

REGIMENTAL DOCUMENTS

NAME

AGAR

Irwin Smith

REGT. NO.

259945

UNIT

CE

H. Q. FILE NO.

2493

H

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

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)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

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)

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)

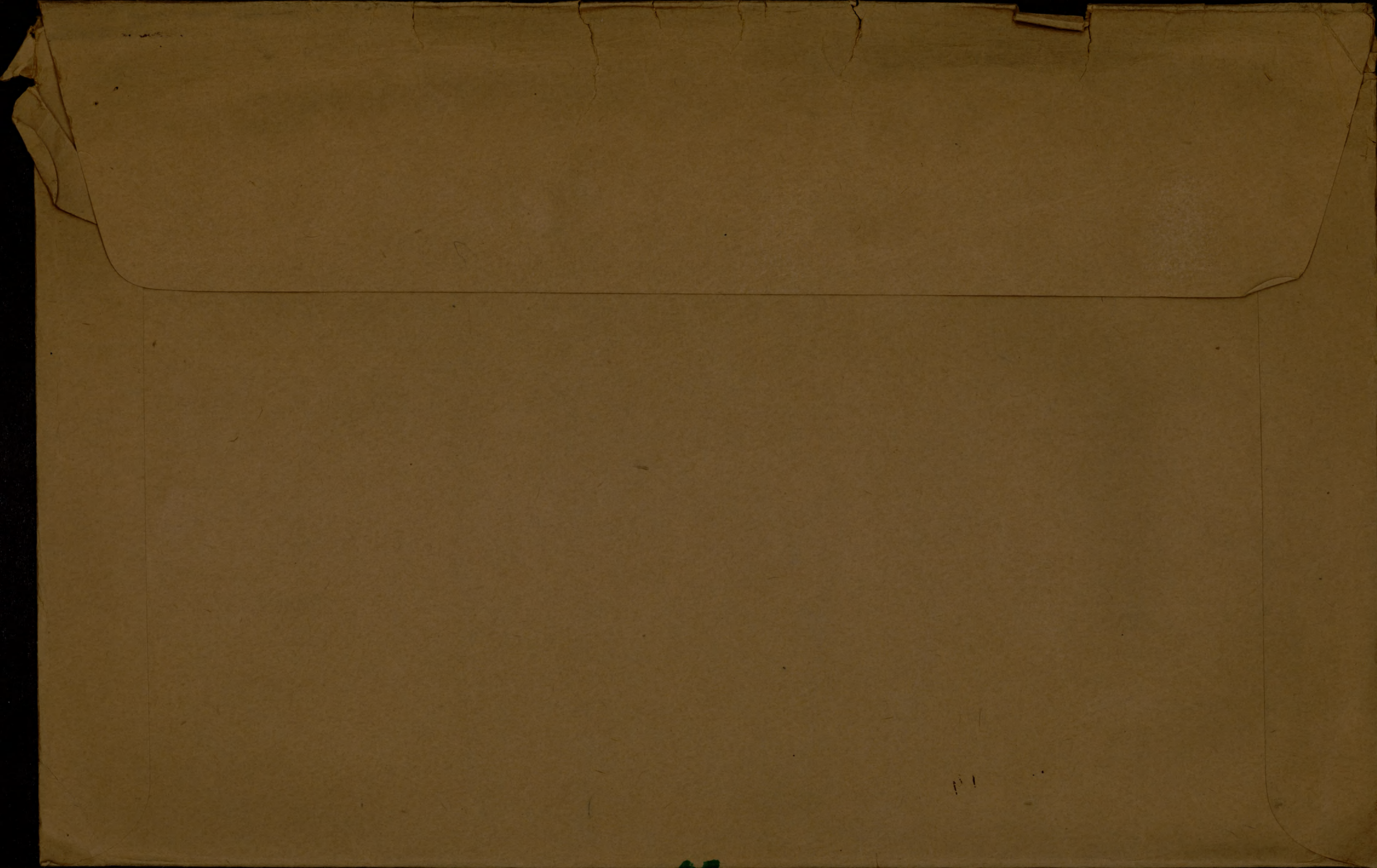
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

CD-3

Cas. Card

Pay Sheet

4-23
19-25
29-25
1



12 M. D. Depot Battalion 1st Depot Battn. Sask. Regt. Regiment

Regtl. No. 259945

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class.....)

