
175 lbs.

Complexion fair

Eyes Brown

Hair Grey

Religious denominations. { Church of England  
 Presbyterian  
 Wesleyan  
 Baptist or Congregationalist  
 Other Protestants (Denomination to be stated.)  
 Roman Catholic Yes  
 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 8th July 1915

J. A. Fairie

Place Montreal

Lieut A.M.C.  
 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.

D. Mason 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.

Mussourne (Signature of Officer)

Date July 8 1915

ORIGINAL

# ATTESTATION PAPER.

No. 748200

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? ..... *Duncan Mason*
  2. In what Town, Township or Parish, and in what Country were you born? ..... *Williamstown Ont.*
  3. What is the name of your next-of-kin? ..... *Johanna Mason Cor*
  4. What is the address of your next-of-kin? ..... *Cornwall Ont.*
  5. What is the date of your birth? ..... *May 20<sup>th</sup> 1875*
  6. What is your Trade or Calling? ..... *Laborer*
  7. Are you married? ..... *No*
  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? ..... *No*  
If so, state particulars of former Service.
  11. Do you understand the nature and terms of your engagement? ..... *Yes*
  12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } ..... *Yes*
- Duncan* <sup>his</sup> *x* *Mason* (Signature of Man.)  
*H. Choquette* <sup>marks</sup> (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Duncan Mason*, do solemnly dec're 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.

Date *Dec. 20<sup>th</sup>* 1915 *Duncan* <sup>his</sup> *x* *Mason* (Signature of Recruit)  
*H. Choquette* <sup>marks</sup> (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Duncan Mason*, 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 *Dec. 20<sup>th</sup>* 1915 *Duncan* <sup>his</sup> *x* *Mason* (Signature of Recruit)  
*H. Choquette* <sup>marks</sup> (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 *Sherbrooke* this *20<sup>th</sup>* day of *December* 1915.

*J. K. Edwards* (Signature of Justice)  
*City Alderman*

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*J. E. Smith* (Approving Officer)

*9<sup>th</sup> Section*  
*29/6/17*  
*304*

Description of Duncan Macdon on Enlistment.

Apparent Age 40 years 5 mo 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 4 ins.

Chest measurement { Girth when fully expanded 42 ins.  
Range of expansion 2 ins.

Complexion Fair

Eyes Brown

Hair Grey

Religious denominations. { Church of England  
Presbyterian  
~~Wesleyan~~ Methodist  
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 Dec 20 1915

Place Shebrooke Que Capt J. E. Lodge  
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.

Duncan Macdon 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.

[Signature] (Signature of Officer)

DEC 21 1915

Date 1915

- 1 Proceedings of Court of Inquiry or on men reported Missing on Active Service..... 2 *Enl*
- 2 Attestation Papers..... 1
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- 1 Regimental Conduct Sheet..... 1
- 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.....
- 1 Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- 1 Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....



**DISCHARGE DOCUMENTS**

R. O. No. *X*  
H. Q. No. *H*

Name *Mason, Duncan*  
 (1) *45-7814*  
 Regt. No. *748200* Rank *Pte.*  
 Corps *117<sup>th</sup> Bn. C.E.F.*

*(2) Death*  
*(1) medically unfit*  
*per 52 53 2 10 11174*

*Sent to B.P.C. 8.3.18. Ret*



*30 2*  
*17-23*  
*1*

*JHX*  
*2-9-21*

*Book*



No A 57814  
457814.

