

ATTESTATION PAPER.
~~No. 2 CONSTRUCTION, B'n. C.E.F.~~
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
 (ANSWERS.)

1. What is your surname?..... **Young**
- 1a. What are your Christian names?..... **Nathaniel**
- 1b. What is your present address?..... **Detroit, Michigan, U S A**
2. In what Town, Township or Parish, and in what Country were you born?..... **Cairo, Illinois, U S A**
3. What is the name of your next-of-kin?..... **Mrs. Lucy Thomas**
4. What is the address of your next-of-kin?..... **1120 Bond Ave., East St. Louis, Ill, USA**
- 4a. What is the relationship of your next-of-kin?..... **Sister**
5. What is the date of your birth?..... **October 19th, 1890**
6. What is your Trade or Calling?..... **Laborer**
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 }
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } **Yes**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Nathaniel Young**, 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.

Nathaniel Young (Signature of Recruit)
 Date **January 5th** 191 *Curry* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Nathaniel Young**, 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.

Nathaniel Young (Signature of Recruit)
 Date **January 5th** 191 *Curry* (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 **Windsor, Ont** this **5th** day of **January** 191 **7**
Jamoly Chym (Signature of Justice)

Description of Nathaniel Young on Enlistment.

Apparent Age.....**26**.....years.....**3**.....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.....**6** ft. **1** ins.

Both eyes 20/20

Chest measurement { Girth when fully expanded.....**35** ins.
 Range of expansion.....**37** ins.

Complexion.....**Colored**

Eyes.....**Brown**

Hair.....**Black**

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist ~~or Congregationalist~~ **Yes**.....
 Roman Catholic.....
 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.....**January 5th**.....191 **7**

Place.....**Windsor, Ont.**

[Handwritten Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

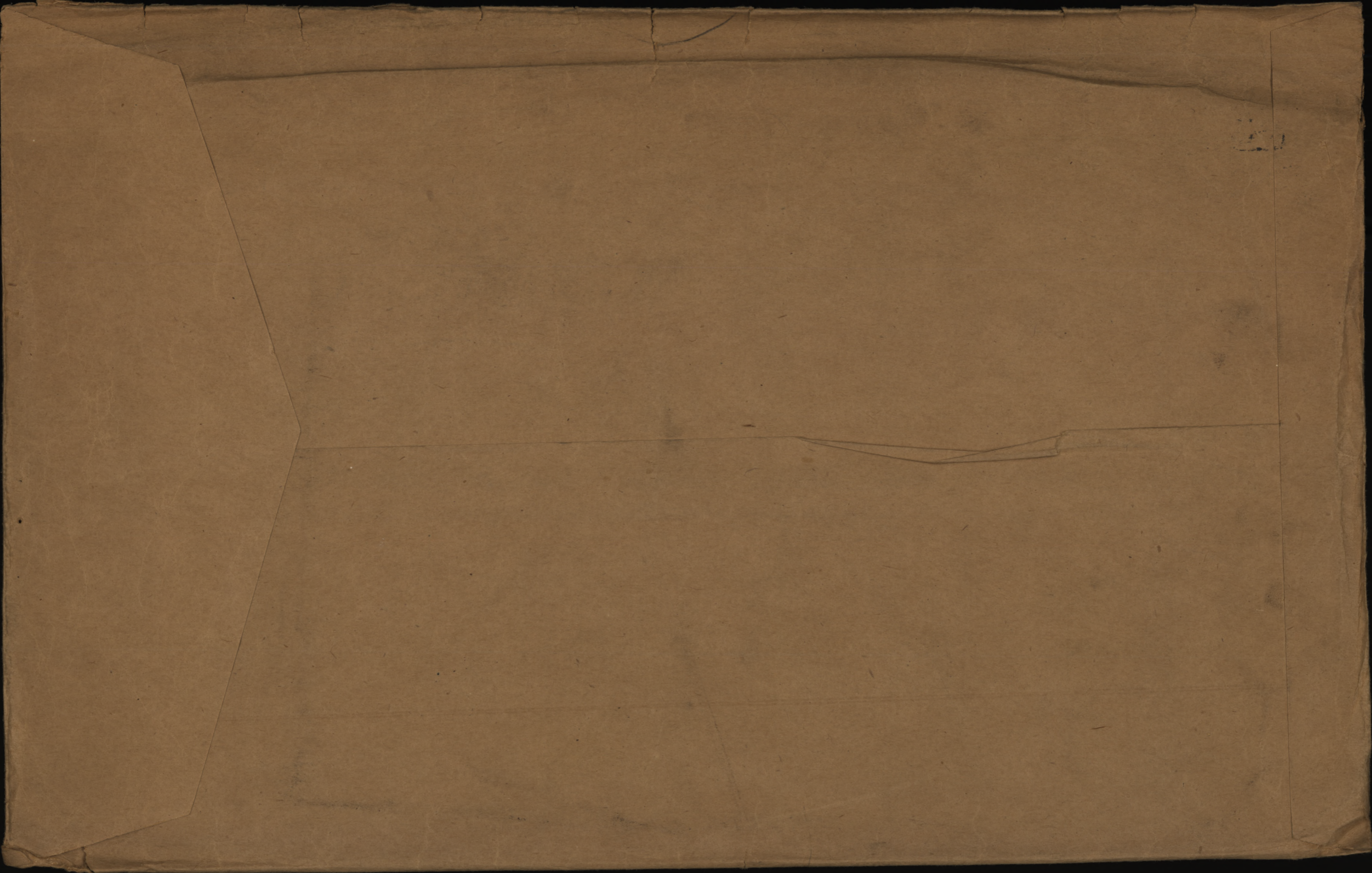
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....*Nathaniel Young*.....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.