1. Surname *Agar*
2. Christian name *Irwin Smith*
3. Present address *Floral, Saskatchwan Canada sm*
4. Military Service Act letter and number *LC 425396*
5. Date of birth *June 6 - 1897*
6. Place of birth *Dugannon, P.O. Ontario Canada sm*
(town, township or county and country)
7. Married, widower or single *Single*
8. Religion *Presbyterian*
9. Trade or calling *Farmer*
10. Name of next-of-kin *James Agar*
11. Relationship of next-of-kin *Father*
12. Address of next-of-kin *Lucknow, P.O. Ontario Canada sm R #2*
13. Whether at present a member of the Active Militia *No*
14. Particulars of previous military or naval service, if any *None*
15. Medical Examination under Military Service Act:—
(a) Place *Regina* (b) Date *May 3/18* (c) Category *A2*

DECLARATION OF RECRUIT

I, *Irwin Smith Agar*, do solemnly declare that the above particulars refer to me, and are true.

Irwin Smith Agar (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age *20* yrs. *10* mths.
Height *5* ft. *10 1/2* ins.
Chest } fully expanded *39* ins.
measurement } range of expansion *3* ins.
Complexion *Ruddy*
Eyes *Brown*
Hair *Dark*

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

E. M. Williams Capt. V. Adj. 1st Depot Batt. Sask. Regt. Depot Bn.

Regina Sask Date *May 3/18*

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 259945 (Rank) Plt
 Name (in full) AGAR - Irwin Smith enlisted in
 the 1st Depot Bn - Sask Regt
 CANADIAN EXPEDITIONARY FORCE at Regina, Sask on the 3rd
 day of May 1918
 HE served in England with 2nd C.E.R.B.
 Demobilization.
 and is now discharged from the service by reason of Medical Unfitness.

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

Age 22 yrs

Marks or Scars

Height 5 ft 10 inches

nil

Complexion Ruddy

Eyes Brown

Hair Dark

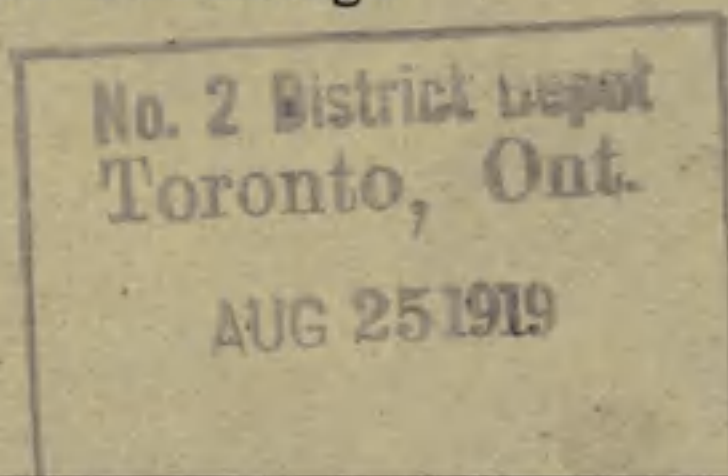
Irwin S Agar.

Signature of Soldier.

Irwin Thompson

Issuing Officer.

Date of Discharge



Capt.

FOR O. G. No. 2 D. D.

