

ATTESTATION PAPER.

No. 1057053

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Powell
- 1a. What are your Christian names?..... James Bignall
- 1b. What is your present address?..... 54^a Rivard St
- 2. In what Town, Township or Parish, and in what Country were you born?..... Leicester, Eng.
- 3. What is the name of your next-of-kin?..... Ellen Fisher Powell
- 4. What is the address of your next-of-kin?..... 54^a Rivard St Montreal P.Q.
- 4a. What is the relationship of your next-of-kin?..... wife
- 5. What is the date of your birth?..... January 15th 1888
- 6. What is your Trade or Calling?..... machinist
- 7. Are you married?..... yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
- 9. Do you now belong to the Active Militia?..... no
- 10. Have you ever served in any Military Force?..... 3rd Leicester (Eng)
If so, state particulars of former Service. 3 1/2 years.
- 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, James Bignall Powell, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date: ~~Sept 20~~ ^{21st} 1916. J. B. Powell. (Signature of Recruit)
C. B. Carmichael. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

James Bignall Powell, 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: Sept 21 1916. J. B. Powell. (Signature of Recruit)
F. F. Barlow. (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, P.Q. this 21st day of September 1916

(Signature of Justice)

M. F. W. 23
750M-5-16
E. O. 1777-29-541

allnit. Macc.

Transferred to Special Service Bn. d. 20-4-17 Auth.

D.O. 286 d 23.4.17
H.G. M.D.4

G.S. Davis

Div. Section
3/8/17
G.B.

Major,
245th. O/S Bn. C. E. F., C. G. C.

Description of James Bignall Powell on Enlistment.

Apparent Age 28 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 4 1/2 ins.

Chest measurement { Girth when fully expanded 31 ins.
 Range of expansion 24 ins.

Complexion Dark

Eyes Grey

Hair Dark

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

Bearth right breast.

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 SEP 9, 1916 1916

Place Montreal P.Q. Nasabonue
Capt Powell
 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:—

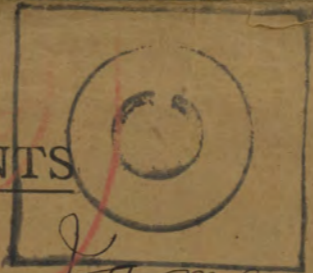
CERTIFICATE OF OFFICER COMMANDING UNIT.

James Bignall Powell 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.

Date September 21 1916
 [Signature] (Signature of Officer)

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS



R. O. No.

H. O. No.



Name Powell James Bignall

Regt. No. 1057053 Rank Pte

Corps 245th O. Bn. C. E. F.

Medically Unfit. (Insanity.)