RANK

*Pte.*

NAME

*Mason D.*

T. O. S. 8-7-15.

*2036-9-7-15.* UNIT *60th. Battalion*

M. D.

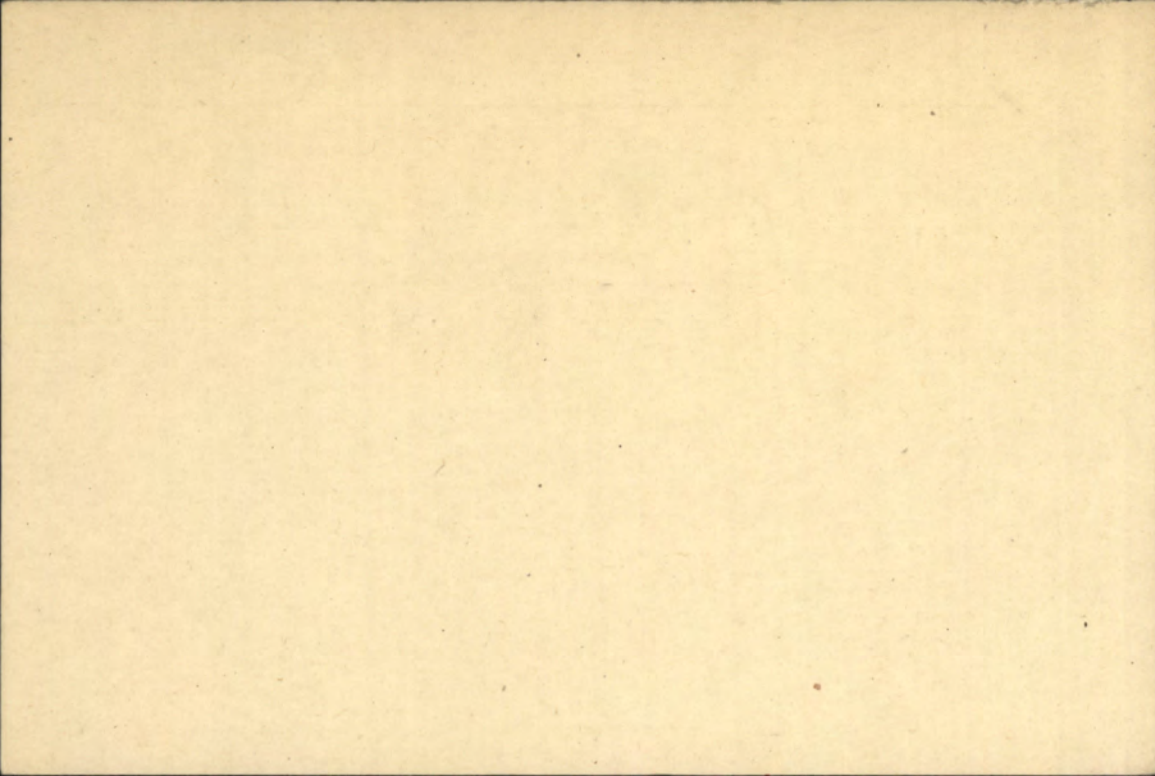
*Val*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>July 8</i>	<i>1915</i> <i>July 31</i>	<i>c.</i>	<i>Disch'd 1-9-15. Medal fit 20887 9-15.</i>	
<i>Sept 1</i>	<i>Sept 1</i>	<i>n.</i>		

**UNIT SAILED**

**NOV 6 1915**

*1/2 closed by charges n.*





Surname Mason H. Q. ....  
Christian names Duncan M. D. No. 5 .....  
Regtl. No. 457814 Rank Pte T. O. S. .... 19...  
Unit 60th Bn D. O. Pt. II ..... of .....  
S. O. S. 1-9- 19 15  
Reason Ill  
Auth. Doc on file

Next of kin Mason Mr B Relationship Brother  
Address Cornwall Ont Also notify: .....

BORN—Place Canada, Williamstown Ont Date May 20th 1875  
ATTESTED—Place Montreal P.Q. Date July 8th 1915  
O/S ..... R/C .....



649-M-2593.

748200 Pte. Duncan Mason. CEF. *117<sup>th</sup> Bn.*  
*1<sup>st</sup> enl. 457814 - 60<sup>th</sup> Bn.*  
*2<sup>nd</sup> enl. 748200 - 117<sup>th</sup> Bn.*

Medals & Dec.

(Brother) Ben Mason, Esq.,  
Cornwall, Ont.,

Placque & Scroll

(Brother) Same as above.

*Dev # 806190*

Memorial Cross. --- Nil.

