

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B'n. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Dixon*
- 1a. What are your Christian names?..... *Fred Charles*
- 1b. What is your present address?..... *256 Duke St St John NB*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *St John NB*
- 3. What is the name of your next-of-kin?..... *Nella Dixon*
- 4. What is the address of your next-of-kin?..... *256 Duke St St John NB*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *28 yrs, Feb 14, 1886*
- 6. What is your Trade or Calling?..... *Laborer*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?.....
- 10. Have you ever served in any Military Force?.. *Yes*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Fred Charles Dixon* do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Oct 14th* 191*6* *Fred C. Dixon* (Signature of Recruit)
A. H. [unclear] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Fred C. Dixon*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Oct 14th* 191*6* *Fred C. Dixon* (Signature of Recruit)
A. H. [unclear] (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 *the City of St John* this *14th* day of *October* 191*6*
Robert [unclear] (Signature of Justice)

Description of Fred Charles Dixon on Enlistment.

Apparent Age.....28 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height.....5 ft. 7 ins.

Chest measurement. { Girth when fully expanded.....37 1/2 ins.
 Range of expansion.....2 1/2 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Curly

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....Yes
 Baptist or Congregationalist.....
 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.....Oct 13th.....1916

Place.....St. John N.B.

[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.

Fred Charles Dixon.....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.

C. H. Reis Capt.....(Signature of Officer)

OCT 24 1916

Date.....1916

REGIMENTAL DOCUMENTS

NAME DIXON FREDERICK CHARLES PTE REGT. NO. 731323 UNIT 1st Coy 7 H. Q. FILE NO. _____



S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

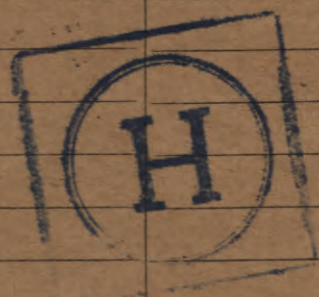
Category

17940
17940

DISCHARGE

Category Demob.

DESERTION



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

ES 1/4/19

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

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

1 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)

3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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

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

1 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)