Rank

Date AUG 25 1919 1919

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.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Agar Christian name Irwin Smith

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 425396 LC

3. Consecutive number on schedule of men reporting for service (if he appears on it) _____

4. Address (including street and number, if any) Floral Sack

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3 day of May 1918 by the undersigned medical board sitting at Regina Sack

5. Age as stated 20 Years 10 Months.

6. Apparent age 20 Years 10 Months

7. Height 5 Feet 10 1/2 inches.

8. Weight 160 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 39 Ins.

10. Complexion Ruddy { Eyes Dark Hair Dark

11. Physical development _____ { Good Fair Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm 0 Left arm 2 14. When vaccinated last 1912

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (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 A2

17. (a) Vision R. 20/20 L. 20/20 (b) Hearing. R. Normal L. Normal President.

Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/5/18</u>		<u>R. T. Greer Capt M.O.</u>	<u>5/5/18</u>	<u>+</u>	<u>W. G. Greer Capt M.O.</u>
		<u>M.O.</u>	<u>21/6/18</u>	<u>+</u>	<u>R. T. Greer Capt M.O.</u>
		<u>M.O.</u>	<u>12.7.18</u>		<u>M.O.</u>
		<u>M.O.</u>	<u>26.7.18</u>	<u>some</u>	<u>M.O.</u>

Joined 4 day of May 1918 at Regina

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot</u>	<u>257945</u>		<u>4/5/18</u>
Transferred to.....	<u>Battn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>ST. JOHNS, P.Q.</u>	<u>JUL 22 1918</u>		<u>A2</u>

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.

M. F. B. 313.

800M.—10-17.

1772-39-439.

Signature of Man Irwin Smith Agar

Surname Agar

Christian Name Lewis Smith

STATION.	Date of Arrival at the Station.	DATES OF				DISEASE	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from, whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.	
		Admission into Hospital.		Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year			
		13	2	19	13	2	19	22	Multiple wounds	Car A

