

ORIGINAL
ATTESTATION PAPER.

No. 925737

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---|--|
| 1. What is your surname?..... | Parer. |
| 1a. What are your Christian names?..... | Antonia. |
| 1b. What is your present address?..... | Quebec, City, Quebec. |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Quebec. |
| 3. What is the name of your next-of-kin?..... | Marie Anna Parer. |
| 4. What is the address of your next-of-kin?..... | 171 Boulevard Langilier Co. St. Sauveior |
| 4a. What is the relationship of your next-of-kin?..... | <i>Sister</i> (Quebec.) |
| 5. What is the date of your birth?..... | 25th March 1865. |
| 6. What is your Trade or Calling?..... | Labourer. |
| 7. Are you married?..... | No |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | Yes |
| 9. Do you now belong to the Active Militia?..... | No |
| 10. Have you ever served in any Military Force?..
If so, state particulars of former Service. | 6 Years Artillery Quebec. |
| 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. |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Antonia Parer (Signature of Recruit)
J. J. Parer (Signature of Witness)

Date 29th April 1916.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Antonia Parer., 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.

Antonia Parer (Signature of Recruit)
J. J. Parer (Signature of Witness)

Date 29th April 1916.

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 Weyburn this 29th day of April 1916.

G. J. Hermann (Signature of Justice)
capt. road

Description of Antonia Parer on Enlistment.

Apparent Age 30-31 years 1 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. 2 1/2 ins.

Chest measurement { Girth when fully expanded 33 ins.
Range of expansion 2 1/2 ins.

Complexion Dark.

Eyes Grey

Hair Black.

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 29th April 191 6.

Place Weyburn.

E. J. Whitham
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.

Antonia Parer. 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.

R. Penman
(Signature of Officer)

Date 29th April 191 6.

Captain & Adjutant
152nd Overseas Battalion

Case
25, 5, 16
4994

ATTESTATION PAPER.

No. 91737

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your surname? Parer.
- 1a. What are your Christian names? Antonia.
- 1b. What is your present address? Quebec, City, Quebec.
2. In what Town, Township or Parish, and in what Country were you born? Quebec.
3. What is the name of your next-of-kin? Marie Anna Parer.
4. What is the address of your next-of-kin? 171 Boulevard Langilier Co. St. Sauveior
- 4a. What is the relationship of your next-of-kin? (Quebec.)
5. What is the date of your birth? 25th March 1865.
6. What is your Trade or Calling? Labourer.
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? .. 6 Years Artillery Quebec.
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Antonia Parer
This X Mark (Signature of Recruit)

Date 29th April 1916 J. S. Parer (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Antonia Parer., 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.

Antonia Parer
This X Mark (Signature of Recruit)

Date 29th April 1916 J. S. Parer (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 Weyburn this 29th day of April 1916.

W. J. Leimann (Signature of Justice)

Capraat J.

Description of Antonia Parer. on Enlistment.

Apparent Age 30 years 1 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. 2 1/2 ins.

Chest measurement. (Girth when fully expanded 33 ins.
 Range of expansion 2 1/2 ins.)

Complexion Dark.

Eyes Grey

Hair Black.

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 29th. April 191 6.

Place Weyburn.

G. J. Whetham
 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.

Antonia Parer. 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.

G. J. Whetham
 (Signature of Officer)
 Captain & Adjutant
 152nd Overseas Battalion

Date 29th April 191 6.

PARER ANTONIA

925737

162 BN

3209

MED UNFIT

ML

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.



Handwritten text, possibly a date or address, located at the bottom center of the envelope. The text is faint and difficult to decipher but appears to include the words "APR 20 1888".



No. 925737 FRANK (Pte)

NAME Pares W

T.O.S. 3-5-16
 W.O. 113 of 3-5-16

UNIT 152nd C/S Battalion

M. D. 12

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916			
May 3	May 31	✓		
	June 1	✓		
	July	✓		
	Aug	✓	on leave	
	Sept	✓		
Oct paylist not available				

UNIT SAILED

OCT 3 1916



Name *Parer* Rank *Private*
 Unit *102nd* *Automa* *Battalion*
 Next of Kin *Canada*

Reg. No. *925737*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i>						
<i>24-8</i>	<i>11 B. F. A.</i>	<i>French</i>	<i>Fever</i>	<i>A297</i>		
<i>27-8-17</i>	<i>To duty</i>	<i>do</i>		<i>A298</i>		
<i>7-9-11</i>	<i>C. F. A.</i>	<i>Inspection</i>	<i>ADMS</i>	<i>A 10</i>		
					<i>Rm 27-9-17</i>	<i>(2636)</i>
					<i>G</i>	<i>1-10-17</i>

649-P-10391

SURNAME. *Paref.*

CARD NO. (M.A.) 4
S. S. Disc 6/4/18.
auth. Pt 4 974/4/18
FOLL.
E. Unit. M. H. C. C.
100/1. 102nd Bde.
B. 3.

CHRISTIAN NAMES *Antonia*

REGL. NO. *925737*

RANK *Pte*

UNIT *152nd.*

FORMER CORPS *6 yrs. Arty. Quebec. T. Q.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Paref, Marie Anne.*

RELATIONSHIP TO SOLDIER *R. n. S.*

ADDRESS *171 Boulevard Langlierv Co.,
St. Sauveur. Quebec,
T. Q.*

COUNTRY OF BIRTH *Canada. Quebec, T. Q.* DATE *Mar. 25, 1885.*

PLACE OF ATTESTATION *Weyburn, Sask.* DATE *Apr. 29, 1916*

Sailed from Halifax via S.S. Mississauga 9-10-16.

