

Militia Unit
G. G. F. G.

ORIGINAL

ATTESTATION PAPER.
77th, OVERSEAS BATTALION, C, E. F.

No. **145793**
Folio. **53**

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

145793

- 1. What is your surname?..... **Richer**
- 1a. What are your Christian names?..... **Hector**
- 1b. What is your present address?..... **131 Laurier Ave. Hull Que. Canada**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Hull Que Canada**
- 3. What is the name of your next-of-kin?..... **Mrs. Almira Richer**
- 4. What is the address of your next-of-kin?..... **131 Laurier Ave. Hull Que Canada**
- 4a. What is the relationship of your next-of-kin?..... **Mother**
- 5. What is the date of your birth?..... **13th. August 1896**
- 6. What is your Trade or Calling?..... **Paper maker**
- 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?..... **No**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes**
- 12. Are you willing to be attested to serve in the } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Hector Richer**, 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 **Mar. 3rd.** 191 **6.** **H. Richer** (Signature of Recruit)
S. T. Rice (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Hector Richer**, 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 **Mar. 3rd.** 191 **6.** **H. Richer** (Signature of Recruit)
S. T. Rice (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 **Ottawa Ont.** this **3rd.** day of **March** 191 **6.**
at across JP (Signature of Justice)

Handwritten: **Carded**
7-5-14

Description of Richer (Heeter) on Enlistment.

Apparent Age.....20 years7 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. 7 ins.

Chest measurement { Girth when fully expanded.....37 ins.
 Range of expansion.....3 ins.

Scar below little finger right hand.

Complexion.....Dark

Eyes.....Blue

Hair.....Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....X
 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.....March 3rd.....1916.

N.M. Halkett
Capt. Amc
 Medical Officer.

Place.....Ottawa, Ont.

*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.

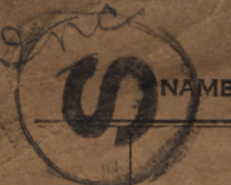
H. Richer.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature].....(Signature of Officer)
 LIEUT. COL.

Date.....Mar 3rd.....1916.

C. G. 77th. Overseas Battalion, C. E. F.

REGIMENTAL DOCUMENTS



NAME

RICHER Hector

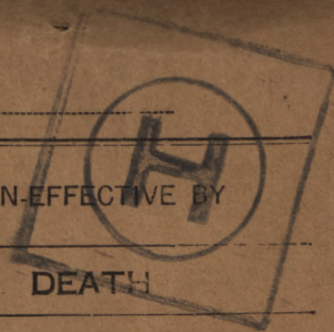
REGT. NO.

