

4th M. D. FIRST Depot Battalion FIRST QUEBEC Regiment
 Regtl. No. 3080243

PARTICULARS OF RECRUIT
 DRAFTED UNDER MILITARY SERVICE ACT, 1917

JGM

(Class 1st)

1. Surname SYMISTER,
 2. Christian name HERBERT BARKER
 3. Present address 44 HUTCHISON ST., Montreal, Canada.
 4. Military Service Act letter and number 62088 DR
 5. Date of birth 1892 APRIL 21st
 6. Place of birth LUCEA, Jamaica, BRITISH WEST INDIES.
(town, township or county and country)
 7. Married, widower or single SINGLE.
 8. Religion Presbyterian.
 9. Trade or calling Insurance Agent.
 10. Name of next-of-kin Mrs. Beatrice SYMISTER
 11. Relationship of next-of-kin Mother.
 12. Address of next-of-kin LUCEA, Jamaica. (No St. or number) SUFFICIENT ADDRESS
 13. Whether at present a member of the Active Militia No.
 14. Particulars of previous military or naval service, if any Nil.
 15. Medical Examination under Military Service Act:—
 (a) Place Montreal, Canada (b) Date 22 October 1917 (c) Category A2



"A" Fit for General Service

DECLARATION OF RECRUIT

I, Herbert Barker SYMISTER, do solemnly declare that the above particulars refer to me, and are true.

Herbert Barker Symister (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 25 yrs 6 mths.
 Height 5 ft 9 1/2 ins.
 Chest measurement } fully expanded 33 ins.
 } range of expansion 24 ins.
 Complexion Dark.
 Eyes Brown.
 Hair Black.

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

M. A. Piche Lieut.-Col.

O. C. FIRST Depot Btln.
 First Quebec Regt.

Place Montreal, Canada Date 24 October 1917.

Regiment

Organization

No.

Regt. No.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Name of recruit

2. Christian name

3. Date of birth

4. Military service (if any) and number

5. Date of entry into service

6. Date of discharge

7. Name of recruiting officer

8. Name of recruiting station

9. Name of recruiting officer

10. Name of recruiting station

11. Name of recruiting officer

12. Name of recruiting station

13. Name of recruiting officer

14. Name of recruiting station

15. Name of recruiting officer

16. Name of recruiting station

17. Name of recruiting officer

18. Name of recruiting station

19. Name of recruiting officer

20. Name of recruiting station

DECLARATION OF RECRUIT

I hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION OF CARBING UP

Particulars	Amount	Total
1. Distinctive marks and marks indicating condition of previous service		
2. ...		
3. ...		
4. ...		
5. ...		
6. ...		
7. ...		
8. ...		
9. ...		
10. ...		
11. ...		
12. ...		
13. ...		
14. ...		
15. ...		
16. ...		
17. ...		
18. ...		
19. ...		
20. ...		

Signature of Recruiting Officer

Date

RECEIVED

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



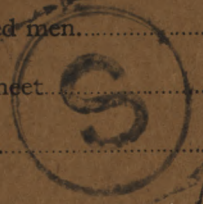
Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... *3.2*

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.....

Disch 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..... *388*

Rental A.S. *2*

Mens clothing Retd *1*

A. & B. 122 *1*

Wily
24-9-20

Name *SYMISTER HERBERT BARKER*

Regt. No. *3080243* Rank *Sgt.*

Corps *1st Depo. Bn. 1st Q. B.*

Med. Unfit



52262



1
2-19
1-30

M + 76.20

54

100
100

SURNAME.

Symister

CARD NO.

SOS-12-12-18 5m 21 7
DO. 343 of 9-12-18.
FOLL. 1/10R.

CHRISTIAN NAMES

Herbert Parker

REGL. No.

3080243

RANK

Ote.

UNIT

1st Depot. (1st Que. Regt.)

Bm.

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Symister, Mrs. Beatrice

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Lucea, Jamaica, B. W. I.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

B. W. I. Lucea, Jamaica

DATE

April 21st 1892.

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Oct. 24th 1917.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Insurance Agent

RELIGION

Yes
Presbyterian

DESCRIPTION.

APPARENT AGE

25

YEARS

6

MONTHS

HEIGHT

5

FEET

9 1/2

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION

PLACE

Montreal, P. Q.

DATE

Oct. 22nd, 1917.