~~Scroll Disp.~~

~~OCT 13 1921~~

~~APR 1 1922~~

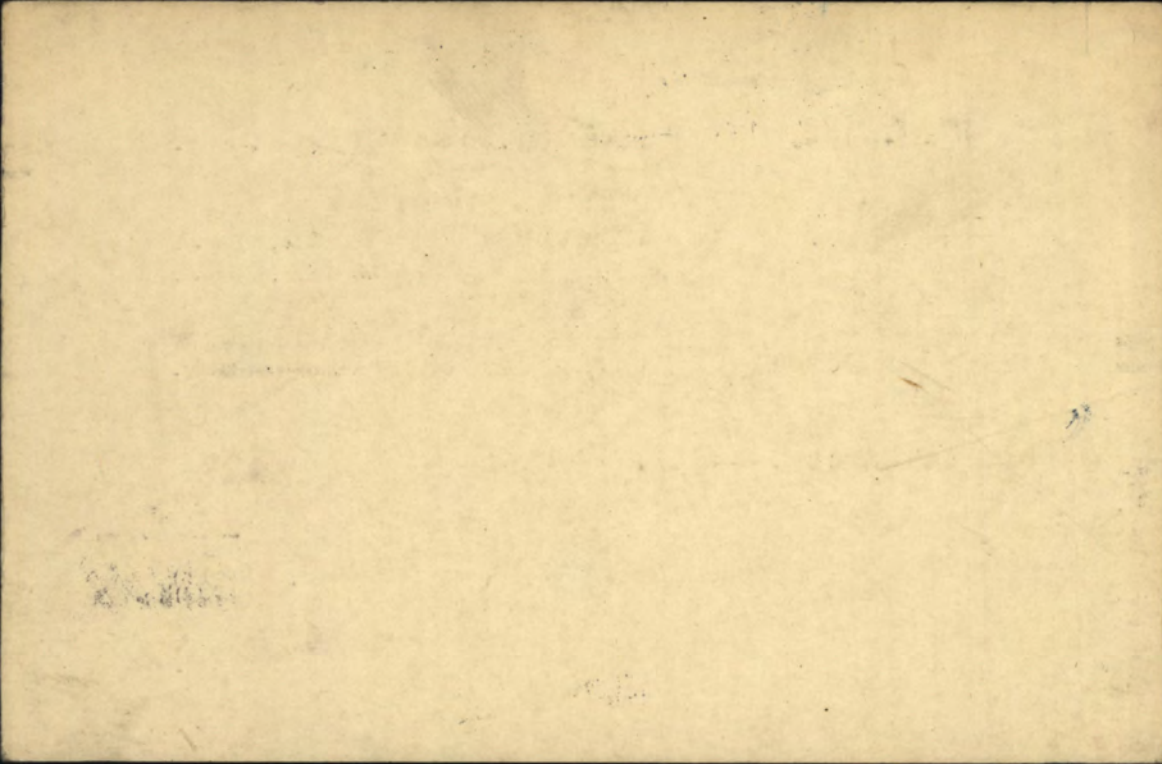
~~in the Bn.~~

*2533 + 9*  
*1535*  
*1032918*

56137

*Canada only*

*28*



No 748200.