3321763

UNIT

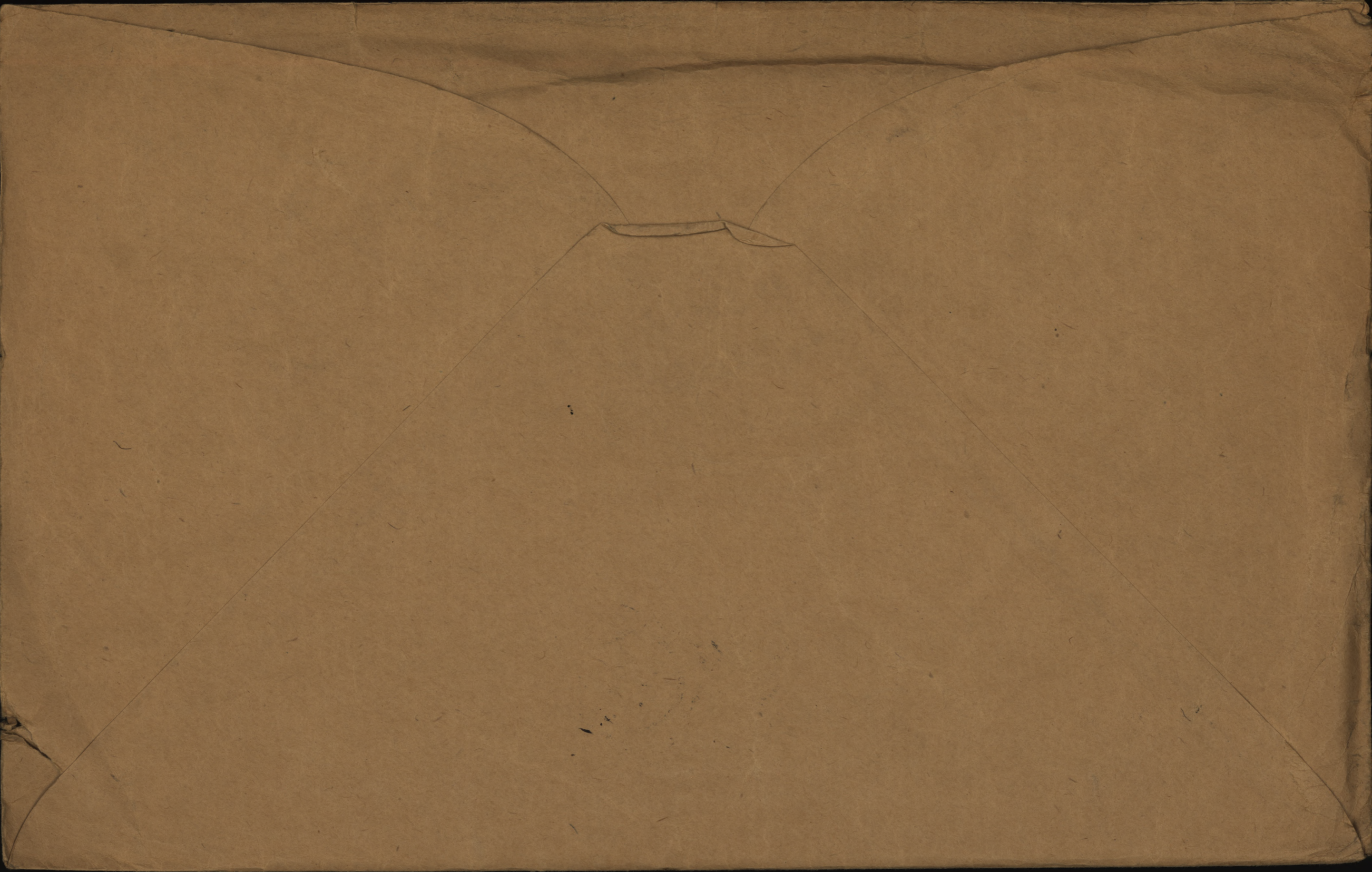
E. O. R. 2nd Bn

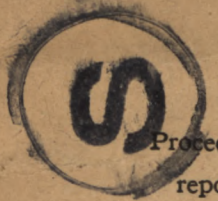
FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					<i>deceased</i>
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					<i>20-10-18</i>
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)				11264	
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					







- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *1*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- 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..... *2 sent to 132615-3-18*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

1 Pay card

Deserters

DISCHARGE DOCUMENTS

Name *Richer, Hector*
 Regt. No. *143793* Rank _____
 Corps *77th O'Brien Co. C. C. 7*

Illegally Absent


R. O. No.
 H. Q. No.



NAME

Richer, Hector

S.O.S. Des ✓
17/4/16. 3

RANK & No. Pte.

No. 145793

CORPS 77th.

Batt.

ENLISTMENT, PLACE

Ottawa, Ont.

DATE

Mar. 3rd, 1916.

FORMER CORPS

Nil

COUNTRY OF BIRTH

Canada, Hull, P. Q.

NEXT OF KIN

Richer, Mrs. Almina (Mother).

ADDRESS OF NEXT OF KIN

131 Laurier Ave., Hull, P. Q.

DISCHARGE, PLACE

DATE

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

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Paper Maker

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

20

YEARS

7

MONTHS

HEIGHT

5'

FEET

7

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Black

DISTINGUISHING MARKS

Scar below
right hand.

little finger

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont.

DATE

Mar. 3rd, 1916.

REMARKS:

No. 145793 RANK

Pte

NAME

Richer H.

T. O. S. 3-3-16

D.O. 54 of 4-3-16

UNIT

17th Battalion C. E. F.