P/c. 14-11-17 a.p.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

31 YEARS

1 MONTHS

HEIGHT

5 FEET

2½ INCHES

CHEST MEASUREMENT

33 INCHES

EXPANSION

2½ INCHES

COMPLEXION

Dark.

EYES

Grey

HAIR

Black.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Weyburn, Sask.

DATE

Apr. 29th, 1916.

Present address

Quebec, P. Q.

NAME

Parer. A.

REGT'L No.

925737.

H. Q. FILE No. 649.

RANK AND CORPS

Pte 102nd Bn. 'Bl' Res Unit

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Sailed from Liverpool per the
 S. S. Olympic 6-11-17. Disposal
 adj. Pres. (M. D. 2. class B. 3)

22/11/17 — 7-12-17

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a. 297 No. 11 can fld amb.

24817

French fever

a. 298 To identity "

27817

" "

S.D.S. 6-4-18 #
med. benefit. m. w. 5

649-P-10391

~~PARE~~ ✓ ✓ ✓
PARE, 925737, Pte. Antonio

102nd - Bw. form.
152nd - Bw

M. & D. (Sister)

M

Miss Marie Anna Pare.
124 Richardson St.,
Quebec, P.Q.

P. & S. (Sister)

AS ABOVE

ser # 845660

MEM. X. NIL

also ser. # 987705

69263

Death due to service
Auth. B.P.C. 1 22

not eligible for 1914-15 star.
Eligible for V.M. & B.W.M.

FEB 6 - 1923

Scroll Desp. _____

Reqn. No. 255532

FEB 10 1923

Plaque Desp. _____

Reqn. No. P48670

JCA
WAC

~~10~~

Number, 925737 Rank, pte

Surname, PAPER

Christian Name, Antonia

Units, 102ND BN Can Inf Theatre of War, France

Date of Service, 28/11/16

Distn Miss Marie Anna Pore
Remarks, D

124 Richardson St / y Fleury St
Quebec
P.Q.
Latest Address, Que

B
Page 8530
Roll No. P. 9.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

DESP SEP 22 1932
REGD 1915

*—Name will be given in full; surname first.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Parker

A.

925737

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

102nd Batt.

HOSPITAL

DATE OF ADMISSION

11 Can. Fld. Amb.

24-8-17

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

French Fever. *infect.*

1.

2.

3.

DISPOSITION

Totally 27-8-17

DATE

A 297.

REMARKS

S.L. 31-8-17

9-9-17. 298

A.M.D. 2 DEPT.
 Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

NAVY DRAFT HORSES

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	¢	¢			
2.7.17	242	15			267	Field		2619	
8.9.17	610	15			282	✓			
13.9	628	25			446	✓			
27.9	724	25			446	✓			
12.10	271		3		1460	✓			
19.10	283		5		2433	✓			
					53 20 -				

HEAVY DRAFT HORSES.

HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROCK SALT			

LIGHT DRAFT, RIDING HORSES AND MULES.

HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROCK SALT			

* These issues are only Equivalents in lieu of Oats if demanded by Units.

DELIVER THE ABOVE RATIONS ON.....DAY, THE.....DAY OF.....191

APPROVED

QUARTER MASTER.

OFFICER COMMANDING

BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES TO BE MADE ON THE FOLLOWING DAY

925737

DENTAL CERTIFICATE.

P. B. Parer R

The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.

D. C. R. 110

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
31/10/17	5- <i>exp.</i> <i>required</i>	<i>no</i>	<i>no</i>	<i>To be done Public <i>exp.</i></i>

R Jamieson
Capt CADC

DENTAL CERTIFICATE

The following Certificates will
be arranged to the Medical History Sheets of all
Other Ranks being returned to Canada for hospital

Name	Has he ever been Dental Treatment	If ever lost a tooth of teeth, is the loss due to wound, injury or disease directly attributed to Military Service?	Present Dental Condition	Remarks

[Faint handwritten notes at the bottom left corner]

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

M. F. W. 50 A. F. B. 103

350—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 152nd OVERSEAS BATTALION

Regimental No. 975737 Rank Pte Name Parey, Antonia
C. E. F.

Enlisted (a) 29/11/16 Terms of Service (a) was v 6 mmo. C.E.F. Service reckons from (a) 29/11/16

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) Cyrs Antilles & Du

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				

CERTIFIED CORRECT.
 18 DEC. 1916
 RECORDS LONDON
 27/n/16

I MB'D HALIFAX 27-9-16 3-10-16
 DISEMB'D, LIVERPOOL, 4-10-16 13-10-16

Taken on the Strength of the 32nd Battalion, C.E.F.

PT. II, ORDS, NO 270, D/, 21.10.16

Proceeded on draft to 102nd Battalion C.E.F.

B. Sandling 27/16

[Signature]
 for O.C. 32nd Battalion.
 CANADIAN EXPEDITIONARY FORCE

[Signature]
 PT II 304. 28.11.16

Military District No. 5
 17-11-16
 573
 1918
 Lieut. Ass't
 No.

O.C. C. B. D.
 — do. —
 O.C. 152nd Bn.

Landed in France. Taken on strength 102nd Cdn. Bn.
 Left for Unit.
 Arrived Unit for duty 4-12-16

Nom. Roll d/ 28-11-16
 Nom. Roll d/ 29-11-16
 B. 213 d/ 9-12-16 Dec 85

(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.]

