C.E.F. REGIMENTAL DOCUMENTS

NAME BOWMAN JOHN HENRY REGT. No. 3130929 UNIT 1 D BN H. Q. FILE No. 33297

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)					DIED 23-4-18
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 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)					
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)					
CARDS					
PAY-SHEETS					

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

ORIGINAL

D

M. D. ..... Depot Battalion 1st Depot Battn., W. O. R. Regiment

Regtl. No. 3130929.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: BOWMAN
2. Christian name: John Henry
3. Present address: Damascus, Ont.
4. Military Service Act letter and number: 713819 AC
5. Date of birth: July 5th, 1892 (26)
6. Place of birth (town, township or county and country): Baltimore, Dufferin Co., Ont.
7. Married, widower or single: Single
8. Religion: Methodist
9. Trade or calling: Farmer
10. Name of next-of-kin: John Henry Bowman
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Damascus, Ont.
13. Whether at present a member of the Active Militia: Non
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—

(a) Place: Harriston, Ont. (b) Date: Nov. 27, 1917 (c) Category: A 2

DECLARATION OF RECRUIT

I, John Henry Bowman, do solemnly declare that the above particulars refer to me, and are true.

Jan. 5, 1918. John Henry Bowman (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 25 yrs. 5 mths.

Height: 5 ft. 3 ¾ ins.

Chest measurement: fully expanded 36 ins.; range of expansion 33 ins.

Complexion: Fair

Eyes: Blue

Hair: Brown

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

Right Eye D $\frac{20}{20}$ Left Eye D $\frac{20}{20}$

Hearing R Normal L Normal

H. McLaughlin Lieut. Colonel

O. C. 1st Depot Battalion, W. O. R. Depot Btln.

Regt.

Place: London Ont. Date: JAN 5 - 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

To be made out in duplicate. H.Q. 54-21-23-53

Original

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.

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(1) Name of Overseas Unit which Soldier joins ..... 1st Depot Battalion, W. O. R.

(2) Regimental Number 3130429

(3) Full Name of Soldier ..... Bowman John Henry

(4) Place of Birth ..... Ballinaru Ont

(5) Are you married, or not ? ..... No

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

(b) Present Postal Address ..... /

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

(8) Have you any children ? ..... ✓

If so, give number of boys and girls ..... ✓

Also their names and ages ..... /

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? John Henry Bowman

If so, state name and address Damascus Ont

(10) Is your Mother alive? Yes

If so, state name and address Harriet Bowman

Same

(11) If your Mother is a widow No

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.

✓ No

(15) Are you insured? No

If so, in what Company? ✓

Have you made arrangements for payment of your Insurance premium ✓

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

H. Mulholland Lieut. Colonel
Officer Commanding.
1st Depot Battalion, W. O. R.

Date 5-1-18

ROYAL VICTORIA HOSPITAL,
MONTREAL.

CASE HISTORY SHEET

No. D.3130929 Rank/ Private. Name John Henry Bowman. Age 25

Unit. 1st Depot Battn. W.O.Regt. Service ?

ADMITTED 12th April 1918 DISCHARGED 13th April.1918

DIAGNOSIS. Measles. Place of origin. St John. P.Q.

CONDITION ON ADMISSION AND PROGRESS OF CASE :-

Admitted from St Johns Militay Hospital 10 P.M. April 12th 1918 with a Diagnosis of Pneumonia. M.F.B. 313a from that institution reports as follows. :-

"was last well tendays ago when he developed a cold. Reported s sick tuesday last April 9th 1918 and was brought to Hospital as a suspected Measles case. On Friday April 11th 1918. He has developed no further symptoms. Has no signs in lungs beyond those of a Bronchitis".

R.V.H. Developed Measles on thr Morning of the 13th April 1918 and transferred to Alexandra Hospital.

Family History Negative

Treatment. Not Treated.

Condition on Dischargefrom Hospital. Same as on admission

Transferred to Alexandra Hospital/

Date. APR 13 1918

Bluman Lieut Colonel
Capt.
M.O. i/c of Troops Royal Victoria Hospital

104494

4D. .....

MEDICAL CASE HISTORY SHEET.

No. 3130929. Rank Pte Name Bowman J. Thos Age .....

Unit 2nd Can Dep Bat Completed years of service | Where and how long .....

Date of admission April 1918. Date of discharge Died April 21/18

Diagnosis Measles Place of origin R.V.H.

Condition on Admission and Progress of Case.

Had Been in Royal Victoria Hospital as case of Bronchio pneumonia and transferred to Alexandra on development of a typical measles rash which is present all over body and face.
Patient on admission has temp of 104. with marked Coryza and some cyanosis

Family History
(Tuberculosis, mental or nervous diseases)

negative

Treatment
(Especially any specific or special form)

Routine Hospital treatment. April 18th developed acute Laryngitis gangrenous Apr 20th Oedema Glottis for which tracheotomy was done by Dr Ballon

Condition on Discharge
(And disposal of Case)

Died in a.m. April 21.
Autopsy showed general septicaemia with double acute haemorrhagic otitis media and acute oedema of glottis

Date. April 21/18
M.F.B.313a.