RANK

*Rt.*

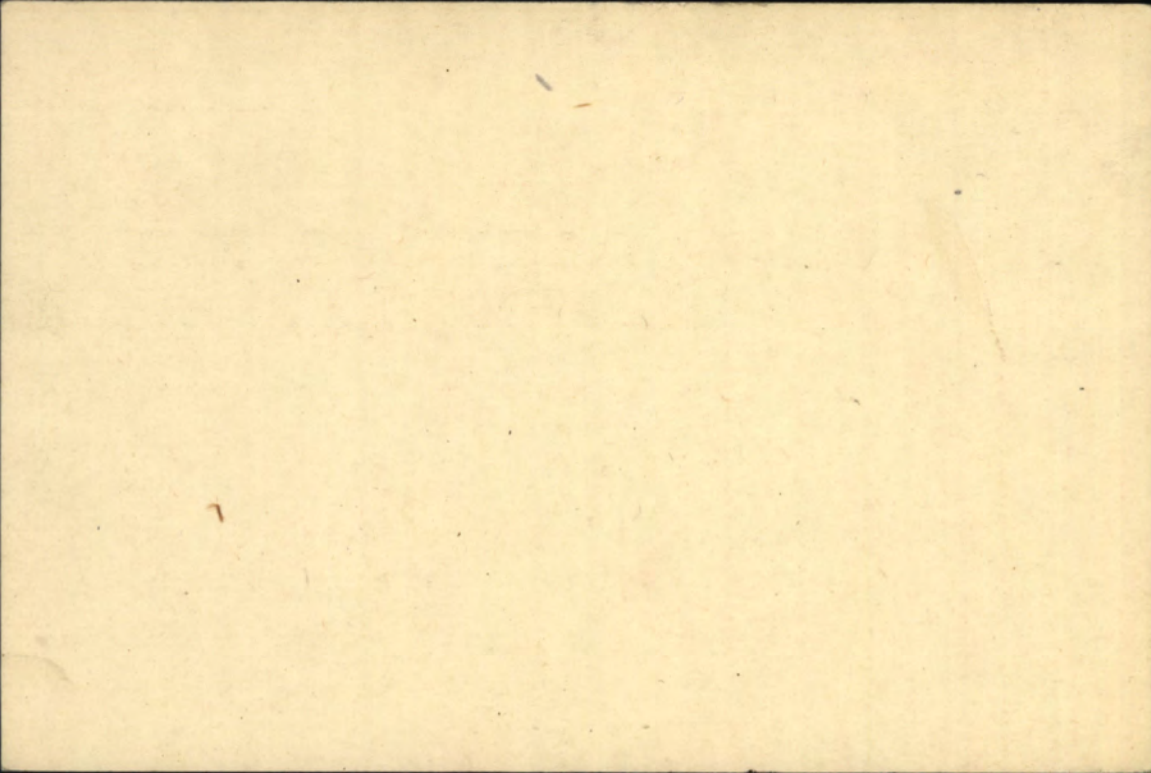
NAME

*Mason, Duncan*T. O. S. 20-12-15,  
(D. O. 17 of 21-12-15.)

UNIT

*117th. Battalion.*M. D. *H*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915. Dec. 20.</i>	<i>1915. Dec. 31.</i>	<i>✓</i>	<i>S.O.S. Deceased. 2-1-16.</i>	<i>D.O. 2 of 3-1-16.</i>
				<p>UNIT SAILED</p> <p>AUG 14 1916</p> <p><i>acc closed by payment. S.</i></p>



NAME

Mason, Duncan

Ovev.

RANK & No.

Pte.

748200

CORPS

117th

Batt.

ENLISTMENT, PLACE

Sherbrooke

DATE

Dec. 20th, 1915.

FORMER CORPS

nil

COUNTRY OF BIRTH

Canada, Williamstown, Ont.

NEXT OF KIN

Mason, Ben.

ADDRESS OF NEXT OF KIN

Cornwall, Ont.

DISCHARGE, PLACE

DATE

Previously enlisted with 60th Bn. at Montreal on July 8, 1915. Was  
disc. and reenlisted with 117th Bn.

M. F. W. 22. 100 m.-9-15.

REMARKS.

151 213 61  
7



COPY.

V.C. C-5-4-60

Camp Headquarters,

Valcartier Camp, August 31st. 1915.

To/  
The Officer Commanding  
60th. Battalion, C.E.F.  
Valcartier Camp.

Discharges - Medically Unfit,  
A57542 Pte. Geo. Lockwood  
A57814 Pte. Duncan Mason.  
60th. Overseas Battalion, C.E.F.

Sir,

I have the honor to inform you that authority has been granted for the discharge of the marginally named men, as medically unfit, under H.Q. 60-L-211 and H.Q. 60-M-460 respectively, and to request you please, to carry out these discharges with the least possible delay.

Kindly report date of discharge in each instance.

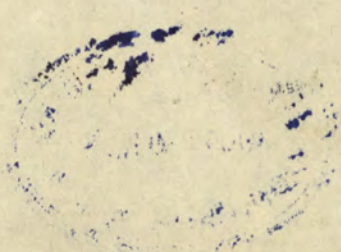
I have the honor to be,

Sir,

Your obedient Servant,

(Signed) J.D. Doull Lt.Colonel,

A.A.G. Valcartier Camp.





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DEPT. MILITIA & DEFENCE  
 JUL 26 1915  
 H.Q. 60th - 466  
 CANADA MILITIA & DEFENCE  
 AUG 23 1915  
 H.Q. CANADA

## MEDICAL HISTORY OF AN INVALID.

1.—Station. *Valcartier*  
 2.—Regiment of Corps. *60<sup>th</sup> Battalion*  
 3.—Regimental No. and Rank. *A 57814*  
*pr.*  
 4.—Name. *Duncan Mason*  
 5.—Age last Birthday. *40*  
 6.—Enlisted { on *July 8/15*  
 at *Montreal*  
 7.—Former Trade or Occupation. *Millwright*

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.)