Present Address, 44 Hutchison St., Montreal, P. Q.

supp card 8 3/21

649-S-28936

erbert
number
✓ Symister, H. B. 3080243 Sgt. ✓
not eligible for star

1st Ops Bn
Que Regt.
6.

✓
1643

Medals & (mother)
Dec.

Mrs. Beatrice Symister,
Johnson Town,
Lucea P. O.,
Jamaica, B.W.I.

P. & S. (mother) As above.

Mem. Cross. (mother) As above.

Resp. JUL 3 1920 (m.) C. 14070

m

404

LEDGER NO. 510

SERIAL NO. 30747

REG. NUMBER 3020243 NAME Symister H B

RANK sgt CORPS 1st Que

AGE SERVICE

NAME OF HOSPITAL St. J. C. H. PLACE Montreal

DATE OF ADMISSION 13-11-18

DISEASE T B C Lung

TRANSFERRED TO OTHER HOSPITALS St. Anne de Bellevue 13-1-18

OPERATION

DISCHARGED TO Disb 4/12/18 IN CATEGORY

REMARKS:.....

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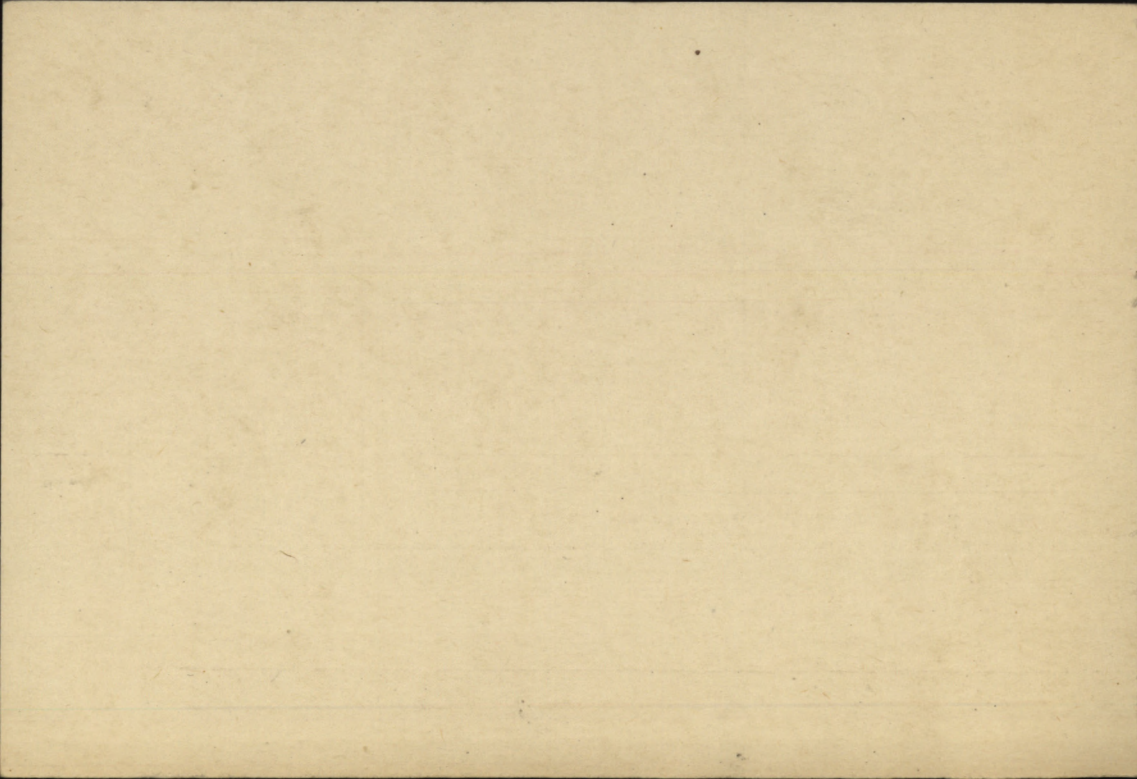
No. 3080243 RANK *pte*