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar 3	1916 Mar 31 ✓			
Apr. 1	Apr. 18	7.	Declared illegally absent from 27-3 to 15-4-16. Dischd.	D.O. 92 of 18-4-16. D.O. 92 of 18-4-16.
				UNIT SAILED JUN 19 1916
			sp. closed by charges etc.	



NAME.

Richer A 91

RANK.

Pte 3

REC. FILE

*S.O.B. 20/10/18.
D.O. 3321763 30-11-18*

No.

CORPS.

3321763

D.H.Q. FILE No

28

East. Out Regt Ind Rps Bn

ENLISTMENT, PLACE.

DATE.

DISCHARGE, PLACE,

DATE.

REASON.

ADDRESS ON DISCHARGE.

DOCUMENTS.

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO DATE BY RECEIVED BY DATE TO DATE BY RECEIVED BY DATA

Rank

Name

Richer J.

Reg'tl No.

3341763

T.O.S.

8-5-18

B. O. No.

Serial No.

Examined at

Date

Co.

Nationality

Born-at

Date

Age

yrs.

mos.

Height

ft.

Ins.

Chest

Ins.

Weight

lbs.

Complexion

Eyes

Hair

Distinctive Marks

Category

Married or Single

Religion

Occupation

Next of Kin

S. O. S.

Date

28-11-18

B. O. No.

334

Overseas.

Date

B. O. No.

Transferred to

Date

B. O. No.

334

B.O.No.	Part	Date	Nature of Casualty	Remarks
267	2.	24-9-18	Farm Leave 21-9-18 to 31-10-18.	
269	2.	26-7-18	Leave without pay 2-7-18.	
B O	308	F/L	EXT TO 15-11-18	
B O	818	F/L	EXT TO 1-12-18	
B.O	885	F/L	EXT TO 1-1-19	

CASE HISTORY SHEET.

Queen Street Military Hospital. Kingston, Ont. Station.
No. 3321763 Rank Pte. Name Richar. Hector Age 21
Unit 2nd. Depot. Completed years of service ^{Where and how long} }
Date of admission 8-6-18 Date of discharge June 10, 18
Diagnosis Gonorrhoea Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Suspect & Anterior testis

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

nil

TREATMENT

(Especially any specific or special form.)

no treatment

CONDITION ON DISCHARGE

(and disposal made of case.)

No signs of gonorrhoea

Date *June 10th 1918*

S. J. Reynolds Capt MC
Medical Officer i/c case.

THE HISTORY OF

101428

VENEREAL DISEASE CASE-SHEET

(Gonorrhoea)

Reg. N 3321763 Rank Pte Name Recher H. Unit Inf. Depot.
 Diagnosis Gonorrhoea Admitted June 10 /18 Discharged June 20 /18
 Medical Officer i/c Case Les. R. Stewart
Lieut. Amse.

HISTORY.

No. of previous attacks
 Where and when acquired Suspect Italy
 Date and character of symptoms No discharge since admission

DATE -Day of disease-	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
	<u>June 17/18 negative</u>				<u>none</u>	<u>Argyrol</u>		

101088

6
3

CASE HISTORY SHEET.

Queen street Military Hospital

Kingston Ont.

No. 3321763 Rank Pts Name Richer Hector Age 21
Unit 2nd Depot Completed years of service 4 Days In Canada
Date of admission 8-6-18 Date of discharge 10-6-18
Diagnosis Gonorrhoea Place of origin Ottawa

CONDITION ON ADMISSION AND PROGRESS OF CASE

Suspected anterior ~~Urethra~~ Urethritis

9.

FAMILY HISTORY

NEG

(Tuberculosis, mental or nervous diseases.)

TREATMENT

No Treatment

(Especially any specific or special form.)

CONDITION ON DISCHARGE

No Signs Of Gonorrhoea

(and disposal made of case.)

Discharge To Duty

Date June 18th 1918

Medical Officer i/c case.