Deceased 27.9.17

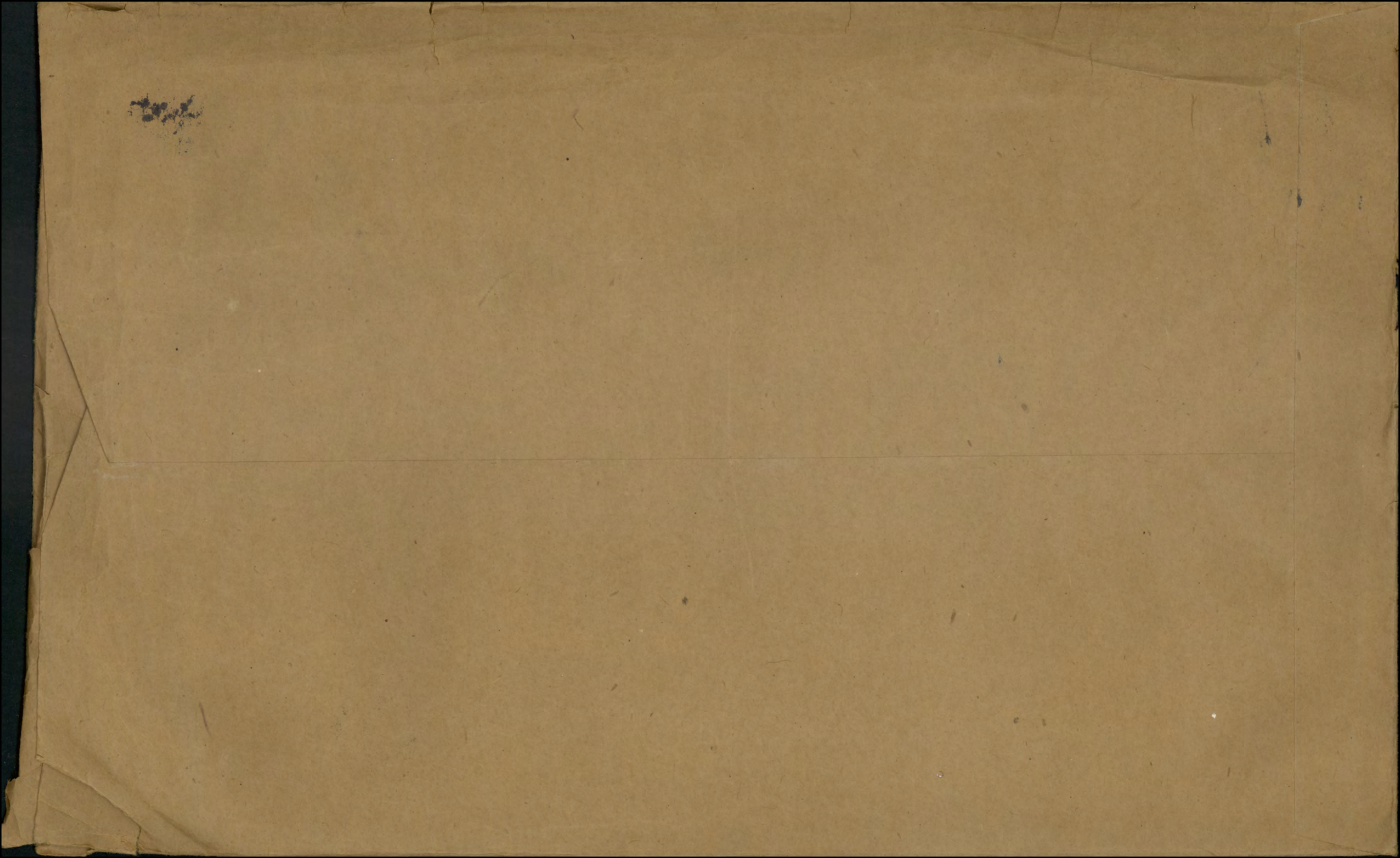
5244

M. F. W. - 64 - 2
Paycard 1

M. X.
17-2-21
M.P.



Bob M.
A.M.S.



No. 105-705-3 RANK *Pte.*

NAME *Rowell, J.* *B.*

T. O. S. 21-9-16. UNIT 245th Battalⁿ, C. I. F.
(A.O.H 16 of 21-9-16)

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916.</i>			
<i>Sept-21</i>	<i>Sept-30</i>	<i>✓</i>		
	<i>Oct</i>	<i>✓</i>		
	<i>Nov</i>	<i>✓</i>		
	<i>Dec</i>	<i>✓</i>		
<i>1917</i>	<i>Jan 1917</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
<i>Apr. 1,</i>	<i>Apr. 20</i>	<i>n.</i>	<i>Trans. to "A. unit M. H. C. B.," 20-4-17.</i>	<i>(CO # 274 of 16-4-17.)</i>



27/1917.
D SURNAME.

Powell

CARD NO. 26. #
FOLL.

CHRISTIAN NAMES James Bignall

REGL. NO. 1057053 RANK Plc.

UNIT 245th

Bn.

FORMER CORPS 3rd Leicesters (3 1/2 yrs.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Powell, Mrs. Ellen Fisher

RELATIONSHIP TO SOLDIER Wife

ADI 269 Rivard St.,
Montreal, P.Q.
P/9724514 Bn/6/19/16

COUNTRY OF BIRTH England Leicester

DATE Jan. 15th 1888

PLACE OF ATTESTATION Montreal P.Q.

DATE Sept. 21st 1916

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Machinist

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

28

YEARS

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

31

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Dark

DISTINGUISHING MARKS

Birth marks.

MEDICAL EXAMINATION.

PLACE

Montreal P. Q.