[Handwritten Signature].....**Lieut. Col.**.....(Signature of Officer)
No. 2 Construction Batt'n. C. E. F.

Date.....**January 5**.....191 **7**



No. 931705 RANK

Pte.

NAME Young, Nathaniel.

T. O. S. 5-1-17

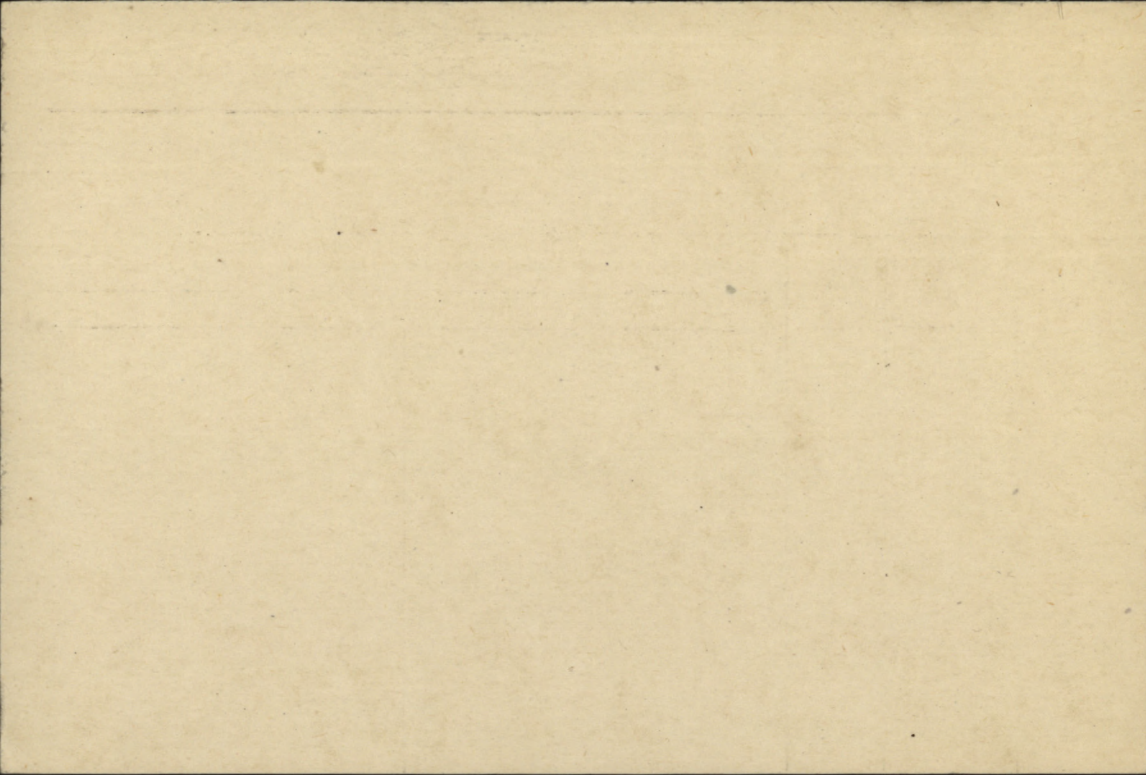
UNIT

No 2. Construction Battalion.

D.O. 11 12 - 1-17

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 Jan 5	1917 Jan 31	✓		
	Feb.	✓		
	Mar.	in.		



P
Number.. 931705 Rank.. *a/L/cpl.* *V*

Surname.. *YOUNG*

Christian Name.. *Nathaniel*

~~Unit.~~ *C.O.R.C.* Theatre of War.. *France*

Date of Service.. *17-5-17*

~~Remarks~~.. *144A St. Antoine St.*

~~Latest Address~~.. *511 North 10th St.*

~~St. Louis, Missouri, U.S.A.~~

Roll No. *B. Page 2844* ~~Montreal P.Q.~~

DESP.

T. REGN. N.

7/10/23

36057

SURNAME.

Young

I CARD NO. X

CHRISTIAN NAMES

Nathaniel

S.O.S. Serial 32-14. I
No. 32 FOLL 2/1/19
PP. 47

REGL. No.

931705

RANK

Pto

UNIT

No 2. Construction

Br.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Thomas, Mrs. Lucy

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

*1120 Bond Ave, East St. Louis,
Ill., U.S.A.*

COUNTRY OF BIRTH

U.S.A Cairo, Ill.,

DATE

Oct. 19th 1890

PLACE OF ATTESTATION

Windsor, Ont

DATE

Jan 5th 1917

*R/C. 17/1/19. 234 I
30.*

From Halifax per S.S. "Southland" 28/3/17.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

26

YEARS

3

MONTHS

HEIGHT

6

FEET

1

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

2

INCHES

COMPLEXION

Colored

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Jan 5th 1917.