D. Saunders Bell Capt
Medical Officer i/c Case.

FORM OF WILL

I, John Henry Bowman (Name in full)

Regimental Number 3130929 serving in 1st. Depot Battn. W.O.R.

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

I ~~devise~~ bequeath all my real estate unto my mother

Mrs. Harriet Bowman
Damascus Ont.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to my mother

Mrs. Harriet Bowman
Damascus Ont.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this fifth day of January A.D. 1918

John Henry Bowman Signature of Soldier.

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

I hereby certify that this document is a true copy of an original document now in possession of this office.
for Director Inheritance & Estates
20/5/18

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness E.A.Hocking

Address of Witness 1st. Depot Battn., W.O.R.

Occupation of Witness Soldier

Signature of Second Witness Geo.W.(Ineligible)

Address of Witness 1st. Depot Battn. W.O.R.

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

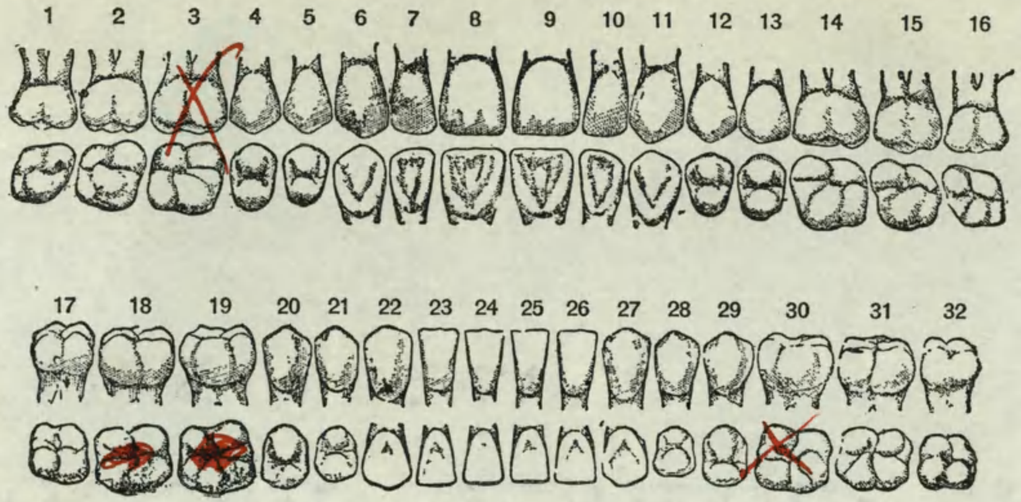
DISTRICT /

NAME OF SOLDIER Bowman G.B.

RANK Sgt.

No. 3/309939

REGIMENT G.O.R. & Cy



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.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 Jan 5	2/1819									2/3.30									Exam. by R.S.M. Mellair		Ex. Cav. Complete

M.F.B. 465
200M-1-17
1772-39 950

M.S.A. 15.

Con-97-A

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. 713819 A.C.

402 Tribunal Arthur Dec 4th 1917

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 BOWMAN Christian name JOHN HENRY

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 713819 A.C.

3. Consecutive number on schedule of men reporting for service (if he appears on it) 97 Arthur #

4. Address (including street and number, if any) Damascus Wellington, Co. Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27 day of November 1917, by the undersigned medical board sitting at Harriston, Ont.

5. Age as stated 25 Years 4 Months. 6. Apparent age 25 Years 4 Months

7. Height 5 Feet 3 1/4 Inches. 8. Weight 131 Pounds.

9. Chest measurement { Minimum ~~33~~ 31 1/2 Ins. Maximum ~~36~~ 34 1/2 Ins. 10. Complexion Fair { Eyes Blue Hair Brown

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

13. Number of vaccination marks { Right arm 0 Left arm 0 14. When vaccinated last never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease (Terminal Phalanx of middle finger H Hand Ankylosed)

16. Slight defects but not sufficient to cause rejection Left Inguinal scar

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 [A] V. O.D. 20/20 O.S. 20/20 Hearing normal in both ears.

H A Kingsmill Major President.

S H R Hay Capt Member. F. H. Nelson Lieut Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
16-1-18		J E Munro Capt M.O.	6-1-18	J E Munro Capt Canadian	M.O.
		M.O.	11-1-18		M.O.
		M.O.	16-1-18		M.O.

Joined ..... day of JAN 5 1918 191 ..... at LONDON, ONT.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Battn., W. O. R.	3130929		JAN 5 1918
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
London, Ont.	13-1-18	On Attestation	considered "A"
L. H. Douglas Capt Maj. A. M. C. Pres.		Geo Jenkins Capt. A. M. C.	D. McFaulane Capt. A. M. C.
London Ont.	9-3-18	Category D-111 Bronchitis	E E Chapman Lt Col Pres.

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.