NAME *Symister Herbert Barker*

T. O. S. 24-10-17 UNIT *1st Depot Bn 1st Inf. Regt.*
(*20.5.00 of 26-10-17*)

M. D. *4*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>Oct 24</i>	<i>Oct 31</i>	<i>X</i>		
<i>Nov</i>		<i>X</i>		
<i>Dec</i>		<i>X</i>		
<i>1918</i>		<i>X</i>		
<i>Jan</i>		<i>✓</i>		
<i>Feb</i>		<i>✓</i>		
<i>Mar</i>		<i>✓</i>		
<i>Apr</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3080243 (Rank) Sergeant

Name (in full) SYMISTER, Herbert Barker enlisted in
the 1st Depot Battalion, 1st Quebec Regiment

CANADIAN EXPEDITIONARY FORCE at Montreal, Canada on the Twenty-Fourth
day of October 1917

HE served in Canada

and is now discharged from the service by reason of being medically unfit. A. A. G., letter
of 7-12-18. 4D. 22-S-1433. R. O. No. 693. Para. 3.

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

Age 26 Years, 7 Months

Height 5 Feet, 9 $\frac{1}{2}$ Inches

Complexion Dark

Eyes Brown

Hair Black

Herbert Barker Symister
Signature of Soldier

Marks or Scars NIL

M. S. Pechi
Issuing Officer

Lieut-Colonel.
Rank

Date of Discharge December 12th, 1918.

O.C., 1st Depot Bn., 1st Que. Regt.
Appointment

Signed at Montreal, Canada this Twelfth day of December 1918

in Military District No. 4

File Reference No. 1/1. QR. 10-S-188.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. 3080243 (Rank) Sergeant Name SYMISTER, Herbert Barker

Unit 1st Depot Bn. 1st Que. Regt.

Address on Discharge 44 Hutchison St., Montreal, Que.

Character and Conduct Very Good.

Former Occupation Insurance Agent

Special Qualifications of Value in Civil Life Insurance Agent

Medals and Decorations Nil

Remarks Nil

Signed at Montréal, Canada this Twelfth day of December 19 18

M. A. Piche
Name of Officer

Lieut-Colonel.
Rank

O.C., 1st Depot Bn. 1st Que. Regt.
Appointment

Appointment

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Symister* *H. B.*
Surname Christian Name

Regimental Number *3080243* Rank *Pte.*

Address (in full) *Deceased*

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. 53961—M. & D. 9721

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
 1772-89-1140

Remarks:

WAR SERVICE GRATUITY.

File No. *17755 H.15*

Register No. *Spec Reg*
59/1761

Reg. No. *3080243*
Name *Symister H.B.*
Address *Deceased*

Dependent *Nil*
Address _____

Pay Soldier \$ *Nil*
Director of Records
Estates Br
Ottawa
W. G. Russell
28-2-73

Pay Dependent \$ _____
Days *31* Rate *70* Due *70*
Less P.D.P. credited _____
Less further Dr. Bal. _____
or overpayment. Net *\$ 70⁰⁰*

R 113
8-10-20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1				<i>not eligible under P.C. 2419 died prior</i>				
2		<i>1 12/19</i>	<i>70 -</i>	<i>no S.A. paid.</i>	2			
					3			
					4			
					5			
					6			

A M White
6 10/20

GEN'L AUDITOR
Posting checked by _____
Date _____

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. 3080243 Rank Sgt. Name Symister, H.B.

Corps. 1/1 D. B. Q. who was* S. O. S.

On 12/12/18 191... to.....

*Insert "discharged" or "transferred."

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

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	58	30
Advances } No.....			Regt'l Pay <u>12</u> days at \$ <u>1</u> c <u>35</u>	16	20
by } No.....			Field Allow. <u>12</u> days at \$..... c <u>15</u>	1	80
Cheques } No.....			<u>8 dys. subs. @ .80¢</u>	6	40
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly)		
Other charges.....			Other Allowances* <u>Clothing allee</u>	35	00
Payment on transfer or discharge No.....	117	70	Other Credits*.....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	117	70	Total.....	117	70

*Give particulars.

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

(†) 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 24/10/17.
- (2) if married and if a Separation Allowance Card has been submitted..... No No 18
- (3) cause of discharge Demobilisation authority AAG 4D-22-S-1433 of 7-12-1
- (4) authority for transfer Medically Unfit

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..... December 14th. 1918.

Place..... Montreal, P. Q.

[Signature]
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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT

NAME OF SOLDIER SYMISTER, Herbert Barker

REGIMENT 1st DEPOT BN. 1st QUEBEC REG'TANK Pte.