Present Address, Detroit, Mich., U.S.A.

*Name..... **YOUNG Nathaniel** Rank..... Pte. Regtl. No. **931705**
 Fyle Depot..... **IDD 10-Y-30**
 Original unit..... Present unit..... **2nd Cons.Bn.** M. or S. Age **28** Religion **Bapt** Ref. H.Q.
 Port, ship and date of arrival..... **Halifax Olympic 17-1-19**
 Next of kin..... **Mrs. Lucy Thomas, (Sister), 1120 Bond Ave., East, St. Louis, Ill.**
 Address on leave.....
 Address on discharge..... **511 North 10th, St., St. Louis, Missouri, USA.**
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation..... **Labourer** Date and place of enlistment..... **Jan. 5, 1917, Windsor, Ont.**
 Diagnosis..... Date of Medical Boards.....

T.O.S. Date.	Remarks.	Pt. 2 Order No.
10-1-19	No. 1 D.D.	
20-1-19	Posted to Cas. Coy. and granted furlough with sub. allowance to 7-2-19	29

*—Name will be given in full ; surname first.

Date.

Remarks

Pt. 2 Order No.

3-2-19

Discharged from H. M. S. On Demobilization. (P.D.P.)

32

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
War Service Records

Ottawa Ont.

To ● Copy for H.O. file

Date Feb 11/64

Attention of

NAME YOUNG, Nathaniel

FEB 12 1964
Referred to: 7A
Charge: SERVICE 931705 GEF
NUMBER

C.P.C. No.

W.V.A. No. 28618

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. DVA. Feb 7, 1964 Hamilton, Ontario. Tele Memo.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death February 4, 1964.
Cause of Death
Place of Death Clarion Nursing Home, Hamilton Ontario.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~DOX~~
H.O.