Casualty Form - Active Services

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
28. 8. 17	HCDA	French Diver	T duty	27. 8. 17	A 36/6878
1. 9. 17	Unit	Evac sick	Field	25. 8. 17	B 713 Dec 179
"	"	Retd to duty	Field	27. 8. 17	B 713 Dec 179
10. 9. 17	ADMS. 4 th Div	Sent to Base for Medical Board	4 C.I.B.D.	10. 9. 17	Letter - K1. 10228
13. 9. 17	4 C.I.B.D.	J.O.S.	"	13. 9. 17	NR
15. 9. 17	Unit	Evac sick	Field	10. 9. 17	B 713 Dec 184
"	"	Retd to duty	"	11. 9. 17	" Dec "
"	"	To Permanent Base	"	11. 9. 17	" Dec "
19. 9. 17	4 C.I.B.D.	Classified "PV" for service in France	4 C.I.B.D.	19. 9. 17	W 3339 1 CA. 17057
8. 10. 17	"	" Posted to B.C. Reg. Depot Seaford	"	8. 10. 17	N.R. Auth: O.C.R. 27/907 4/6. 10. 17 Pti 113 dtr. 10. 17
<p><i>J. Anderson</i></p> <p>Lieut. For Lieut. Col. A.A.G. Canadian Section 3rd Echelon</p>					
10. 10. 17	B.C.R.	J.O.S.	Seaford	10. 10. 17	P 54 D 210 for Lieut. Col. W. W. Wain Lieut. i/o Records, C.E.F.
22. 10. 17	B 36 RD	Command 6 D D Buxton	Seaford	22. 10. 17	P 54 D.O. 219 H. Williams D. D. D. D. B.C.R.D.

P 76

Casualty Form—Active Service.

925937

Rank Plt Surname Parer Christian Name A
 Regiment or Corps.....
 Religion..... Age on Enlistment..... years..... months.
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....

Temporary

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
11/10/17		20. SB CR	Embarked... <i>Seaford</i>	11/10/17	Pl 200 210
23/10/17		12 CRD ON Command to	Disembarked... <i>S.D.D. Buxton</i>	23/10/17	Pl 200 219
		<i>Lt Williams</i>	<i>Commanding</i>		
23 OCT 1917		TAKEN ON STRENGTH	S.D.D. BUXTON		ORDER No. 251
			<i>Commanding</i>		
6 NOV 1917		EMBARKED FOR CANADA FROM LIVERPOOL			
			<i>Commanding</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) Signaller, Shoeing-Smith, &c.

152
no call
ORIGINAL
MEDICAL HISTORY SHEET.

Military District No. 5
QUEBEC, QUE.

FEB 7 1918

17-1-87

M. D. No.

Surname P A R E R

Christian Name ANTONIA

Examined { on 29th day of April 1916
at Weyburn, Sask

Approved by

E. J. Whetham

649. P. 10391

Birthplace { City or Town Quebec
County _____

Rank _____ M.O.

Apparent age 31 yrs 1 mth.

Trade or occupation Labourer.

Height 5 Feet 2 1/2 Inches.

Weight _____ Lbs.

Chest measurement { Minimum 33 inches.

Maximum expansion 2 1/2 inches.

Physical development _____

Small-Pox Marks _____

Vaccination Marks { A r m Right Left.
Number _____

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>13 NOV 1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date.	Result.	VACCINATIONS.
<u>4/7/16</u>	<u>Good.</u>	<u>J. N. Tripp</u>
		M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>16/6/16</u>	<u>Good</u>	<u>J. N. Tripp</u>
<u>23/6/16</u>	<u>Good</u>	<u>J. N. Tripp</u>
<u>4/7/16</u>	<u>Good.</u>	<u>J. N. Tripp</u>
		M.O.
		M.O.
		M.O.

Enlisted on 29th day of April 1916 at Weyburn, Sask.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>152nd OS Batt</u>	<u>925737.</u>		<u>29th April 1916.</u>
Transferred to	<u>32nd Battalion C. I. F.</u>			<u>21 OCT 1918</u>
	<u>102nd</u>			

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.

CANADIAN

Place of att Weyburn Sask
m10 12

FORM OF WILL.

I, Antionia Parer (Name in full)

Regimental Number 925727 serving in 152nd. Battalion CEF.

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

I bequeath all my real estate unto

<u>Miss M. Parer</u>	} Name and Address of person or persons to whom it is to go.
<u>171, Boulevard Langelier,</u>	
<u>St. Sauveur,</u>	
<u>Quebec, Canada</u>	

absolutely, and my personal estate I bequeath to

<u>Miss. M. Parer</u>	} Name and Address of person or persons to receive personal estate* (See note).
<u>171, Boulevard Langelier</u>	
<u>St. Sauveur,</u>	
<u>Quebec, Canada</u>	

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 19 day of Sept. A. D. 191 6

+ Antionia Parer Signature of Soldier.

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

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

Signature of First Witness Ernest F Heron

Address of Witness Camp Hughes, Man.

Occupation of Witness Soldier

THE TWO WITNESSES MUST SIGN HERE

Signature of Second Witness Herbert Prout

Address of Witness Camp Hughes, Man.

Occupation of Witness Soldier

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 152nd Overseas Battalion.
Weyburn & Estevan, Sask.

(2) Regimental Number 925737.

(3) Full Name of Soldier P A R E R
Antonia.

(4) Place of Birth Quebec.

(5) Are you married, or not? no

(6) If married, state,
 (a) Full name of your wife.....

 (b) Present Postal Address.....

(7) Are you a widower? no

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive? yes
If so, state name and address P. E. Baret, 171 Boulevard Langelier, Quebec, Que.