Date *July 21/15*

9.—Service.	Years.	Days.	
		From	To
<i>60<sup>th</sup> Battalion</i>		<i>July 8/15</i>	<i>July 21/15</i>

10.—Disease or Disability. *Asthma, Excessive Acrobatic tissue*  
 1. *Four weeks ago. H.P.C.*  
 2. *He says he never had asthma before he came to Camp. H.P.C.*  
 3. *Due to service.*  
 4. *Present condition - Short of breath, cough. H.P.C.*

11.—<sup>1</sup>Date of origin, <sup>2</sup>cause, present condition and whether <sup>4</sup>the same is the result of service or climate.

Has it been aggravated by intemperance, vice or misconduct?

*No*  
 2. *Debility following inoculation, with slight exposure and overexertion.*  
 3. *Shortness of breath, cough, dyspnoea, rales in both lungs.*  
 H.P.C.

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 due to exposure.  
Due to ordinary exposure doing duty -  
not exceptional.*

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

*Not aggravated by service -  
aggravated by service (moulding,  
shell concussion etc) to extent of 25% of total disability. H.A.E.*

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

*1 No. 2. Three months H.A.E.  
Yes, more or less permanent  
Earning capacity as good as prior to listing  
It depends on where he works at. Perhaps 25% H.A.E.  
3. 25% for 3 months. H.A.E.*

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

*Sedative expectorants etc.*

char  
date  
men  
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of u

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Sign

Stat

Date

Date

Date

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.

DEPT. MILITIA & DEFENCE  
JUL 26 1915  
H.Q. 60th BATTALION  
CANADA

*Not previously proposed for discharge*

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

*Yes*

*A. L. Paves Major A.M.C.  
No. 1. 60th Battalion C.E.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 A. 57814 Private  
Duncan Mason 60th B Coy. C.E.F.  
and recommends his discharge on medical grounds.*

Signatures :—

*H. C. MacIsaac Captain President.*

Station

*Valcartier*

*C. R. Bowme Lieut. A.M.C.*

Members.

Date

*July 22nd 1915 - Herbert H. Eyles. Lieut. A.M.C.*

Date

*July 23rd 1915.*

*G. A. Winter Major  
Assistant Director of Medical Services.*

Approved.

Date

*25.8.15*

*J. H. M. Major  
Director of Medical Services.*

[OVER]

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date \_\_\_\_\_

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

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

Date of final Medical Board or decision. }

Administrative Medical Officer.

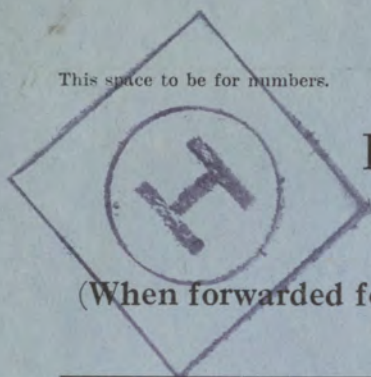
Militia Form B. 227.  
20 m. 5-15.  
H. G. 1772-89-117.

**DETAILED MEDICAL HISTORY OF INVALID.**

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.

This space to be for numbers.



# Proceedings on Discharge.

*D*

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

No.	457814	
Rank	Private	
Name	Mason, D	
<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	1/9/15	
Place of Discharge	Valcartier, Que.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	40 years 2 months.	Descriptive Marks. <i>Wasc. L. Arm</i>
Height	5 feet 7 inches.	
Complexion	<i>Fair</i>	
Eyes	<i>Brown</i>	
Hair	<i>Greyish</i>	
Trade	<i>Millwright</i>	
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 handwriting 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.*

*807  
17/12/15*

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 listing medals and decorations.

To be copied by the Commanding Officer on to the 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) *Yalcartie*

*Messery Capt*

(Date) *Oct 12 1915*

60th BATTALION, C.E.F.  
Commanding *D. COMPANY*

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).....

*J. A. Buscovic, Lt. Col.*  
(Signature).....

(Date).....

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.