Destroy form if advice of death already received.

C.C. Richards
for
Chief, Central Registry

Form 10-108

10-108 (Rev. 1-1-64)

10-108 (Rev. 1-1-64)



NAME: _____ TITLE: _____

ADDRESS: _____

PHONE: _____

CITY: _____

STATE: _____

ZIP: _____

10-108

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. 931705.....RankPte.....Surname ..Young.....
(Given name in full)

.....Nathaniel.....

Unit or Corps1. D. D.....BirthplaceCairo, Ill, U.S.A.....

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

1. GENERAL DESCRIPTION:

Physique ..Good.....Weight...155 lbs. Height..5.ft11 $\frac{1}{4}$.in. Colour of Eyes..Brown

NutritionGood.....

Pulse76.....

Condition of arteries...Good.....

Vision Rt 20x20.....Left 20x20.....

Hearing (conversational voice) Rt. 21...ft.

Left. 21...ft.

<p>Identification marks, scars, or deformities. (Give cause and date of origin.) 1 vaccination left arm. Scar middle of back. Scar over space between eyes. Stellate scar over left eye. Scar over left cheek.</p>
--

Opinion as to general health and physical condition.....Good, Category A2.....

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...NoAny 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.

No service disability.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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 SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date ...30-1-19..... Signed *C.M. Stafford Capt*

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 *Nathaniel Young*

(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.)

[OVER]

ORIGINAL
MEDICAL HISTORY SHEET

931705

Surname Young Christian Name Nathaniel

Examined { on 5th day of Jan 191 7
at Windsor, Ont

Approved by Dau Murray

Birthplace { City or Town Cairo, Ill
County USA

Rank Capt M.O.

Apparent age 26 yrs 3 mos

Trade or occupation Laborer

Height 6 feet 1 Inches

Weight _____ lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 37 inches

Physical development none fit

Small-pox Marks none

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

Tendency to flak feet
Both eyes 20/20

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>27/3/17</u>	<u>L.S.M.</u>	<u>Dau Murray</u>
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>28/4/17</u>	<u>L.S.M.</u>	<u>S.S. Shepley</u>
<u>22/3/17</u>	<u>L.S.M.</u>	<u>Dau Murray</u>
<u>5/6/17</u>	<u>L.S.M.</u>	<u>Dau Murray</u>
		M.O.
		M.O.
		M.O.

Enlisted on 5th day of January 191 7 at Windsor, Ont

CORPS	REG'L NUMBER	HABITS	DATE
<u>#2 Construction</u>	<u>931705</u>		<u>5/1/17</u>
<u>Batt'n, 6 E 7</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>5/1/17</u>		<u>Fit</u>
<u>El Buckle</u>		<u>on enlistment</u>	<u>D. Stewart</u>
		<u>Major, A.M.C.</u>	<u>Capt. A.M.C.</u>

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.

COPY ONLY
CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. **931705** (Rank) **PRIVATE**

Name (in full) **YOUNG, Nathaniel** enlisted in
the **2nd CONSTRUCTION BATTALION, C.O.M.F.**

CANADIAN EXPEDITIONARY FORCE at **WINDSOR, ONT.** on the **FIFTH**
day of **JANUARY,** 19**17.**

HE served in **FRANCE (with 2nd CONSTRUCTION BATTALION)**
and is now discharged from the service by reason of **ON DEMOBILIZATION**

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

Age **28**
Height **5 - 11½**
Complexion **COLORED**
Eyes **BROWN**
Hair **BLACK**

Marks or Scars
1 VACCINATION LEFT ARM
SCAR MIDDLE OF BACK
*** OVER SPACE BETWEEN EYES**
STELLATE SCAR OVER LEFT EYE
SCAR OVER LEFT CHEEK

Signature of Soldier

Issuing Officer

Rank

Date of Discharge **No. 1 District Depot**

Appointment

Signed at **LONDON, ONT.** this **THIRD** day of **FEBRUARY** 19**19**
in Military District No. **ONE**
File Reference No. **IDD-10-Y-30**