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

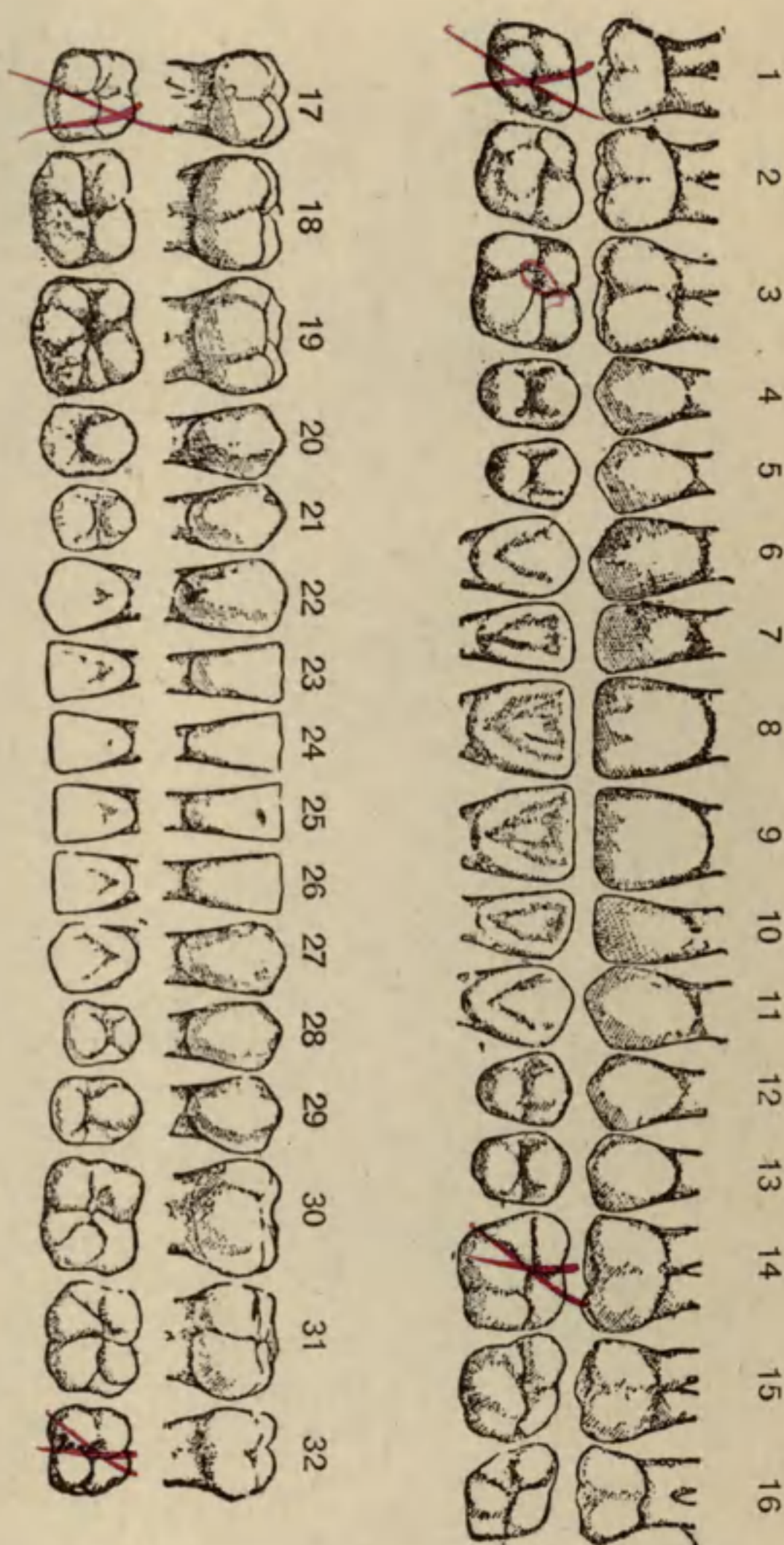
DISTRICT... 10

NAME OF SOLDIER

REGIMENT.

RANK

No. 259 945

[illegible]

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.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	259945-	Spr.	Agar.	J. S.
Year.	Unit.	Age.	Service.	
13/2/19	1st C.E.R.B.	21	9/12	
Station and Date.	Disease			
	Influenza			
	TAKEN SICK 12/2/19	REPORTED SICK 13/2/19		
	ENLISTED 3/5/18	PREVIOUS OCCUP Farming		
	TO ENGLAND 16/8/18	FAMILY HISTORY Neg.		
	TO FRANCE			
	INVALIDED FROM FRANCE	~~SICK~~ ~~WOUNDED~~		
	COMPLAINTS :-	Headache, Sore throat.		
	PREVIOUS ILLNESS :-	None		
	PRESENT ILLNESS:-	(In Seaford Area since Sept 1918) Has been well until now. On 12 th instast had chills followed by headache & Sore throat next day.		
	PHYSICAL EXAM.			
	EYES	EARS	NOSE	THROAT red.
	TONSILS	TEETH	SPUTUM	None TONGUE
	UPPER EXTREMITIES			
	LOWER			
	SKIN			
	URINALYSIS	7810		
		DISCHARGED 22/2/19		

first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

T. P. R. 100-96-18

Heart:- Normal

Lungs:- Normal

abd.:- normal

A. W. Jeffrey,
Capt., Comd.

14-2-19 Temperature normal
chest clear.