(10) Is your Mother alive? no
If so, state name and address

(11) If your Mother is a widow
Are you her sole support, or not?

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
Miss Laura Baret, 171 Boulevard Langelier, Quebec, Que.

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

(15) Are you insured? no
If so, in what Company?
Have you made arrangements for payment of your Insurance premium?
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

[Signature]
Officer Commanding.
Officer Commanding
152nd Overseas Battalion.

Date April 29 / 16

Temporary record

CR 478

Army Form B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname

Parer

Christian Name

A.

TABLE I.—General Table.

Birthplace { Parish..... County.....

Examined { on..... day of..... 191, at.....

Declared Age..... years..... days.

Trade or Occupation.....

Height..... feet..... inches.

Weight..... lbs.

Chest Measurement { Girth when fully Expanded..... inches. Range of Expansion..... inches.

Physical Development.....

Vaccination Marks { Arm..... RIGHT..... LEFT..... Number.....

When Vaccinated.....

Vision { R.E.—V =..... L.E.—V =.....

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by.....

Rank.....

Medical Officer.

Enlisted { at..... on..... day of..... 191.....

Table with 2 columns: Corps, Regt. No. (925737)

Became non-effective by.....

on..... day of..... 191.....

(Signature).....

(Rank).....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date Brief details, and Signature

Oct 16/17 Suspect General Weakness C3 at 1st Lt. raised Category - 6 months T.F. Graham Capt Pres 5/13/17

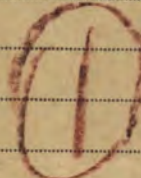


TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation

TLH. Rank *Pte* Name PAREA, Antonia. Reg'l No. 925737
 Unit 152nd. Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Weyburn, 29th. April, 1916. Place of Birth Quebec.
 Name and Address, Next-of-Kin Marie Anna Payer,
 171, Boulevard Langillier Co. St. Sauveoir, Quebec Relationship sister.
 Assigned Pay Monthly \$ Payable to

mX
2.9.22

Separation Allowance \$ Payable to Relationship
 Relationship N/E. R.B. No 7630
File R.L.
Category *Can. O.R.*

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.				
		Arr. in ENGLAND S.S. MISSANABIE		13-10-16	
20.10.16	152 BN. TRANS. 32 Bn	E sandl'g	21-10-16	Pt. 2 268	
<i>21-10-16</i>	<i>32nd</i>	<i>Taken on strength.</i>	"	<i>21-10-16</i>	<i>Pt. 2 270</i>
<i>18-11-16</i>	"	<i>S.O.S to 102nd Bn O'ceas</i>	"	<i>27-11-16</i>	<i>304.</i>
<i>1-12-16</i>	<i>1st Bn</i>	<i>T.O.S. FROM 32nd BATT Field</i>	<i>28 11 16</i>	<i>Pt. I D. O. 305</i>	
<i>31.8.17</i>	"	<i>Adm No 11 Can. Field Amb</i>	<i>Field</i>	<i>24.8.17</i>	<i>CLA 297 French Fever</i>
<i>2.9.17</i>	"	<i>To Duty</i>	"	<i>27.8.17</i>	<i>CLA 298</i>
<i>11.10.17</i>	<i>B & R</i>	<i>T.O.S. from Base Depot France</i>	<i>Seaford</i>	<i>10.10.17</i>	<i>Pt E D O 210</i>
<i>11.10.17</i>	<i>102nd Bn</i>	<i>Class. unfit for service in France</i>	<i>Field</i>	<i>8.10.17</i>	<i>88</i>
		<i>80 S to B & R</i>			

A.F.B. 103 CHECKED
W. J. ...

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.				
22.10.17	B C R	On Com CTD Bualon for Dis	Plt Seiford	22.10.17	Plt DD 219
22.11.17	-	Leave on Com CTD Bualon SOS on return to Canada for disposal of A & Canada	Plt	6.11.17	- - 246
	Dis' Dept.	Lth for Duby	Mr D. S. Quebec	30/11/17	N.R. 412. Quebec. Que.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 925737 Rank Pte. Name Parer A.

Corps 152nd. Batt. who was* Discharged

On 6-4-18 191... to Med.unfit
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-6-18 191...
 to 6-4-18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	67	79
Advances } No.....			Reg'tl Pay..... 6..... days at \$.....	10	00
by } No.....			Field Allow. 6..... days at \$.....		10
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allice. No.....			Other Allowances* Subs. to 6-4-18	4	80
Other charges.....			Other Credits*..... Clothing	8	00
Payment on transfer or discharge No. <u>17</u>	87	19	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	87	19	Total.....	87	19

* Give particulars.

A monthly stoppage of \$ 10 00 (†) has been (‡) been paid on account of Assigned
 { Pay for the month of March 191... } (to) Assignee Miss L. Parer
 { and Sep'n Allice. for month of Nil 191... }
 (Address) 34 1/2 Lavigneur St.
Quebec

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment.....
 (2) if married and if a Separation Allowance Card has been submitted Nil
 (3) cause of discharge Med. unfit authority Hq. 54-21-43-4-of 22-2-18
 (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 6-4-18
 Place Quebec

J. J. Gagnon Capt.
 Paymaster, Casualties M.D. No. 5
 Paymaster.

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

LAST DAY CERTIFICATE



1911

21

1539

Pfc Name Parer Anvario

Regimental No. 925737

Home
Name and address of next of kin 171 Blvd Langelin Que P.O.

Unit 152nd Bn Que York

Date of enlistment N.B.