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. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
Particulars called for on
the back of this cer-
tificate will not be com-
pleted

LAST PAY CERTIFICATE

1 Pm 1040-25

Regt. No. 931705 Rank nte Name YOUNG Nathaniel
 Corps 2 Const Bn was Discharged
 on 3-2-19 to

The following is a statement of the account of the above named
 from 1-2-19 to 3-2-19

from mon. of		from mon. of <u>Jan</u>	<u>300 01</u>
Bal Dr from L.P.C.		Bal. Cr. from L.P.C.	
ASSIGNED PAY:		Regt. Pay <u>3</u> dys. @ <u>100</u>	<u>300</u>
		F'ld. All. <u>3</u> dys. @ <u>10</u>	<u>30</u>
SEPARATION ALLOWANCE:		SEPARATION ALLOWANCE:	
OTHER CHARGES:		OTHER CREDITS:	
		Clothing Allowance —	<u>35 00</u>
PAYMENTS:	<u>✓ 338 31</u>	Subsistence,	
<u>20147</u>		Bal. Dr. (to be deducted)	
Bal. Credit (to be pd.)		(from soldier \$)	
		(from Dependent \$)	
<u>Overseas P.P.P.</u>	<u>338 31</u>		<u>338 31</u>

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month	at \$ per month	Subscribed \$
has been <u>Nil</u> to	has been <u>Nil</u> to	Pd. by other <u>Nil</u>
		Units \$
		Pd. by this
		Unit \$

Dependent or Beneficiary: nil
 Address:

REMARKS:
Do 32 Discharge 3-2-19 Remob.
 Date of Enlistment 5-1-17
 If married and if Separation Allowance card submitted No/No

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

Date:
 London, Ontario.
J. D. Patterson Captain.
 Paymaster No. 1 District Depot.

FEDERAL BUREAU OF INVESTIGATION

Form No. 1
 (Rev. 1-25-60)
 This report was prepared by the field office of the FBI at [City, State] on [Date].

Date	Description of Activity	Reference
10/15/60	Investigation of [Activity]	[Reference]
10/20/60	[Activity]	[Reference]
10/25/60	[Activity]	[Reference]
11/01/60	[Activity]	[Reference]
11/05/60	[Activity]	[Reference]
11/10/60	[Activity]	[Reference]
11/15/60	[Activity]	[Reference]
11/20/60	[Activity]	[Reference]
11/25/60	[Activity]	[Reference]
12/01/60	[Activity]	[Reference]
12/05/60	[Activity]	[Reference]
12/10/60	[Activity]	[Reference]
12/15/60	[Activity]	[Reference]
12/20/60	[Activity]	[Reference]
12/25/60	[Activity]	[Reference]
12/30/60	[Activity]	[Reference]

Special Agent in Charge

[Signature]

JM Rank **YOUNG, Nathaniel.** Name Reg'l No. **931705**
 Unit **No. 2. Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Windsor Ont. 5th Jan 1917.** Place of Birth **Chicago, Illinois,**
U.S.A.
 Name and Address, Next-of-Kin **Mrs Lucy Thomas.**
1120 Bond Ave., East St, Louis, Ill., U.S.A. Relationship **Sister.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

N/E. R. B. No. 6204
 File R. L.
 Category **OR CAN**

Discharge, Date and Place

Reason

Character

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

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.				
		Arrived in England per S.S. Louthland		7.4.17	
14.6.17	2nd Const	Annined in France	Field	17.5.17	PT2DO 115
20.10.17	..	App'd @/Res Conf without Pay	Fr. Tonnawa	16.6.17	PT2. 135
8.12.17	..	Reverts to perm grade	Field	19.6.17	PT2. 144
16.12.18	NSRD.	TOS from 2nd CEC.	plh Bshott	14.12.18	NO 305-271 @/19.12.18 2' CEC.
27.12.18	NSR.D	O/C to C.D.D Rhyl		27.12.18	- 313
19 JAN. 1919	NSRD	SOS to CEF in CANADA	Bshott		9 JAN. 1919 PT2DO 16

RECORDED
 31 MAY 1917

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 #2 Construction Battalion, C. E. F.