No. 3080243



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam Temporary Filling (a), G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoca	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
	31.12.18																				
	3.14.19																				
	3031																				

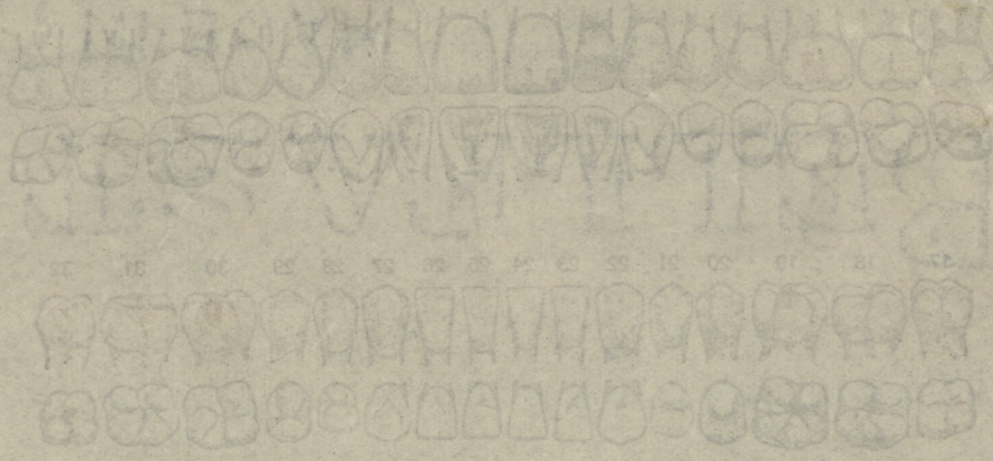
*Capt Fenwick Propylaxia reg
JCH*

INSTRUCTIONS

On examination the condition of patient's mouth to be marked on
 diagram in red ink.

On filling of patient's record of date to be made in red ink.
 Only such marks to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

THE DENTAL AND ORTHODONTIC BOARD OF CANADA

100, King Street West, Toronto, Ontario

DEPARTMENT OF HEALTH AND WELFARE
 CANADIAN VETERINARY DEPARTMENT
 DENTAL

DEPARTMENT OF HEALTH AND WELFARE
 CANADIAN VETERINARY DEPARTMENT
 DENTAL

P 11112 - 1712R

CASE HISTORY SHEET.

COPY

Ste. Annes Military Hospital. Ste. Annes de Bellevue Station.

No. 3080243 Rank Sgt. Name ~~Synister~~ Symister Age 27

Unit 1st, Quebec Completed years of service ^{Where and how long} } C 12 1/2 Herbert B

Date of admission Nov, 13th, Date of discharge 4. 12. 18 15 1 SC

Diagnosis T.B.C. Place of origin B40

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint ; Cough.

Past Cond; - Previous to enlisting patient states that he was always healthy, Never remembers having had cough before present date.

Fam. Hist ; - Mother A & W. Father dead 50, cause unknown, one sister died at 15 of typhoid.

Present Cond; - Started about ~~two~~ three weeks ago with a non-productive cough - Given medicine which produced expectoration (profuse) for past two weeks. no known loss of weight, no night sweats, appetite good.

Physical examination ; - Patient a colored male of poor development and nourishment, (120 Lbs.) On inspection chest is of flat type, Supra clavicular fossa - depressed also infra clavicular fossa slightly so. Costal angle narrow. Whole thorax of long narrow type. On palpation - V.F.&V.R. slightly decreased on left side. On Percussion - Note clear throughout. On Auscultation - breath sounds clear throughout with numerous fine crepitations and sub-crepitant rales over out portion of left chest particularly brought out on deep inspiration.

Sputum examination, shows ; Heartboth sounds clear at all areas. Pulse 76 at rest 80 after exercise, good volume, tension good, V.W. not palpable.

J.C. Brown

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

(Signed) J.C. Brown, Lt. B.C. Smeltzer, Lt.

Date

Medical Officer i/c case.

30747.

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Main body of faint, illegible text, appearing to be several paragraphs.

Lower section of faint, illegible text, possibly a continuation of the main text.

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. 3080243 Rank Sgt. Name Symister, H.B.

Corps 1/1 D. B. Q. who was* S. O. S.

On 12/12/18 191... to.....