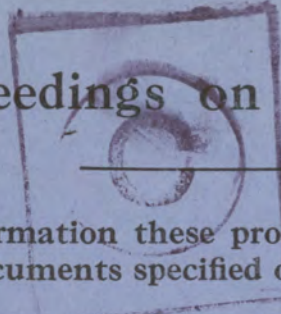
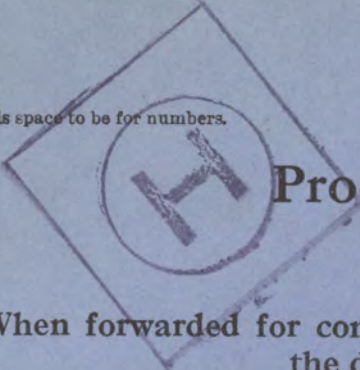
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<p>Reg. Conduct Sheet, Militia Form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313.</p> <p>Medical Report for Invalid* " 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 style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

W. a

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.	748 200
Rank	Private
Name	Duncan MASON
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	117th Battalion
Date of Discharge	January 2 <sup>nd</sup> 1916
Place of Discharge	SHERBROOKE P. Q.

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....years.....months.  
 Height..... feet..... inches.  
 Complexion  
 Eyes  
 Hair  
 Trade  
 Intended place of residence  
 (To be given as fully as practicable.)

Descriptive Marks

## 2. The above-named man is discharged in consequence of

DEATH

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

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

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:

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

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

M. F. B. 213.

100m.—6-16.  
H. Q. 1772-39-113

(OVER)

*[Handwritten signature]*  
Director's  
29/6/17  
34

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.....


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)..... 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).....

(Signature) .....

(Date) .....

**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.

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Reg. Conduct Sheet, Militia form B. 263.  Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235.  Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.  Med. Hist. Sheet, Militia Form B. 313  Medical Report for Invalid* " B. 227.  Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.  *Only if discharged "Medically unfit."	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)

*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.*

60. *Bath card*

A. 57814

# MEDICAL HISTORY SHEET.

Surname Marou Christian Name Duncan

Examined	on <u>8<sup>th</sup></u> day of <u>July</u> 191 <u>5</u>	Approved by <u>J. A. Fairie</u>		
	at <u>Montreal</u>	Rank <u>Lieut A.M.C. M.O.</u>		
Birthplace	City or Town <u>Williamstown</u>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
	County <u>Out</u>			
Apparent age	<u>40 years &amp; 2 mos</u>			M.O.
Trade or occupation	<u>mill-wright</u>			M.O.
Height	<u>5</u> Feet <u>4</u> Inches.			M.O.
Weight	<u>175</u> Lbs.			M.O.
Chest measurement	Minimum <u>37 1/2</u> inches.			M.O.
	Maximum expansion <u>42</u> inches			M.O.
Physical development				M.O.
Small-Pox Marks				M.O.
Vaccination Marks	Arm <u>Right</u> <u>Left</u> <u>1</u>	Date	Result	VACCINATIONS.
	Number <u>1</u>			
When Vaccinated last				M.O.
(a) Marks indicating congenital peculiarities or previous disease				M.O.
(b) Slight defects but not sufficient to cause rejection				M.O.
				M.O.
				M.O.
				M.O.

Enlisted on 8 day of July 1915 at Montreal.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to.. ..				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>July 21</u> <u>Valcartier</u>	<u>July 21</u>	<u>Asthma</u>	<u>Unfit</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.





748300

# MEDICAL HISTORY SHEET.

Surname Mason Christian Name Duncan

Examined { on 20 day of Dec 1915  
at Sherbrooke Que  
Birthplace { City or Town Williamstown  
County Ontario

Approved by E. E. Socke  
Rank Capt. A. Mc. M.O.

Apparent age 40 yrs 5 mos.  
Trade or occupation Laborer  
Height 5 Feet 4 Inches.  
Weight 185 Lbs.  
Chest measurement { Minimum 40 inches.  
Maximum expansion 42 inches.  
Physical development fair  
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right  Left   
Number 1  
When Vaccinated last Infancy

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease  
  
(b) Slight defects but not sufficient to cause rejection  
unable to read - can see figures

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

Enlisted on 20 day of Dec 1915 at Sherbrooke

	CORPS.	REG'TL NUMBER.	HABITS.	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 Service, on the man becoming non-effective ; the date and cause being stated on next page.