Surname Bowman Christian Name John Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battn., W. O. R.

Regimental No. 3130929 Rank Pte Name Bowman John Henry.

Enlisted (a) ✓ Terms of Service (a) C. E. F. ✓ Service reckons from (a) 5-1-18

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) 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				
21-4-18.		Deceased. Authy D.O. 113. Para N. d/23-4-18. Last entry made.			

M. A. 23-12-20

D. Scott Lentz Capt. Adjt.
for O.C. 1st Depot Battalion, W. O. 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, 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				

nil
Bonds.

Register No. O. B1444

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 01946-J-11.

Regt'l No. 3130929. Name John Henry Bowman.
(Christian Name) (Surname)

Unit. 1 Depot. Bn. Rank ..... Date of enlistment .....

Date of casualty W.O.R. 21-3-18. B.P.C. File No. 125318

Was service performed overseas ? No.

DEPENDENT

Name Mr. John Henry Bowman, Relationship Father

Address Damascus,
Ontario.

Bonds

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473

Amount of Special Pension Bonus $ Nil. Abstracted by M. Ross.

Eligible for Gratuity ..... $.....

Less amount of Special Pension Bonus paid ..... $.....

Less Debit Balance of S. A. or A.P. ..... $.....

Total deductions $.....

Balance due $.....

Cheque No. ..... Date issued .....

Clerk R. J. Sherrin.

REMARKS : Naturalized

Audited by

Date .....

Noted 18/8/20
JG

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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		

Remarks:

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

BOWMAN, Pte. John H. 3130939 1st Depot Bn. W.O. Regt.

MM.&.D.	mother	Mrs. H.E. Bowman, Damascus, Ont.
P. & S.	father	John H. Bowman, Esq., Damascus, Ont.
Memorial X	Mother	as above.

died 21-4-18 during service. O.K for M.X.

58614

Canada only

No. Rank Name

652756 25/4/22

T. O. S. Unit

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

649-B- 26082

BOWMAN, Pte. J. H. # 3130989 - 1st D Bn W.O.R.

Med & D (Mother) Mrs. H. E. Bowman,
Damascus,
Ontario.

P & S (Father) John Henry Bowman, Esq.,
(Ser # 806565) Damascus, Ontario.

MAY 4 1921
Scroll Desp. _____ Reqn. No. 42137

Mem Cross (Mother) Mrs. H. E. Bowman,
Damascus,
Ontario.

Plague Desp. _____ Reqn. No. P 18361

Nothing for 1914-15 star
" " " V.M.
" " " B.W.M.

JUN 20 1921

10494.

REG. NO. 3130929. NAME (SURNAME FIRST) Bowman, John Henry.

RANK Pte. CORPS 1st Depot Batt. C.E.F.

AGE 25. SERVICE ?

NAME OF HOSPITAL Royal Victoria PLACE Montreal

DATE OF ADMISSION 12. 4. 18.

DISEASE Measles.

DISCHARGE 13. 4. 18.

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO Alexandra Hospital.

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS .....

N.S.A.

SURNAME. Bowman

CHRISTIAN NAMES John Henry

REGL. No. 3130929 RANK Pte.

UNIT West Ont Regt. 1st Depot Bn.

FORMER CORPS Nil.

D CARD No. 4

SOS 21-4-18
auth Pte 113 of 28-4-18
1st Dep Bn. W.O.R.

NEXT OF KIN.

NAMES IN FULL Bowman John Henry

RELATIONSHIP TO SOLDIER Father

ADDRESS Damascus, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Baltimore, Ont. DATE July 5th 1892

PLACE OF ATTESTATION London, Ont. DATE Jan. 15th 1918

L. L. 26989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

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

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

This space to be for numbers.

MILITIA & DEFENCE
JUN 20 1918
H.Q. ..... CANADA

Proceedings on Discharge.

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

No. 3130929

Rank Private

Name John Henry Bowman
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 1st Depot Battn. C.E.F.

Date of Discharge 21st April, 1918.

Place of Discharge London, Ontario

Military District No. 1
JUN 11 1918
L. D 30-B-8.10.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 25 years 9 months.
Height 5 feet 3¾ inches.
Complexion Fair
Eyes Blue
Hair Brown
Trade Farmer
Intended place of residence (To be given as fully as practicable.)

Descriptive Marks

None

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

Deceased
Authy D.O. 113 Para 11 d/23-4-18.

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 clerical entries on the character certificate and initial them.

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

Good

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.)

Farmer

K C D
4/7/20
8

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

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) London, Ontario

(Date) 21st April, 1918

Commanding D. Scott Kerr for Capt. Adjt. for O.C. 1st Depot Battalion, W. O. R.

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).....(*Signature of Soldier.*)

(Date).....(*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....days.

11. **Confirmation of Discharge.**

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

(Place) London, Ontario

(Date) 29th April, 1918.

(Signature) D. Scott Kerr for Capt. Adjt. for O.C. 1st Depot Battalion, W. O. R.

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.)

(OVER)