A. W. Jeffrey, Capt.

15/2/19 Chest clear

Capt Morrison

20-2-19 Lungs clear. Discharged to duty. W. Morrison Capt

21-2-19 Taken with pain in abdomen that is worse. Pain
general at first but now shows tenderness in right upper region.
nausea present

22-2-19 Temp normal pulse 80. Complaint of tenderness in right upper
region. W. B. C. 9600 Leucocytes 69% Lymphocytes 31%
Says he has had attacks like this frequently for
last 2 or 3 years. Refused operation

24-2-19 Tenderness much less

28-2-19 Tenderness all gone. may get up

4-3-19 Lungs clear. No tenderness over appendix.
Discharged to Duty. W. Morrison Capt

DEPARTMENT OF MILITIA AND DEFENCE

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names..... *Erwin Smith* 2. Surname..... *AGAR*

3. Rank..... *PTE* 4. Original Unit..... *1st C.E.* 5. Reg. No..... *259945*

6. Address, in full, to which future payments of gratuity are to be forwarded.....

P.O. Floral Saskatchewan

7. Date of enlistment in the C.E.F..... *3rd May 1918*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Not applicable*

9. Relationship of such dependent..... *"*

10. Address, in full, of such dependent..... *"*

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *"*

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served..... *from 3/5/18 to 17/7/18 in Canada from 18/7/18 to 5/8/19 in England*

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department..... *no*

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?..... *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistment and under what regimental numbers and units. *no.*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no.*
20. Have you been issued with a War Service Badge? If so what class? *no.*
21. Have you, during the present war, served in the Imperial Forces? *no.*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no.*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *no.*
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
(b) Reason for discharge.
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

Place of Residence:

Declared before me at:

This *5th* day of *August* 19*19*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

S. J. Sutherland
mjt

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 239945 Rank Spr Surname AGAR
 (Given name in full) Travis Smith
 Unit or Corps C. S. Birthplace Lynchburg

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5-10 ft. Colour of Eyes Brown
 Nutrition Good
 Pulse 88 regular
 Condition of arteries OK
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 25 ft. Left 25 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Influenza Jan. 1919. Recovery
M.A. and A.F.B. 103 not available

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Wiley (Overseas)

Date 6/8/17

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Auth Day 14-1-44 13-6-17.

[OVER]

Rank *RB.* Name *AGAR IRWIN S.M.YTH* Reg'l No. *259945*
 Unit *Sgt 85- CAN ENG* If in perm. Corps, }
 What Unit? }
 Married or Single *Single*
 Place and Date of Enlistment *Regina May 3/18* Place of Birth *Ont*
 Name and Address, Next-of-Kin *James Agar*
Unknown P.O. Ont RR #3 Canada M. Relationship *Father*

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16.

N/E. R. *12335*
 File # *AN. OR*
 Category

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.				
<i>9.9.18</i>	<i>208RB</i>	<i>T.O.S. from *Canada</i>	<i>SEAFORD</i>	<i>16 Aug 18</i>	<i>DO-94</i>
<i>25.1.19</i>	<i>2, CERB</i>	<i>S.O.S. to 1 CERB</i>	<i>Seaford</i>	<i>24-1-19</i>	<i>DO 20 + 168RB. 21/2519</i>
<i>18.3.19</i>	<i>148RB</i>	<i>So S to Father Supply Sales Rep for London</i>	<i>"</i>	<i>17-8-19</i>	<i>10064</i>
<i>21.3.19</i>	<i>Tot Sales Rep.</i>	<i>SoS.</i>	<i>London</i>	<i>19.3.19</i>	<i>Pa 0.12</i>
<i>31.7.19</i>	<i>"</i>	<i>SoS to CERD. ccc</i>	<i>"</i>	<i>31.7.19</i>	<i>DO. 35.</i>
<i>3.8.19</i>	<i>C.E.R.D.</i>	<i>T.O.S. from 149.</i>	<i>Witley</i>	<i>31.7.19</i>	<i>217</i>
<i>"</i>	<i>"</i>	<i>S.O.S. to R Winy</i>	<i>"</i>	<i>2.8.19</i>	<i>217</i>
<i>18.8.19</i>	<i>R Winy</i>	<i>SoS. to Canada</i>	<i>Witley</i>	<i>16.8.19</i>	<i>DO 111</i>

102-1-92

S.L. 16.8.19

259945 Agia T.S.

Report.
From whom
received.