MB-15-12-17 Duty.

Place of " N.B.

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$ 20⁰⁰-30¹¹/₁₇ = 140⁰⁰

Reason for discharge

To whom payable Miss Laura Parer
Olympic 14¹¹/₁₇
171 Boulevard Langelin
Quebec City. Que. 6th

Character on discharge

H.Q. 648-P-108
10391

b 5351-M. & D. 6880

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
25 ¹⁰ / ₁₇	24 ¹⁰ / ₁₇	37	100	3700	37	10	370	17022									
	30 ¹¹ / ₁₇								21092			2000		10000			8 to R6 6. D. Que Book Nov '17
														973			12973 8119 21092
									21092								Lo R6 read showing a/c to 30 ¹¹ / ₁₇ ref to mtr

lead
11-1-18

Engalohd-1-5-17 31-10-17 = 120⁰⁰

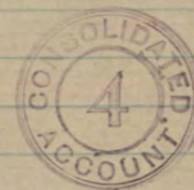
MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Miss Laura Parer* By Whom Assigned *Antonio Parer*
 Address *171 Boulevard Langelier* Regtl. No. *925737*
St. Sauveur, Rank *Pte.*
de Quebec. Corps *152nd Bataillon*
 Rate *20⁰⁰/_{xx} 1st May 1917.*

nc
 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>C. 2 on 18⁵/₁₇ & 2⁶/₁₇</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



08

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2
(Assignee)

Miss Laura Parer.

Name of Soldier

Antonio Parer.

PAYMENTS.

925737. Pte. 152nd Bull^{ts}

L. L. Job 1927-M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		<i>20 L A. 10840</i>	<i>40</i>	<i>40⁰⁰ - 40⁰⁰ retained up to 20⁰⁰ per 2nd am.</i>
July		<i>B 26046</i>	<i>20</i>	<i>20⁰⁰ - 20⁰⁰ July & future. Clear</i>
Aug.		<i>P 31652</i>	<i>20</i>	
Sept.		<i>R 38743</i>	<i>20</i>	<i>D</i>
Oct.		<i>C 45134</i>	<i>20</i>	
Nov.		<i>O 52210</i>	<i>20</i>	
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

20⁰⁰ 1st May 1917.

40⁰⁰ - 40⁰⁰ retained up to 20⁰⁰ per 2nd am.

D

..... 1.7.6... A/c closed 30-11-17

Ret'd per. Glynis...

Date 6-1-17... F. X. 28-11-17

..... Clerk. JUNE.....

140

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

14161-A-4.

Name **Pare, Antonio**
Surname

Christian Name

Regimental Number **925737**

Rank **Pte.**

Address (in full) **17 Fleury St.,**

Unit **102nd Bn.**

Quebec City,

Original Unit

P.Q.

District where paid **M.D.5.**

Date of Discharge **6-4-18,**

P. D. P. Filing Number **16-18-5.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 809.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	257	8-4-18	33 00	255	8-5-18	33 00	249	8-6-18	34 10		100 10

Remarks:

M. F. W. 127.
 60M - 6 17.
 1772 39-1140.

File No. 14161 A 10

WAR SERVICE GRATUITY.

Register No. Spec

65/1943

Reg. No. _____ Dependent _____

Name Pari Antonio Address _____

Address _____

Dec'n No.	W. S. G. File No.
Award..... days at \$ _____ per day \$ _____	
S. A. months at \$ _____ per mo. \$ _____	
Less P. D. P. Credited	\$ _____
Less further debit balance	\$ _____
Net due paid as below	\$ _____
Total	

Pay Soldier \$ TO SOLDIER Pay Dependent \$ _____

O	Ag. No	Ch No	Am't
1			
2			
3			
4			
5			
6			

Days 122 Rate 70 Due 280
 Less P.D.P. credited 100.00
 Less further Dr. Bal. or overpayment. _____
 Net 179.90

*R 1113
16-10-20*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
	<u>Paid by M D S</u>		<u>100.10</u>	<u>Balance not payable</u>	<u>1</u>			
<u>2</u>				<u>no s.a. paid</u>	<u>2</u>			
<u>3</u>				<u>died prior to 1.12.19</u>	<u>3</u>			
<u>4</u>				<u>OEBasault</u>	<u>4</u>			
<u>5</u>					<u>5</u>			
<u>6</u>					<u>6</u>			

GEN'L AUDITOR
 Posting checked by _____
 Date.....

Name

Pvt Parrott, H.

M. F. W. 41
1 0M-7-16
1772-39 880.

Regimental No.

925 737

Name and address of next-of-kin

Unit

152nd Batt.

Date of enlistment

Mil.

Place of

Mil.

Married (yes or no)

Not mentioned.

Date and place discharged

6-4-18 Quebec.

Amount of pay assigned monthly \$

20⁰⁰

Reason for discharge

"Med. Unfit"

To whom payable

Mrs L. Paer.

Character on discharge

H. Q. 54-21-43-4 of 22-2-18.

5351-M. & D. 6890.

	Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
1917															
Dec.	1	31	31	1.00	31.00	31	10	3.10	81.19				3.30	3.30	C.F. 111.99
1918															
Janv.	1	31	31	1.00	31.00	31	10	3.10	111.99	146.09	4158 10.00 4333 8.00	15.00 3.30	18.70 3.30	55.00 3.30	C.F. 91.09
Feb.	1	28	28	1.00	28.00	28	10	2.80	91.09	121.89	4979 8.00	15.00	6.60 6.60	38.20 3.30	C.F. 85.69
March	1	31	31	1.00	31.00	31	10	3.10	85.69	135.79	5081 25.00 5203 10.00 5343 18.00	15.00		68.00	C.F. 67.79
April.	1	6	6	1.00	6.00	6	10	0.60	67.79	87.19	17 87.19			87.19	Disch. 4.00 Sub. 6-4-18
					127.00			12.70	466.55	606.26 →		166.19	45.00	38.50	249.69 → (C.F. 306.04)

C. F. 356.56

606.25 →

"Discharged" (6-4-18)

211.19

JAW

MARRIED OR SINGLE

Single

PLACE OF BIRTH

Quebec

NAME AND ADDRESS OF NEXT OF KIN

Miss M. A. Parer

171 Boulevard Langelier Co St Saveluar

Quebec Canada

RELATIONSHIP OF NEXT OF KIN

Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

nil

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. 925737 RANK Private NAME Parer, antonio
 IF IN PERM. CORPS | UNIT 152 Bn | TRANSFERRED TO 32nd Bn. DATE 13/10/16 AUTHORITY Div 0.5429
 WHAT UNIT | | | | | 13/10/16
 PERMANENT FORCE ALLOWANCES | TRANSFERRED TO 102nd Bn. DATE 16/12/16 AUTHORITY B0305
 PLACE OF ATTESTATION Weyburn. Sask. | TRANSFERRED TO P. DATE 25/10/17 AUTHORITY
 DATE OF ATTESTATION 29.4.16 | TRANSFERRED TO | DATE | AUTHORITY
 ASSIGNED PAY MONTHLY \$ 20⁰⁰ | DATE EFFECTIVE May 1/17 A.
 PAYABLE TO Miss Laura Parer, 171 Boulevard Langelier, Co. St Saveluar, Quebec. RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ | DATE EFFECTIVE | | | |
 PAYABLE TO | | | | |
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 11.17 REASON Discharged
 DISCHARGE DATE AND PLACE 24.10.17 Canada REASON AND AUTHORITY Disposal H. 201.29
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked W. Ward

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS									
	NO. OF DAYS	RATE		AMOUNT		NO. OF DAYS	RATE		AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3	4				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	CREDIT	DEBIT				
		\$	C.	\$	C.		\$	C.	\$	C.		No.				DATE	No.																	DATE	No.	DATE	No.
1916																																					
Oct	31	100		3100	31	10		310							10 30	10 30																					
Nov	30	100		3000	30	10		300							34 10	34 10																					
Dec-15	15		15		15		150								16 50	16 50																					
16-31/16	16		16		16		160								17 60	17 60																					
1917				920				920																													
1/31/17	31	10		3410											34 10	34 10																					
1-28/2	28			3080											30 80	30 80																					
1-2/3	31			3410											34 10	34 10																					
1-30/4	30			33											33	33																					
1-31/5	31			3410											34 10	34 10																					
1-30/6	30			33											33	33																					
1-31/7	31			3410											34 10	34 10																					
				334 40											334 40	334 40																					
															10 30	10 30																					

SL No 49. 6.11.17 Cr Bal \$170.22

925737

Rk. Larer A.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.	NO.	DATE	NO.	DATE												
1917			334	40				10 30	344 70					54 82	17 58	5 28		60	184	139 52	206 18	105	100 18				
1-31/8	31	10	34	10					34 10					5 35		268		20		20	219 28	105					
1-30/9	30		33						33					5 36		268		20		38 75	213 53	105	98 53				
MONTH		PARTICULARS		C.R. 2		PARTICULARS		DR. 1	DR. 2	LHS DR. BALANCE				SR. ALICE ENG. PAY													
Oct.	Balance fwd		213 53								213 53 - 105																
	24 days @ 10		26 40								20																
	Ref. pay int. to 3-21-17		3 49								219 93																
	610-102 Am 1/9		2 67								223 42																
	BCRD MAR 283		24 33								220 75 - 105																
	29 87										20																
	196 42										170 23																
April	74 3/4/17		4 46								172 90																
June	241 15/1/17 BCRD		14 60								266																
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Oct	10/11/17 392 9/1/17 Field		2 68								0																
			2 68																								

A.P. Dept OFFED 11.11.17
 DISCHARGED TO Law DATE 24.10
 PAYBOOK VERIFIED 26.10.17
 AUTH. 170 22 L.P.G. REN'S 26.10
 AUTH. M. 2-1-29
 Disposal

Checked H.W. Williams
L.P.C.

20 22
 170 22

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD Oct 16th 1917.

No. 925737 Rank PIE Name PARER A

Local Unit BCRD Overseas Unit 102 Age 46

Examination held at BCRD SEAFORD

DISABILITY GENERAL WEAKNESS.

Overseas-Local
(SCRATCH ONE OUT)

PRESENT CONDITION.

10 mos in France. Returned by ADMS to England
account of general debility.

Unable to write much or do work of strenuous
nature - account of general weakness &
shortness of breath -

Looks older than 46.

Of poor physique -

Rapid pulse rate - 110 inc. to 130 on exertion but
heart sounds are good.

BOARD RECOMMENDS:-

1. Fit for Duty
2. Fit for duty after High pitched rales heard over apex of both weeks' physical training.
3. Fit for Temporary Base Duty lungs weeks
4. Fit for Permanent Base Duty
5. Discharge Will not likely to be raised in 6 months.

Signatures:-

Members (F. J. G. [unclear] Capt. President.

(J. G. [unclear] Capt.

(A. D. [unclear] Capt - Comm.