Regimental No. 931705 Rank Private Name Nathaniel Young
C. E. F.

Enlisted (a) 5/1/17 Terms of Service (a) Duration of War Service reckons from (a) 5/1/17
and see this off

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) Laborer

CERTIFIED CORRECT.
6 JUN 1917
CAN. RECORDS, LONDON.

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>Embarked Canada Halifax N.S.</i>		<i>25/3/17</i>	
		<i>Disembarked England Liverpool</i>		<i>19/4/17</i>	<i>✓ Pt 2 D.O. #</i>
	<i>e. No 2 matn Betha</i>	<i>Proceeded Overseas</i>	<i>Seafood</i>		<i>H. B. Macleagan Adjutant, No. 2 Construction Btl'n, C.E.F.</i>
		<i>Landed in France</i>		<i>17-5-17 N.R.</i>	
<i>21.5.17</i>	<i>OC</i>	<i>Forfeits 5 days pay for Making aw. y with Iron Rations</i>	<i>fld.</i>	<i>21.5.17</i>	<i>B 2069. Part 5 119. 28/7/17</i>
<i>16.5/17</i>	<i>OC</i>	<i>appointed Aft/Cpl without pay.</i>		<i>16.5/17</i>	<i>N/R D 17/5/17. File K 2/16/25295 P 273 No 135 dt 30/17.</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.

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				
6 1/2	O.P.	Adv. Rep. for (1) Disobedience of Orders (Marching out of Camp. 2) AWOL from 8 a.m. 2/6/17 and 3d 2 1/2 (1 day pay RW)		2/6/17	B2069 P/- 135 20/10/17
19 1/2	as	Advanced & forfeited 2 days pay RW for AWOL from Jettos 17 1/2 to 18 1/2		18 1/2	B2069 P/- 135 30/10/17
16-8-17	O.C.	3 Day L.P. for creating a disturbance in camp at about 9.45 p.m. " Gambling in camp	Field	15-8-17	B2069 P 144 dt 8/12/17
24-11-17	O.C. X	Reduced to permanent grade X		19-6-07	P295 1st 1st dt 8/12/17
5/1/18	O.C.	ad to 1 Dist C 2 Corps		30/12/17	B213
4-7-1918	O.C. 38 Coy	6 day 36 hrs 2. 2. 7. 18 In. AWOL from Remble Susan 1. 7. 18 to 12 noon 2. 7. 1918 2 defect: 2 days pay by RW.	Field	1-7-18	B213 P/10 417 July 1918
13-7-18	O.C. 38 Coy	In detention Hospital	"	8-7-18	B213
27-7-18	as	Repaired no 38 hrs 60c	"	22-7-18	B213
9-11-18	43686	Granted 14 days leave	uk	6/11/18	B213 P/10 417 July 1918
28-11-18.	O.C.	10 days L.P. w.o.a.s. neglecting to comply with an order.	Field	26/11/18.	B2069. P. 68.
30-11-18	43686	Granted 14 days leave Returns from leave	Field	23-11-18	B213

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- *YOUNG Nathaniel* E
 NUMBER:- *931705*

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.

NR 161 17/12
2nd C.C.O.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pr.</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *2 Construction Bn*
 DATE ACCOUNT FIRST OPENED:- *1 APR 1917*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO

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
<i>25/11/18</i>		<i>10 day P.P.2</i>	11				
<i>18/12</i>	<i>3596</i>	<i>BRDG £2</i>	9/15				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		
				<i>9</i>
				<i>Ledger Bal 337 98</i>

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Dis Can 31/12/18 Auth NR 161 d/17/12/18 2nd C.C.O. SPC " 28425 1722*