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.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

REGIMENT

RANK

No.

Date of Examination in England

Date of Examination in France

DIRECTIONS TO
DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *1st Depot Bn. Sask. Regt. Co. 4*

Regimental No. *259945* Rank *Private* Name *Agar Irwin Smith*

C. E. F.

Enlisted (a) *May 3/18* Terms of Service (a) *2 Y.* Service reckons from (a) *May 3/18*

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) *Military Nil Farmer*

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				
11/6/18.	I.D.B.S.	Engineers & R.C. Troops.	Winnipeg.	11/6/18.	B.O. 162, P. 2. Para. 1434. <i>Go Heumann!</i> Officer i/c Records.
<i>Transf'd to</i> ENGINEER TRAINING DEPOT <i>19-7-18 #203</i>					
		Embarked	Canada	3-8-18	
		Disembarked	England	15-8-18	
9-9-18	2nd. CERD	T.O.S. of 2nd. C.E.R.B. on arrival from Canada	Seaford	15-8-18	Pt. II. No. 94.
9-9-18	do	On Command, Bourley	Seaford	16-8-18	Pt. II. No. 94.
21-9-18	do	Off Command, Bourley	Seaford	20-8-18	Pt. II. No. 105.
4-10-18					
<i>24-1-19</i>	<i>2nd CERD</i>	<i>O.S. 1st C.E.R.B.</i>	<i>Seaford</i>	<i>24-1-19</i>	<i>Pt. II Order 20</i>
			Lient. C.E. for T.O.S. Commanding 2nd Cavalry		

(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				
25-1-19	ICERB	LO from 2CERB	Seaford	24-1-19	Pt 2021
18-3-19	ICERB	S.O.S. to Tobacco and Supplies Sales Dept London	Seaford	17-3-19	Part II Ord 64
		Tobacco & Supplies Sales Dept.			Lieut. C.F. for Lieut. Colonel, C.F. Canadian Engineers Reserve Bn
21/3/19	Seaford.	S.O.S. from 1 st L. ERB. Seaford.	London.	19/3/19	Pt II Order 13
					Lt H Radcliffe Lieut
31/7/19	Sales Dept.	S.O.S. to C.E.R.D. C.C.C. Witley.	London	31/7/19	Part II Orders No. 35- d / 31/7/19
					Major, O.C., Tobacco & Supplies Sales Dept. Overseas Military Forces of Canada.
26 JUL 1919		TOS, WITLEY.		26 JUL 1919	
AUG 16 1919		COS, OMFC. TO CEF CANADA		AUG 16 1919	
	Embark S.S. BELGIC				
	Liverpool 16.8.19				
	Lieut. & Adj.				
	OFFICER in RECORDS				
	R. WING C.C.C.				

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

M. F. W. 54. (A. F. 1)

500M.—9-16

H. Q. 1772-39-9

Casualty Form—Active Service.

Unit, Regiment or Corps.....
 Regimental No. 259945 Rank pl Name Agar. J. S.
 C. E. F.
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 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				
AUG 16 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II D. C.	241
AUG 25 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. C.			241
<i>[Signature]</i> For D. C. No. 2 District Depot.					

(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.]

Reg. No.

I.S.
Unit
1.CERB.

259945.

14. C.G.H. Eastbourne.14-2-19.

Influ'za.

Risc.

6. 3. 19

A.M.D. 2 Dept.

Beh. of D. G. M. S. O. M. F. C. London

D.M.S. 1300. 50M-30-8-18.

Cas. List.

[illegible]

LIST No.	HOSPITAL	Rank	DATE OF ADMISSION	REMARKS
Number. 259	945			
Surname. A. G. A. R.				
Christian Names. William				
Unit. 1st				
Date of Service. 15.8.18				
Remarks.				
Latest Address. Y. P. O.				
	31 local			
Roll No. A				

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

1921
AUG 5
Sa 28802 22th

[illegible]

NAME

Agar I S
Pfc. Canby

REGT. No.