*Insert "discharged" or "transferred."

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

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	58	30
Advances } No.....			Reg'tl Pay <u>12</u> days at \$ <u>1</u> c. <u>35</u>	16	20
by } No.....			Field Allow. <u>12</u> days at \$..... c. <u>15</u>	1	80
Assigned Pay and Sep'n Allee. No.....			<u>8 dys. subs. @ .80¢</u>	6	40
Other charges.....			Separation Allowances* (Monthly)		
Payment on transfer or discharge No.....	117	70	Other Allowances* <u>Clothing allee</u>	35	00
Balance Cr. (to be paid by the new unit).....			Other Credits*.....		
Total.....	117	70	Bal. Dr. (to be deducted by new unit).....		
			Total.....	117	70

*Give particulars.

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

(†) 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 24/10/17.
- (2) if married and if a Separation Allowance Card has been submitted..... No No
- (3) cause of discharge..... Demobilisation authority AAG 4D-22-S-1433 of 8-12-18
- (4) authority for transfer..... Medically Unfit

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

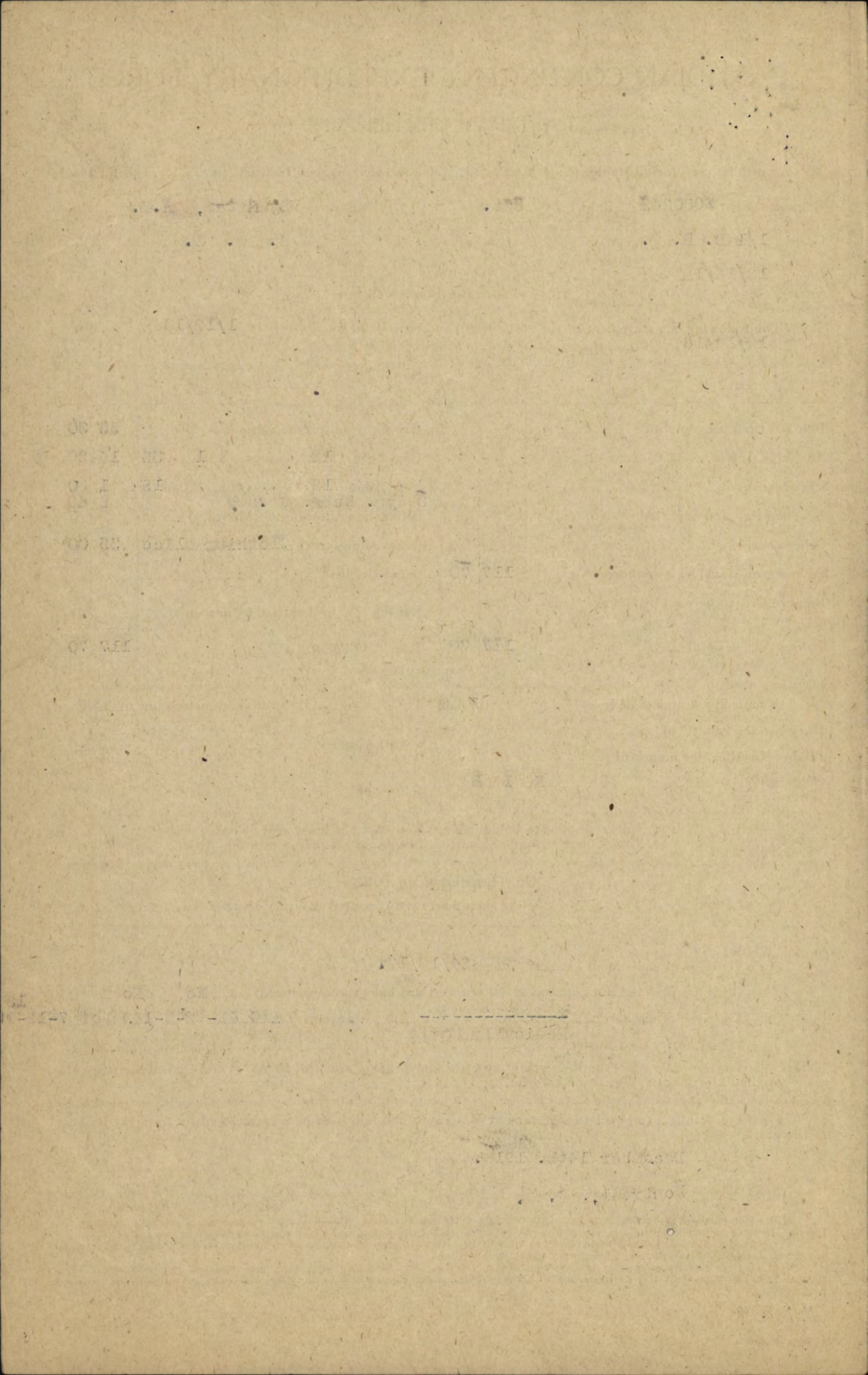
I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date..... December 14th. 1918.