1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal Forwd</i>								<i>317 24 180</i>		
<i>Apr</i>	<i>P. Pay</i>	<i>33</i>		<i>AR 134 6/4 CFC 1</i>	<i>3 57</i>						
				<i>AR 316 20/4 - "</i>	<i>3 57</i>				<i>343 10 195</i>		
		<i>33</i>			<i>7 14</i>						
<i>May</i>	<i>P. Pay</i>	<i>34 10</i>		<i>AR 511 7/5 CFC 1</i>	<i>2 68</i>						
				<i>AR 739 22/5 - "</i>	<i>4 46</i>				<i>370 06 210</i>		
		<i>34 10</i>			<i>7 14</i>						
<i>June</i>	<i>P. Pay</i>	<i>33</i>		<i>AR 926 7/6 CFC 1 France</i>	<i>3 57</i>					<i>225</i>	
				<i>AR 1122 22/6 CFC 1</i>	<i>3 57</i>				<i>395 92</i>		
		<i>33</i>			<i>7 14</i>						
<i>July</i>	<i>P. Pay</i>	<i>34 10</i>		<i>6 day FP 2. 2/7/18 auth 545 am 1/7/18</i>		<i>8 80</i>					
				<i>6 12 noon 2/7/18 2 day pay under R.W.</i>							
				<i>Bo 41. 2 Con. 15/7/18</i>							
		<i>34 10</i>		<i>AR 1521 22/7 CFC 1</i>	<i>3 57</i>				<i>417 65 236</i>		
					<i>3 57</i>	<i>8 80</i>					
<i>Aug</i>	<i>P. Pay</i>	<i>34 10</i>		<i>AR 1716 6/8 CFC 1</i>	<i>3 57</i>						
				<i>AR 1963 22/8 ✓</i>	<i>3 57</i>				<i>444 61 251</i>		
		<i>34 10</i>			<i>7 14</i>						
<i>Sep</i>	<i>P. P</i>	<i>33</i>		<i>AR 2216 6/9 CFC 1</i>	<i>3 57</i>						
				<i>AR 2257 23/9 ✓</i>	<i>3 57</i>				<i>470 47 266</i>		
		<i>33</i>			<i>7 14</i>						
<i>Oct</i>	<i>P. P</i>	<i>34 10</i>		<i>2697. 7.10 ✓</i>	<i>3 73</i>						
				<i>2949. 72.10 ✓</i>	<i>3 73</i>				<i>497 11</i>		
		<i>34 10</i>			<i>7 46</i>						

COMPILED BY *W. M. ...*
 CHECKED BY *M. M. ...*

Casualty Form - Active Service.

Regiment or Corps *No 2 Cde Conv Coy*
 Rank *Plt* Surname *Young* Christian Name *Nathaniel*
 Religion Age on Elistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
<i>11¹² 18</i>	<i>CAF.</i>	<i>Trans to England & sailed to N.S. Reg Depot Bramshott</i>		<i>14¹² 18</i>	<i>KR 344</i>
		<i>W. Hewitt</i>			
		<i>Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. F.</i>			
<i>17.12.18</i>	<i>W. S. D.</i>	<i>T.O.S. and att'd 2nd C. C. Dpt Quarters and Nations</i>	<i>Bramshott</i>	<i>14.12.18</i>	<i>DO 305 27¹² 18</i>
					<i>NSR 5 313</i>
	<i>NSRD</i>	<i>ON COMMAND TO CDD Kimmel Rgt</i>	<i>BRAMSHOTT</i>		PART II D.O.
		<i>Rhys</i>			<i>W. Hewitt</i> LIEUT.

(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) Signaller, Shoeing-Smith, &c.

DUPLICATE

931705

To be made out in duplicate.

H.Q. 51-21-20-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... *No. 2 CONSTRUCTION, B'n, C.E.F.*

(2) Regimental Number..... *931705*

(3) Full Name of Soldier..... *Nathaniel Young*

(4) Place of Birth..... *Illinois*

(5) Are you married, or not?..... *single*

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

(b) Present Postal Address..... *X*

(7) Are you a widower?..... *no*

(8) Have you any children?..... *X*

If so, give number of boys and girls..... *X*

Also their names and ages..... *X*

(9) Is your Father alive? *no*

If so, state name and address *✓*

(10) Is your Mother alive? *yes*

If so, state name and address *Mrs Rachael Young*

1120 Bond ave St Louis 9 Illinois U.S.A.

(11) If your Mother is a widow *yes*

Are you her sole support, or not? *no*

(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.