259945

RANK AND UNIT

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 447	14 Land Gen. Posthouse	14.2.19	Influenza
C 462	Dessich	6.3.19	"

649-A-8400

12-10-18
CARD NO. 124
FOLL 25-119
D.O. 24-7-19
T.O.S. May 3-1918
D.O. Part II No 123

SURNAME. Agar
CHRISTIAN NAMES Irwin Smyth
REGL. No. 259945
RANK Pte
UNIT ~~Sack. Regt. 1st Depo Bn.~~ Can. Eng. 2.10
FORMER CORPS nil

NEXT OF KIN.

NAMES IN FULL Agar James.
RELATIONSHIP TO SOLDIER Father.
ADDRESS R.R #2 Lucknow. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Dunsannon. Ont. DATE June 6th 1897.
PLACE OF ATTESTATION Regina. Sack. DATE May 3rd 1918
1/027-7-18 1331
23
R/6238-19398
Pte
L. L. 26989 M. & D. 8191.
M. F. W. 22. 100M. 8-17. H. Q. 1772-30-339.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

**A. & D.
CARD**

.....HOSPITAL.

AT.....

A. & D. No. 7810 PL. OF ACTION.....

RANK Spr REG. No. 259945 UNIT 1 C.E.R.B. SICK OR WOUNDED.....

NAME Agar J.S. AGE 21 RELIGION Pres.

PLACE IN HOSPITAL D

DIAGNOSIS Influenza

ADMITTED 13-2-10 A FROM.....

DISCHARGED 6/3/19 A TO 1 C.E.R.B.

TRANSFERRED.....

SERVICE AT HOME 9/12 IN FIELD.....

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

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

SHORT FORM
PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

O.G. 1
 S.G. 33
 D.A. I

1. No.	259945	
2. Rank.	Plt	
3. Name.	AGAR - Edwin Smith	
4. Unit.	B. E.	
5. Date of Discharge	AUG 25 1919	Place Toronto
6. Reason for Discharge	DEMOBILIZATION	
7. Authority.	No. 2 District Depot, Part II, D.O. No. 241	
8. Proposed Residence after Discharge	GPO Horat Sask.	
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.? Edwin S Agar Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... Signature..... (O. C. Discharging Unit.)	

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (O.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Discharge Certificate (D.O.S.).
11. Discharge Certificate Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 551).
13. Pay Book (A.F.B. 122).
14. War Service Gratuity Form (M.F.W. 2595).
15. Bank Documents.

Group B
 Checked by No. 10
 Date 15/8/19

M.F.B. 218a

(1184) Wt. /P53 5/19 25m (2) D.St.

Enld Belye
 16-8-19

"BEIGIC" 23.8.19

PSAL "T"

AUDITOR PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No.

259945

RANK

Pte

NAME (IN FULL)

A G A R,

I.S.

A 2507

25

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.P.

Lao

IF IN P.F.
WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

ADDRESS

PLACE OF
ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF
ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY \$

DATE EFFECTIVE

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

PAYABLE TO

RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE

REASON

AUTHORITY

IF ENTITLED TO
POST
DISCHARGE
PAY

Toronto

25.8.19

Demob

D.O.241

MONTH

PAY AND F.A.

OTHER
CREDITS

TOTAL
CREDITS

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED
PAY

REGI-
MENTAL
CHARGES

OTHER
CHARGES

TOTAL
DEBITS

BALANCE

AMOUNT DUE
SOLDIER DEPENDENT

BALANCE
FROM
PREVIOUS
ACCOUNT

31/8/19

✓

1.10

35 00

70 00

89 95

89 95

105 00

177 61

4 84

5 00

185 08

✓

✓

✓

✓

194 95

✓

89 95

✓

Cr. L. P. G

61 also not in L

Boat train Boat chq

✓

194 95

✓

194 95

✓

W.S.G.