Place..... Montreal, P. Q.

[Signature]
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.



apl

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. **1st DEPOT BN. 1st QUEBEC REG'T.**

Regimental No. **3080243** Rank Pte. Name **SYMISTER, Herbert Barker**

Enlisted (a) **24 October 1917** Terms of Service (a) **C. E. F.** Service reckons from (a) **24 October 1917**

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) **Insurance Agent**

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				

29/10/17		Act. Sgt. (Ord. Room) Part I no 185	Montreal	29/10/17	<i>[Signature]</i> A/O. C. H, Q's. Co, 1/1 Que, Reg't, Lt. Lt.
5/11/17		Reverts To Rank. Own Request Part I #245	Montreal	5/11/17	<i>[Signature]</i> A/O. C. H, Q's. Co, 1/1 Que, Reg't, Lieut.
12/3/18		Act Corporal Att to Pt I # 573	Montreal	12/3/18	<i>[Signature]</i> A/O. C. H, Q's. Co, 1/1 Que, Reg't, Lieut.
4/2/18	Correction →	App. Lance Corporal Att to Pt I # 293	Montreal	4/2/18	<i>[Signature]</i> A/O. C. H, Q's. Co, 1/1 Que, Reg't, Lieut.
9-12-18	M.D.4.	S.O.S. with effect 12-12-18 and Revised 1378 of 18 4 18 Medically unfit A. A. B. Order of 7-12-18 4 D-22-S-1433. P.O. No. 603. Part 3.	Montreal	12-12-18	Pass order # 343. <i>[Signature]</i> ADJT.

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

P.T.O.

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				

Proceedings on Discharge.

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

No. 3080243	
Rank Sergeant	
Surname SEWSTER,	
Christian Name Herbert Barker <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 1st Depot Bn. 1st Que. Regt.	
Date of Discharge December 12th, 1916.	
Place of Discharge Montreal, Canada	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 26 years 7 months.	Descriptive Marks NIL
Height 5 feet 9½ inches.	
Complexion Dark	
Eyes Brown	
Hair Black	
Trade Insurance Agent	
Intended place of residence 44 Hutchison St., Montreal, Canada <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of being medically unfit. A. A. G., letter 7-12-16. 4D. 22-9-1433 R. O., No. 603. Para 3.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Very Good</i>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) INSURANCE AGENT

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

NIL

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

6. Medals and Decorations.....

NIL

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)..... Montreal, Canada.....

H. A. Piche Lt-Colonel.

(Date)..... December 12th, 1918.

Commanding 1st Depot Bn. 1st Que. Regt.

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, Canada..... *Herbert Barker Symister* (Signature of Soldier.)

(Date)..... December 12th, 1918. *E. Feilly* (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.

..... *Herbert Barker Symister* (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... 1 years... 50 days.

Total..... 1 years... 50 days.

11. Confirmation of Discharge.

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

(Place)..... Montreal, Canada.....

(Signature)..... *H. A. Piche* Lt-Col.

(Date)..... December 12th, 1918.

O.C., 1st Depot Bn. 1st Que. Regt.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

NIL

<p>(Signature)..... <i>Herbert Barker Symister</i></p>	<p>Reg. Conduct Sheet Military Form B. 263</p>
<p>In the case of reserves who are transferred and approved, the discharge documents will consist of</p>	<p>Medical Report for Invalids B. 231</p>
<p>(b) Proceedings on Discharge (c) Attestation</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate D. 277</p>
<p>(d) Medical History Sheet (in the event such having been prepared)</p>	<p>(Only if discharged "Medically unfit")</p>

N. 12.—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.

Reservations referred to at Part 8.
 (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<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> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