APPROVED

Dated Seaford 18.10 1917. [Signature] For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

1017

Name: _____ Rank: _____
 Present Condition: _____
 Disability: _____
 Research and Service: _____

BOARD RECOMMENDATION:
 1. For duty after _____ weeks' physical training.
 2. For temporary base duty _____ weeks.
 3. For permanent base duty _____ weeks.
 4. Discharge.

Signatures: _____

President

Members

APPROVED

Date: _____ 1917 For A.D.M.S.

CONFIDENTIAL INFORMATION

Report No. 4956

Category Duty

Paré Antonio
171 Blvd. Garguelier
Quebec

No. of M. H. C. File

No. of Local File

No. of H. Q. File

E

No. 945707 Rank Pte. Original Unit 152 Present Unit 102
 Age 45 Height 5 ft. 2 ins. Complexion NR Eyes NR Hair NR Character NR
 Date of enlistment NR PETA 10 Where enlisted NR Where seen service France
 Ship returned by La Compagnie Date of arrival 14-11-17 Port of arrival HALIFAX, N. S.
 Birthplace Canada Religion _____
 Name and address next of kin Sister, Miss M. G. Paré. name address
 Notification of return to be sent to _____
 Cause of disability 1- D.A.H. 2- Overage.
 Condition in detail which prevents the soldier from earning a full livelihood _____

E. 1. Discharge, no pension or disability.
 E. 2. Waiting Re-classification.
 E. 3. Discharge with claim for pension.

1-10% 2-N11.

Degree of incapacity (Please state in fractions) Eng. Board _____ Canadian Board _____
 Probable duration of incapacity Imposs. to say.
 Does it render him permanently unfit for Military Service? NO.
 Would operation, Special treatment, or use of appliances etc., lessen incapacity? NO.
 Destination to which transportation issued Quebec.
 Members of Board _____

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

C. Service in Canada.
 D. Treatment.

Occupation prior to enlistment Tijun Habotter
 Regular trade or profession Cartier, 135 mo. board.
 Average earnings previous to enlistment _____ Any other income? _____
 Name and address of last employer For. Allard, Estevan. Sask
 Rent per month _____ If purchasing property amount due and annual payment, \$ _____
 Taxes _____ If Homestead, when is patent due? _____
 If carrying life or accident insurance, annual premium _____
 If in receipt of sick benefits or other insurance—name of society _____ Amt. per mo. \$ _____
 If unable to follow previous occupation, name preference _____
 At what age soldier left school? _____ What grade, standard, &c., was he in? U.A.
 Has he taken any Technical or Continuation Classes, if so what? _____
 Whether given Vocational Training while in Hospital in England. If so, what subjects? Eng. Studies, Quebec, Que.
 References _____
 Witness Ellwoodley I declare that the above statement is correct.
 Date QUEBEC DEC 15 1917 Signature Antonio Paré

A. General Service.
 B. Service abroad, not general.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H.Q., \$ _____ L. P. C. leaving Depot, \$ _____
 Amount forwarded to H. Q. Unit, \$ _____ Credit Clothing allowances, \$ _____
 Transf'd to _____ Unit—Date _____ Transf'd Class 1—Date _____ Transf'd Class 3—Date _____
 PENSION—Class _____ Amount per year, \$ _____ Period granted for _____ Dating from _____
 First payment date _____
 Form No. 5c.

CONFIDENTIAL INFORMATION

Report No. 111
Category: 111
Name: [Handwritten]

No. 111
Rank: [Handwritten]
Date of arrival: [Handwritten]
Date of departure: [Handwritten]
Place of birth: [Handwritten]
Place of residence: [Handwritten]
Place of employment: [Handwritten]
Date of arrival at place of employment: [Handwritten]
Date of departure from place of employment: [Handwritten]
Reason for departure: [Handwritten]

Condition of health: [Handwritten]
Cause of disability: [Handwritten]
Medical treatment received: [Handwritten]
Name and address of next of kin: [Handwritten]
Name and address of person to be sent to: [Handwritten]

Does it appear from records made for Military Service? [Handwritten]
Would operation of Social Insurance, or use of appliances or other incident? [Handwritten]
Destination for which transportation issued: [Handwritten]
Members of Board: [Handwritten]

INFORMATION TO BE FURNISHED BY SOLDIER

NAME	DATE	STATUS
[Handwritten]	[Handwritten]	[Handwritten]

Whether given Vocational Training while in Hospital in England? [Handwritten]
Has he taken any Technical or Construction Classes? [Handwritten]
At what grade soldier left school? [Handwritten]
It was able to follow previous occupation, name occupation: [Handwritten]
It in receipt of sick benefits or other insurance - name of society: [Handwritten]
It carrying life or accident insurance, annual premium: [Handwritten]
Taxes: [Handwritten]
If hospitalized when is patient duty: [Handwritten]
Amount per month: [Handwritten]
Name and address of last employer: [Handwritten]
Amount earnings received to date: [Handwritten]
Occupation trade or profession: [Handwritten]
Occupation prior to enlistment: [Handwritten]

Witness: [Handwritten]
Date: [Handwritten]
Signature: [Handwritten]
I declare that the above statement is correct.
Recommendation by interviewer as to classes likely to be of use, and general remarks: [Handwritten]
Form No. 111
Transferred to: [Handwritten]
Amount per year: [Handwritten]
Period granted for: [Handwritten]
Transferred Class I - Date: [Handwritten]
Transferred Class II - Date: [Handwritten]
Amount forwarded to H. O. Unit: [Handwritten]
Last Tax Cert. Cr. \$: [Handwritten]
Amount paid at Depot H.O. \$: [Handwritten]
Credit Clothing Allowance \$: [Handwritten]
Last Tax Cert. Cr. \$: [Handwritten]
E. P. C. leaving Report \$: [Handwritten]

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

Military District No. 5
Quebec, Que. ✓
17-R-53
22-12-17
M. D. No. 5

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Quebec, Que.