DATE

Sept. 21st 1916

Present address 54 a Rivard St. Montreal P. Q.

✓
✓
✓
Powell, J.B.

✓ Pte. #1057053

✓ 245th Bn.

Medals and Decs:

Widow

✓
Mrs. Ellen Powell,
1259 Isabeau St.,
Mile End, Montreal, P.Q.

P. & S.

"

As above.

(Ser. # 808298.)

#4

Memorial Cross

"

As above.

also ✓

Mother Mrs. Mary B. Powell,
17 Justice St., Belgrave Rd.
MAY 7 - 1930
Leicester, England. 1068

Canada Only
Scroll Disp.

Reqn. No. 2141930

Plaque Disp.

18.7.22 Reqn. No. P. 42582

R.R.

$\frac{m}{w}$

46412

FEB 23 1921

1091

- 46326

~~FEB 23 1921~~

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 245th O/S Battalion, C.E.F.
 "Canadian Grenadier Guards"

(2) Regimental Number..... 1057053

(3) Full Name of Soldier..... POWELL, James Bignall

(4) Place of Birth..... Leicester, England

(5) Are you married, or not?..... Yes

(6) If married, state,
 (a) Full name of your wife..... Ellen Fisher Powell,
 54a Rivard Street, Montreal.P.Q.

(b) Present Postal Address.....

(7) Are you a widower?..... No.

(8) Have you any children?..... Yes
 If so, give number of boys and girls..... three boys.
 Also their names and ages..... George 7 yrs., James 8 yrs. Carey 2 yrs

Transferred to Unit Make Special Service Bn. d 20-4-17 Auth. D.O. 208 d 23-4-17 J.S. Stairs Major,
 M. F. W. 67. 245th. O/S Bn. C. E. F., C. G. G.

(9) Is your Father alive?..... No.

If so, state name and address

(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.

(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.

- - - Yes

(15) Are you insured?..... Yes

If so, in what Company?..... Metropolitan Life Insurance

Have you made arrangements for payment of your Insurance premium..... Yes

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

NOV 29 1916

Date.....

C. C. Bullantyne
.....
Officer Commanding.

Mt 2-21 R.R.

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

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

Casualty Form—Active Service.

250M.—1-16,

H. Q. 1772-39-920.

Unit, Regiment or Corps 245th O/S Bn, CEF, Canadian Grenadier Guards

Regimental No. 1057053 Rank Private Name POWELL, James Bignall

C. E. F.

Enlisted (a) 20/9/16 Terms of Service (a) War & six months Service reckons from (a) 21/9/16

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) Machinist

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				

By unit MACE
 Transferred to ~~245th O/S Bn~~ 245th O/S Bn d 20-4-17 Auth. D.B. 286 d 23-4-17
J. S. Davis Major,
 245th O/S Bn. C. E. F., C. G. G.

(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.]

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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION **No. 4**