X

(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.

X

(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.

X

(15) Are you insured? *yes*

If so, in what Company? *Metropolitan Life*

Have you made arrangements for payment of your Insurance premium? *yes*

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



J. J. Stone
Capt

Lieut-Col.
No. 2 Construction Batt'n. C. E. F.

Officer Commanding.

Date.....

Proceedings on Discharge.

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

No. 931705	
Rank PRIVATE	
Surname..... YOUNG,	
Christian Name Nathaniel	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 2nd CONSTRUCTION BATTALION, C.O.M.F.	
Date of Discharge FEB 3 - 1919 <i>DO #32 of 1-2-19</i>	
Place of Discharge LONDON, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 28 years..... months.	Descriptive Marks
Height..... 5 feet..... 11½ inches.	1 VACCINATION LEFT ARM.
Complexion COLORED	SCAR MIDDLE OF BACK
Eyes BROWN	" OVER SPACE BETWEEN EYES
Hair BLACK	STELLATE SCAR OVER LEFT EYE
Trade Laborer	SCAR OVER LEFT CHEEK
Intended place of residence } 511 North 10th St.,	
(To be given as fully as practicable.) } St. Louis, Missouri,	
	U.S.A
2. The above-named man is discharged in consequence of	
ON DEMOBILIZATION	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

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

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) LONDON, ONT. *H. Young* (Signature of Soldier.)

(Date) FEB 3 - 1919 *J. Seddon* (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, ONT.

(Date) FEB 3 - 1919

(Signature) *J. H. H. H. H.*

O. C. Discharge Section, No. 1 D. D.

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.)

[Red scribble]

Young

<p>Militia Form B. 232 Attestation Paper</p>	<p>Militia Form B. 263 Reg. Conduct Sheet</p>
<p>(a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Militia Form B. 313 Med. Hist. Sheet Medical Report for Invalid* Statement of Man's Account on Transfer and Last Pay Certificate *Only Redispensed "Medically unfit"</p>

N.B.—In the case of a man discharged by purchase the date and number of Postal Receipt with amount of same is to be noted hereon.

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.

[Handwritten signature]

<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 Certificate, " 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>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.

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

10. **Statement of Service.**

Service toward Engagement to (the date to which the Service is to be continued)

11. **Confirmation of Discharge.**

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

(Place) _____
(Date) FEB 3 - 1919

10-20-25

M. OR S. *S.*

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

REGT. No. *931705*

RANK *Pt.*

NAME (IN FULL) *YOUNG Nathaniel*

AUDITOR *[Signature]*

PAYMASTER *[Signature]*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F.	IF IN P. F. WHAT UNIT?
ADDRESS					<i>260m Bn</i>	<i>226 St. Antoine St. Montreal</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO DATE
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO DATE
ADDRESS					ASSIGNED PAY, \$	DATE EFFECTIVE
					PAYABLE TO	RELATIONSHIP
					ADDRESS	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	107 PAY AND F. A. 10		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
Balance from previous account																							
<i>3/2/18</i>																							
<i>1/19 to 3/1/19</i>	<i>31</i>	<i>110</i>	<i>3410</i>		<i>800</i>	<i>25791</i>	<i>300</i>	<i>01</i>															
<i>1/19 to 3/1/19</i>	<i>3</i>	<i>110</i>	<i>330</i>	<i>35</i>	<i>300</i>	<i>01</i>	<i>338</i>	<i>31</i>															
<i>3/2/19</i>			<i>70</i>		<i>70</i>																		
WAR SERVICE GRATUITY																							
<i>3/3/19</i>			<i>280</i>		<i>280</i>																		
<i>3/4/19</i>			<i>210</i>		<i>210</i>																		
<i>3/5/19</i>			<i>140</i>		<i>140</i>																		
<i>3/6/19</i>			<i>70</i>		<i>70</i>																		
			<i>350</i>		<i>350</i>																		