CASE HISTORY SHEET

DATE OF ONSET: _____

AGE AT ONSET: _____

SEX: _____

ETHNICITY: _____

RELIGION: _____

EDUCATION: _____

OCCUPATION: _____

RESIDENCE: _____

PREVIOUS ILLNESSES: _____

ALLERGIES: _____

DIET: _____

EXERCISE: _____

STRESS: _____

SMOKING: _____

ALCOHOL: _____

DRUGS: _____

ENVIRONMENT: _____

TRAVEL: _____

DIETARY RESTRICTIONS: _____

OTHER: _____

PHYSICAL EXAM: _____

LABORATORY TESTS: _____

IMAGING: _____

DIAGNOSIS: _____

TREATMENT: _____

PROGNOSIS: _____

CASE HISTORY SHEET.

3dme. Field Hospital. *Barnefield Camp* Station.
No. *3371763* Rank *Plt.* Name *Reber H.* Age *21*
Unit *2nd Depot Bn* Completed years of service *0* Where and how long *Ottawa June 5/18 -*
Date of admission *June 10/18* Date of discharge *June 20/18*
Diagnosis *Gonorrhoea* Place of origin *Suspect Ont.*

CONDITION ON ADMISSION AND PROGRESS OF CASE

Street Hospital June 10 Admitted from *Queen*
since admission *No. 665 no discharge*
recurred June 17th negative

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Nil.

TREATMENT

(Especially any specific or special form.)

Bone Wash. Anquid.

CONDITION ON DISCHARGE

(and disposal made of case.)

Returned to duty.

c
35HTB

Date

June 20/18

Walter H. H. H. H.
Medical Officer i/c case.

THE HISTORY OF

1800

ADMISSION

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

Casualty Form—Active Service.

Unit, Regiment or Corps. *2nd Depot Bn., G.O.F. "W" Co.*Regimental No. *3321163*Rank *Pta.*Name *Fisher, H.*

C. E. F.

Enlisted (a) *5-6-18*

Terms of Service (a)

Service reckons from (a) *5-6-18*Date of promotion to
present rank }Date of appointment
to lance rank }Numerical position on
roll of N. C. Os. }

Extended

Re-engaged

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>8-6-18</i>		<i>Admitted to V. II Hospital 8-6-18 B.O. 160,</i>			
<i>23-6-18</i>		<i>Discharged from V. II Hospital 23-6-18 B.O. 174</i>			
<i>2-7-18</i>		<i>Left from 2-7-18 to</i>			<i>B.O. 201</i>
<i>30-11-18</i>	<i>2/EOR</i>	<i>Sol Deceased</i>	<i>Moort Lake ont</i>	<i>20/10/18</i>	<i>pt 4334.</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, 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				

Diag. Absent

No card CR 326

MEDICAL HISTORY SHEET.

145793

Surname Riches Christian Name Hector

Examined { on 3rd day of March 1916
at Ottawa, Ont.
Birthplace { City or Town Hull
County Quebec

Approved by N.M. Halkett
Rank Captain M.O.

Apparent age 20 yrs
Trade or occupation Paper-maker
Height 5 Feet 4 Inches.
Weight 140 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 37 inches.
Physical development Good
Small-Pox Marks None

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

Vaccination Marks { Arm Right Left
Number ✓
When Vaccinated last ✓

Date	Result	VACCINATIONS.
<u>20/3/16</u>	<u>Good</u>	<u>N.M. Halkett</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Scar below little fingers right hand

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>20/3/16</u>	<u>Good</u>	<u>N.M. Halkett</u> M.O.
<u>20/3/16</u>	<u>Good</u>	<u>N.M. Halkett</u> M.O.
		M.O.

Enlisted on 3rd day of March 1916 at Ottawa, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Original not available
Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 105)

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *74th Battalion*

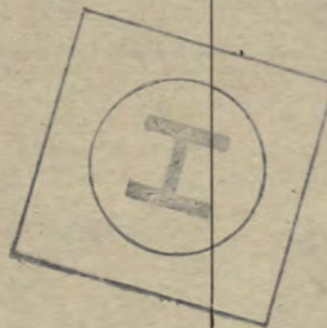
Regimental No. *145793* Rank *Pvt.* Name *Richard Hector*

Enlisted (a) *3-3-16* Terms of Service (a) *Duration* Service reckons from (a) *3-3-16*

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>18-4-16</i>	<i>74th</i>	<i>S.O.S. "Illegally absent from 27-3-16 by Court of Inquiry held 18-4-16" "Deserted"</i>	<i>Ottawa</i>	<i>27-3-16</i>	<i>¶ 92</i>



D. H. [Signature] Capt. for D. of R.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

MEDICAL HISTORY SHEET.