NAME OF SOLDIER **POWELL, James Bignall**

REGIMENT **245th O/S Bn. CEF. C.G.G.** RANK **Private**

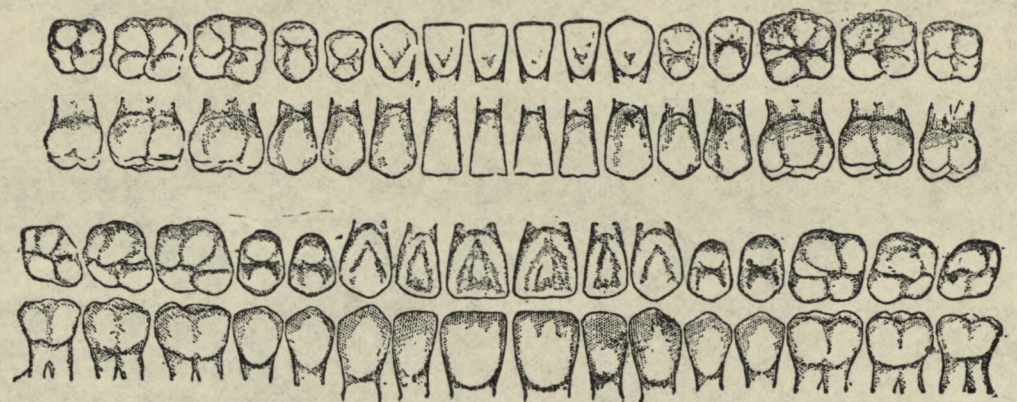
No. **1057053**

Transferred to **Unit MACE; d 20-4-17** Auth. **BO 286 d 13-4-17**

G. Stamm

245th O-S Bn. C. E. F., C. G. G. Major,

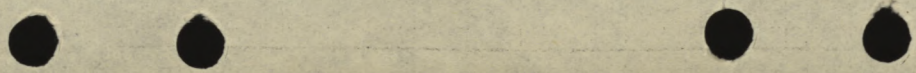
DATE	No.	FILLINGS				Extracted	Anesthetic	Treated	CROWNS	Cleaned	As 2 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											



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2
off

Register No. OP 355

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No.

Regt'l No. 1057053 Name James B Powell
(Christian Name) (Surname)
Unit 245 Bn Rank Pte Date of enlistment
Date of casualty 27/9/17 ✓ B.P.C. File No. 22158
Was service performed overseas? No ✓

DEPENDENT

Name Mrs Ellen F. Smallwood nee Powell Relationship widow
Address 1259 Isabeau Mile End
Montreal, Que.

Amount of Special Pension Bonus \$ 80⁰⁰ Abstracted by Mrs M. Colan

Eligible for Gratuity \$ 90⁰⁰
Less amount of Special Pension Bonus paid \$ 80⁰⁰ ✓
Less Debit Balance of S. A. or A.P. \$

Total deductions \$ 80⁰⁰ ✓
Balance due \$ 10⁰⁰

Cheque No. G.1895053 ✓ Date issued 26-7-21 MSP

REMARKS :
.....
.....
.....
.....

Clerk J. Lebourt.

Audited by
[Signature]
Date 4/2/21 10⁰⁰

DY 18

M.F.W. 2652
25M-6-20.
H.Q. 1772-36-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 63061—M. & D. 0721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs Ellen Fisher Powell*

By Whom Assigned *Powell, J B.*

~~265~~ Address ~~269 Rivard Street~~

Regtl. No. 1057053.

7-6-17 KEA
Montreal, Que

Rank *Pte.*

904 Colonial Ave: *18-2-18*

Corps 245 Bn.

Rate *4* ~~2000~~

Wife MAY 1-1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Pension notified 18-10-17 ✓
10 Pilou 18-10-17

Acct closed

*m/au
yours
Ind search*

*m/au
yours*

1941
- 1941

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 18m.-4-17.
 1772-39-819.

Sheet No. 2 Mrs Ellen Fisher Powell Wife
 (Assignee) OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier Powell J. B.
Pte 1057053 245 Bn

L. L. Job 19227-M. & D. 7311.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 ⁰⁰ MAY 1- 1917
April	1916			\$40⁰⁰ Refund requested 20/7/17
May				
June				Cr. slip for \$33. ⁵³ rendered 18-2-18
July				Will be deducted for Pension &
Aug.				refunded to this office through the
Sept.				Receiver-General's office,
Oct.				on file 14736-J-6 (file 39) Dec. 18-2-18
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		B 13684	20	
June		R. 17420	20	
July		R 24755	20	
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

PENSION
 A CLOSED.....
 OVER-PAYT.....
 RECOVERED.....
 BY B.P.C. B.L. 17-1-18.

Gr. slip J-6 12/5/18. Will be deducted for Pension. File B.P.C. 22158-7-6
2.65 Reward St. Montreal 14736-J-6
24755 cancelled
 acct closed did not go off. Discharged 10/5/17 Insane, to P.H. & asylum Montreal.
 P.M. A Unit Mstee. letter 7/6/17
 File 5448-14736-J-6

Pension Granted 28-9-17
 B.P.C. to Recover \$.....
 Clerk J.P.L. Date 15-1-18

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.				