DATE

1. (a) Unit 102nd Battn. (b) Regimental No. 925737 (c) Rank Pte
(d) Surname Pare. (e) Christian name Antonio

2. Age last birthday 45 Date of birth 1872

3. Enlisted at Weyburn on 29th April. 1916

4. Personal description :-

(a) Height 5-3" (b) Weight 100 (c) Complexion Dark
(d) Colour of hair Brown Gray (e) Colour of eyes Hazel (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners.)

6. Former trade or occupation Farmer,

7. (a) Service

	PERIODS	
	From	To
<u>152nd Battn,</u>	<u>April 1916</u>	<u>Jan 1917</u>
<u>102nd Battn.</u>	<u>Jan. 1917</u>	<u>Present</u>

(b) Has he been Overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible). General Debility

(a) Date of origin Aug 1917 (b) Place of origin France
(c) Cause* doubtful
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Is thin, poorly nourished.
Says appetite is good
Heart:- rather rapid, 124-but not easily excitable.
Lungs:- Breathing broncho-vesicular over both apices,
No signs of rheumatism in any joints at present.
Teeth poor. - many decayed, and some missing.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

MEDICAL HISTORY OF AN INVALID

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

50 %

12. Did the disability arise on or off duty? on duty

13. Was a Court of Inquiry held? /

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... / No..... /

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? doubtful--

17. Treatment (Case reports, general or special, should be secured and attached where possible).

11th Hosp-Chateau Vimy Ridge

One week

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Yes

19. Can the former trade or occupation be resumed? Yes

20. Recommendations

That he be sent to Conc- Home, for treatment and dental treatment

(Sgt) Antonio Pare

Medical Officer by whom the case is brought forward.

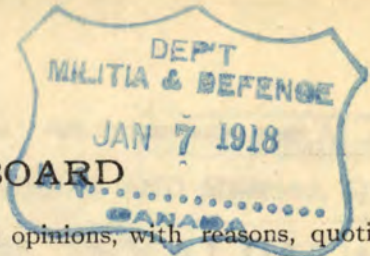
STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Antonio Pare

Signature of soldier examined.



OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No).
- (b) Service abroad, not general service, (" B) (Yes or No).
- (c) Home service, (Canada only), (" C) (Yes or No).
- (d) Temporarily unfit, (" D) (Yes or No).
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No).

23. It is certified that the soldier

- (a) Does require treatment.
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Sent to Conv-Home for treatment and for necessary dental work.

"D" III

TO BE COMPLETED WHEN TREATMENT IS REFUSED

Edouard Wol President.
J.H. Todd Major
Amari Capt Members.

STATION Quebec.

DATE Dec. 22. 1917

APPROVED BY DEC 27 1917

DATE

APPROVED BY 9-1-18

DATE

J.H. Todd Major
Assistant Director of Medical Services.

W. Scott Capt
Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

If the Board concurs with the preceding report, it will give a brief statement of the reasons therefor. If not, it will give a brief statement of the reasons therefor.

Lined area for writing the medical board's opinion.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

May 1/17

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20.</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *925737*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *Antonio Parer*
 Battalion *152 Battn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Miss Laura Parer*
 Address *171 Boulevard Langelier St. Sauveur*
 Change of Address *de Quebec*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

<i>1919</i>					
<i>Dec 31</i>	<i>—</i>	<i>—</i>	<i>140</i>	<i>140</i>	
	<i>xx</i>		<i>xx</i>		

*Al. ac closed. Last. ck. Nov. 1919.
 Returned per Olympic 6-1-19. F.L. 28-11-19.*

*3 2 4 P
 m*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 4004 - 537 - 1772-89-1141
 L. L. 22520 - M. & D. 7893.

147
m/13
37.47

2073 People
EM BETA 095
NOV. 14 1917
~~Hospital~~

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

Army Form B. 268.

Proceedings on Discharge.

Duty 25.7.17
25.10.17

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 925-737 Army Rank Pfc.

Name Paréx a.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps T. B. A. S. 157 168th

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge April 6th 1918

Place of discharge Quebec

1. Description at the time of discharge.

Age 45 years _____ months

Height 5 feet 2 inches

Chest measurement { girth when fully expanded _____ ins.
range of expansion _____ ins.

Complexion Medium

Eyes Grey

Hair Brown

Trade Laborer

Descriptive marks.

Nil



Intended place of residence 17 Fleurbaey St. Quebec
(To be given as fully as practicable)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being medically unfit for further service - (surgery)
Auth. let. M/5-17-P-53 of 30-3-18

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character: Original documents not available.

4. Character awarded in accordance with King's Regulations: available.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

17-2
30124

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

France 11. Months

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) QUEBEC

(Date) APR 6 1918

W. H. G. G. G.
LIEUT.
Commanding Battalion "E" UNIT Regiment C.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) QUEBEC

(Date) APR 6 1918

Antonio Paie (Signature of Soldier.)
C. J. Forest (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. Confirmation of discharge.

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

(Place) QUEBEC

(Date) APR 6 1918

6 4 / 18 (date)

Signature *W. H. G. G. G.*
O. C. "E" UNIT M.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

None

Antonio Pace

His

+

mark.

C. E. Fournier

Witness

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any).
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery,

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.