1. Surname Richer Christian name Hector
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street) and number if any) 131 Laurier Ave., Hull, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29th day of June 19 18, by the undersigned medical board sitting at Ottawa

5. Age as stated 21 Years 10 Months. 6. Apparent age 21 Years 10 Month

7. Height 5 Feet 6½ Inches. 8. Weight 144 Pounds.

9. Chest measurement { Minimum 33½ Ins. Maximum 36 Ins. 10. Complexion Swarthy { Eyes Blue Hair Black

11. Physical development Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm xx Left arm xx 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Scar plante of arch left.

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma
 (Strike out disease admitted or suspected)

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

All

17. (a) Vision. R. 6/6 L. 6/6
 (b) Hearing. R. N L. N

A. P. Quinn Captain Member. A. MacLeod Major President. Member.

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

Joined day of 19 at

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

Signature of Man Hector Richer

If raised in category, record category in a square. The M. O. will initial and date.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. <u>3321763</u>		
2. Rank. <u>Pfc</u>		
3. Name. <u>Riches Hector</u>		
4. Unit. <u>77th Bu</u>		
5. Date of Discharge		Place
6. Reason for Discharge..... <u>r</u>		
7. Authority.		
8. Proposed Residence after Discharge..... <u>1</u> <u>2</u>		
9. CERTIFICATE TO BE SIGNED BY SOLDIER.		
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
M. F. W. ?.....		
Signature of Soldier.		
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place.....		
Date.....		
Signature..... (O. C. Discharging Unit.)		

PROCEEDINGS ON DISCHARGE

San Francisco

<p>1. Name of Defendant</p>	<p>John Doe</p>
<p>2. Name of Plaintiff</p>	<p>Jane Smith</p>
<p>3. Name of Court</p>	<p>Superior Court of California</p>
<p>4. Date of Discharge</p>	<p>12/15/1912</p>
<p>5. Name of Dischargee</p>	<p>John Doe</p>
<p>6. Name of Dischargee's Employer</p>	<p>ABC Company</p>
<p>7. Name of Dischargee's Employer</p>	<p>XYZ Company</p>
<p>8. Name of Dischargee's Employer</p>	<p>DEF Company</p>
<p>9. Name of Dischargee's Employer</p>	<p>GHI Company</p>
<p>10. Name of Dischargee's Employer</p>	<p>JKL Company</p>
<p>11. Name of Dischargee's Employer</p>	<p>MNO Company</p>
<p>12. Name of Dischargee's Employer</p>	<p>PQR Company</p>

LIST OF DISCHARGE DOCUMENTS

Medical Form W-10	Medical History Form
Medical Form W-11	Physical Examination Report
Medical Form W-12	Discharge Summary
Medical Form W-13	Referral Form
Medical Form W-14	Insurance Claim Form
Medical Form W-15	Physician's Statement
Medical Form W-16	Medical History Form
Medical Form W-17	Physical Examination Report
Medical Form W-18	Discharge Summary
Medical Form W-19	Referral Form
Medical Form W-20	Insurance Claim Form
Medical Form W-21	Physician's Statement
Medical Form W-22	Medical History Form
Medical Form W-23	Physical Examination Report
Medical Form W-24	Discharge Summary
Medical Form W-25	Referral Form
Medical Form W-26	Insurance Claim Form
Medical Form W-27	Physician's Statement
Medical Form W-28	Medical History Form
Medical Form W-29	Physical Examination Report
Medical Form W-30	Discharge Summary

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LIST OF DISCHARGE DOCUMENTS.

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

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Smith
169th Regt.
P.M.