21-9-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Ellen Fisher Powell*

Name of Soldier *Powell, Jas. Bignell*

Address ~~54^A Rivard St~~

Regtl. No. *105705-2*

~~269 Rivard St Montreal - Q.~~

Rank *Pte*

~~# 904 Colonial Ave: 646 B. Drolet St.~~

Corps ~~245th Bn.~~

Relation to Soldier

To what Corps belonging

wife, child or mother

} *wife*

when called out

"a" Unit M.H. 66 25/4/17

Bank 27/4/17

Saw

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
 DATE PER *W*

21 177 13 3

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

E. A. Powell

(wife)
PAYMENTS.

Name of Soldier

Powell, Jas. Bignell
Rh

L. L. Job 4503.-Req. 6832.

1057053

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				<p><i>S/A was paid by pm "a" unit m. 1856</i> <i>to 10/5/17 date of dis. pm "a" unit</i> <i>"17/17</i> Pension Granted. <i>28-9-17</i> <i>Sm 20/17</i></p>
June				
July				
Aug.				
Sept.				
Oct. <i>20</i>		<i>A 21363</i>	<i>26</i>	<i>26</i>
Nov.		<i>J 23699</i>	<i>20</i>	<i>20</i>
Dec. <i>29</i>		<i>M. Q. 28373</i>	<i>20</i>	<i>20 209 Rivard St Montreal Que</i>
Jan.	1917	<i>P 29987</i>	<i>20</i>	<i>20</i>
Feb.		<i>P 33254</i>	<i>20</i>	<i>20 Dis. 10/5/17 March 11/7/17 Sm 20/17</i>
March		<i>Q 36543</i>	<i>20</i>	<i>20</i>
April <i>30</i>		<i>R 2308</i>	<i>20</i>	<i>20 265 Rivard St Montreal</i>
May		<i>P 5634</i>	<i>20</i>	<i>20 P 5634. cancelled.</i>
June		<i>XXXXXXXXXX</i>		<i>no ch till, returns to get</i> <i>casualties notes & a parents</i> <i>30/4/17 on</i>
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pension Granted. *28-9-17*
B.P.C. to Recover \$.....
Clerk *J. P. Rh* Date *15-1-18*

PENSION
A. CLOSED.....
OUST-PAY.....
RECOVERED.....
B. L. 16-1-18
GRANTED

Dis 10/5/17 sep m 11/7/17
pm was paid to date of discharge
by pm "a" unit m. 1856.
21/7/17 Lamey

Pensions Notified Date.....
Killed in Action }
Died of Wounds } Date.....
Missing }
C. L. Clerk.....
Date Noted 191

ACCOUNT CLOSED
DATE..... PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

J.B.

This space to be for numbers.

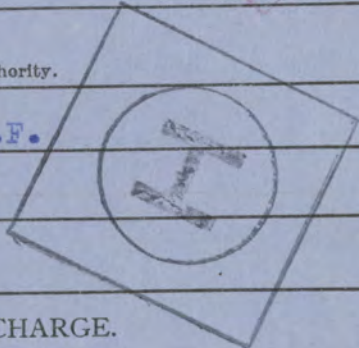
Proceedings on Discharge.

Insane

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

MILITARY DISTRICT NO. 4
JUN 21 1917

No.	I057053
Rank	Private
Name	Powell, James Bignall
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	245th Battalion, C.E.F.
Date of Discharge	May 10th, 1917
Place of Discharge	Montreal, Que.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....29.....years.....4.....months.
 Height.....5.....feet.....4 1/2.....inches.
 Complexion **Dark**
 Eyes **Grey**
 Hair **Dark**
 Trade **Machinist**

Descriptive Marks

Birth mark right breast

Intended place of residence } **Protestant Hospital for the Insane, Verdun Quebec.**
(To be given as fully as practicable.)

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

Under provisions of Militia Order No. 6, 1916 H. Q. Authority dated 18th May 1917 (4D 22-P-379).

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.

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

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

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.)

Amstrong

OVER
*Disc. Section.
3/8/17.
L.B.*

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 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) Montreal, Que..... (Signature of Soldier.)

(Date) May 10th, 1917..... (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 22 days.

11. Confirmation of Discharge.

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

(Place) Montreal, Que.....

(Date) JUL 17 1917.....

(Signature) G. E. Hall.....



O. C. "A" Unit MAJOR Military Hospitals Commission's Command

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.)

No reservations

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p 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.