W.S.G.

125 dep

✓

280 -

✓

280 -

✓

AR 144

Sept 22

1353679

✓

63 40

✓

140 -

140 00

✓

210 -

70 -

✓

280 -

✓

W.S.G.

Paid by #2 D.O.

✓

280 -

✓

280 -

✓

280 -

✓

280 -

✓

280 -

✓

280 -

✓

W.S.G. PAID IN FULL

FOR PAYMASTER WAR SERVICE GRATUITY

ASSIGNED PAY.		ENGLAND OR CANADA.		SEPARATION ALLOWANCE.		ENGLAND OR CANADA.		NAME: AGAR, Edwin Smith															
EFFECTIVE DATE:-				EFFECTIVE DATE:-				NUMBER:- 259945															
AMOUNT:-				AMOUNT:-				PARTICULARS OF RANK OR APPOINTMENT															
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.								AUTHORITY		DATE EFFECTIVE		RANK OR APPOINTMENT											
								L P L				Spr,											
								UNIT AND TRANSFERS															
								ORIGINAL UNIT:- 85 Left b. C.															
								DATE ACCOUNT FIRST OPENED 1-8-18															
								AUTHORITY		DATE EFFECTIVE		DATE LEDGER SHEET T'S'D		UNIT TRANSFERRED TO									
								N.R. d/-4-7		16/4/19		Tro. Sales (220)											
								DO 12		19/3/19		Doss ✓											
								DO 35		1.8.19		Doss											
								EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK															
								DATE OF PAYMENT		NUMBER OF A.R.		UNIT PAID BY		AMOUNT		DATE OF PAYMENT		NUMBER OF A.R.		UNIT PAID BY		AMOUNT	
8/8/19		10874		X Wing		4867																	
								DAILY RATES OF PAY AND ALLOWANCES															
								AUTHORITY		PAY		F.A.		P.F.A.		SUBS'CE ALL'CE							
								L P L		1 - - 10													
								DO 12 Eff. 19 ³ /19 Subs.		1 - - 10		1.50											
								DO 35		1 - - 10													
PARTICULARS OF RENDERING NON-EFFECTIVE:- 31.8.19 Disch to Canada N.R. 12371, Brawn to Windsor																							
MONTH		PARTICULARS		CR. 1		CR. 2		PARTICULARS		DR. 1		DR. 2		DR. 3		DR. 4		BALANCE		DEFERRED		SEPARATION	
1918																		9290					
July 31		Bal. Can																3290					
Aug		Spec. Pay		34/10				N.R.H. Bowley Camp. 20/8/18		487										15			
Sept				34/10				" " " 3/9/18		487								6218		30			
				34				D.M. 351 85 ^a Dft. 6/8/18		5-								8526					
Oct.				34/10				2096 2 ^d CERB. 2/10/18		1460													
				34/10				2530 " 30/10/18		975								9503		45			
NOV				34/10				2755 " 18/11/18		973													
				34				2962 " 28/11/18		4867													
								Don P. 793 Dragoon Wm. 6/11/18		117										60			
Dec.				34/10				3151 2 ^d CERB. 17/12/18		2433								11233		75			
JAN				34/10																90			
				10120						8390													
FEB				3080				3481 2 ^d CERB. 14/1/19		487													
								3653 - 25/1/19		973													
								3712 - 13/2/19		487										105			
MAR				34/10				4686 - 14/3/19		973													
								5126 London 18/3/19		2920								11883					
				6490						5840													
		Subs. 19 ³ /19-31 ³ /19: 10@1.50		1500														13383					
Apr.		Pet.		78														21183					
		4c 3dy subs.		450														21633					
								Cor. 60742 9/4/19		2920								18713					
								Cor. 65805 25/4/19		2920								15793					
May		RA.		8060				274 Cor. 55668 26 ³ /19															