1 LAST PAY CERTIFICATE (M.F.W. 44)

2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

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

1 M.F.W. 192

1 M.F.W. 2572

1 D.M.S. 1375

1 L.M.G. D.O.S. 2

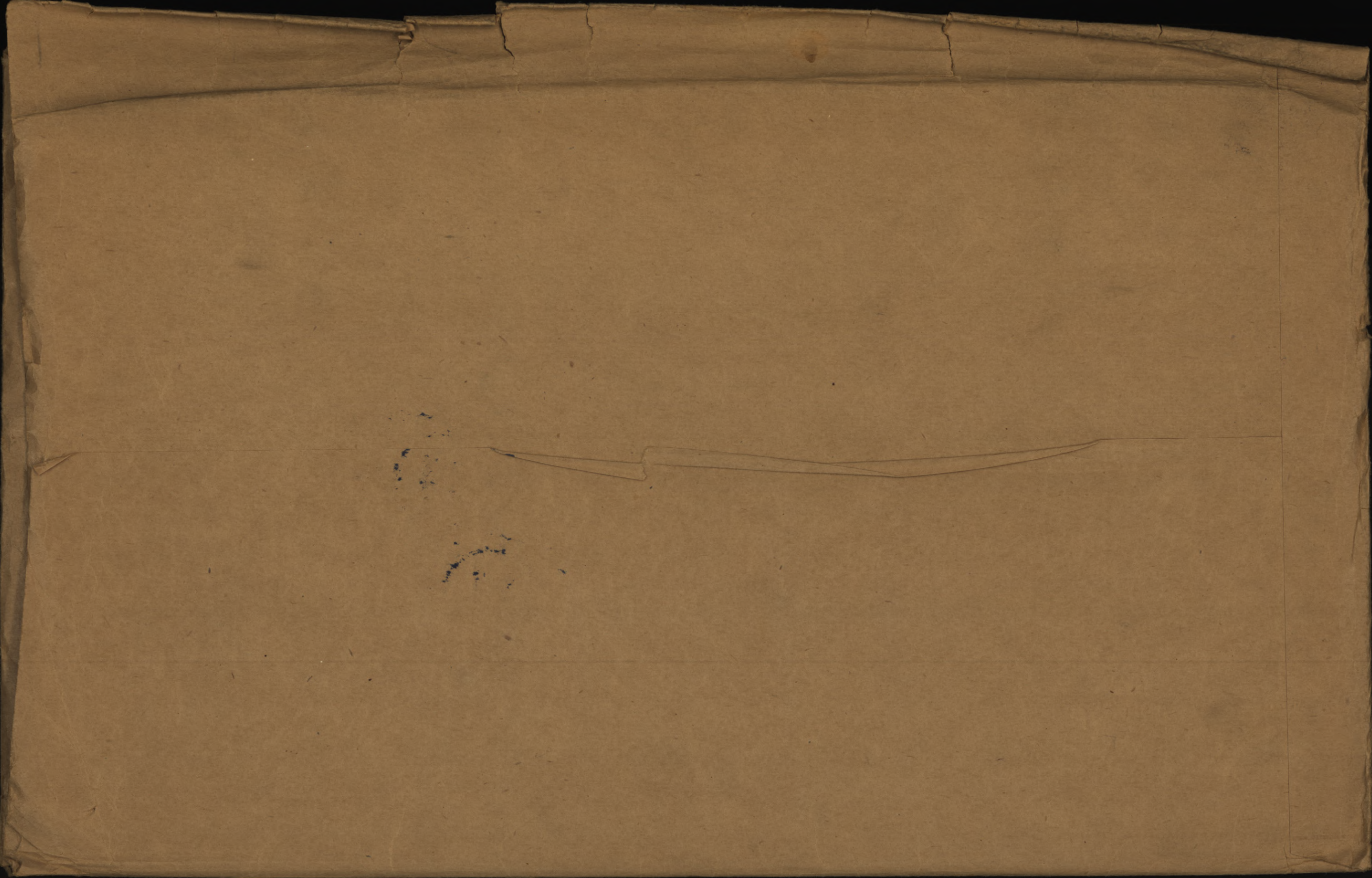
1 M.F.W. 2502

32 Misc.

1 M.F.W. 1037

1 Cas card

18-31
18-31
32-1
2



DUPLICATE

931323

To be made out in duplicate.

H.Q. 54-21-23-53

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 Const. Bn C.E.F.

(2) Regimental Number... 931323

(3) Full Name of Soldier... Fred Charles Dixon

(4) Place of Birth... St John N.B.

(5) Are you married, or not? ... Married

(6) If married, state, (a) Full name of your wife... Mrs Nellie Dixon

(b) Present Postal Address... 256 Dicks Street
St John N.B.

(7) Are you a widower?

(8) Have you any children? ... 1 more

If so, give number of boys and girls... 2 Boys, 1 Girl

Also their names and ages... John Dixon 1 yr. 9 mo.
Gilbert Dixon 5 years
Martha Dixon 12 years

(9) Is your Father alive?..... *No*

If so, state name and address..... *No*

(10) Is your Mother alive?..... *Mrs Mary Harris*

If so, state name and address..... *88 Spark Court Road*

(11) If your Mother is a widow..... *No*

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.

~~*\$15*~~

(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.

~~*[Signature]*~~

(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.

yes

(15) Are you insured?..... *yes*

If so, in what Company?..... *Metropolitan*

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.

C. H. Reis Capt
for Officer Commanding.

OCT 24 1916

Date.....

**Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... Pte Name..... DIXON Surname..... J.C.
 Unit or Corps..... No. 2. Const. (If a soldier) Regtl. No. 931323
 Born at..... St. John N.B. on, date..... Feb 14, 1884
 Signature (for identification)..... Dixon J.C.

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE---Any deformity, maiming or lameness? If so, describe. no

Weight..... 168 lbs.
 Height..... 5 ft. 8 in.

2. NUTRITION AND DIATHESIS? good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? no

4. RESPIRATORY SYSTEM? no

5. HEART?
 Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 66 Intermittence or Irregularity? no

6. ARTERIES---Any hardening? no

7. DIGESTIVE SYSTEM? no

8. GENITO-URINARY SYSTEM? no
 Urinalysis---s.g.? 1.020 Reaction? ac Albumen? no Sugar? no

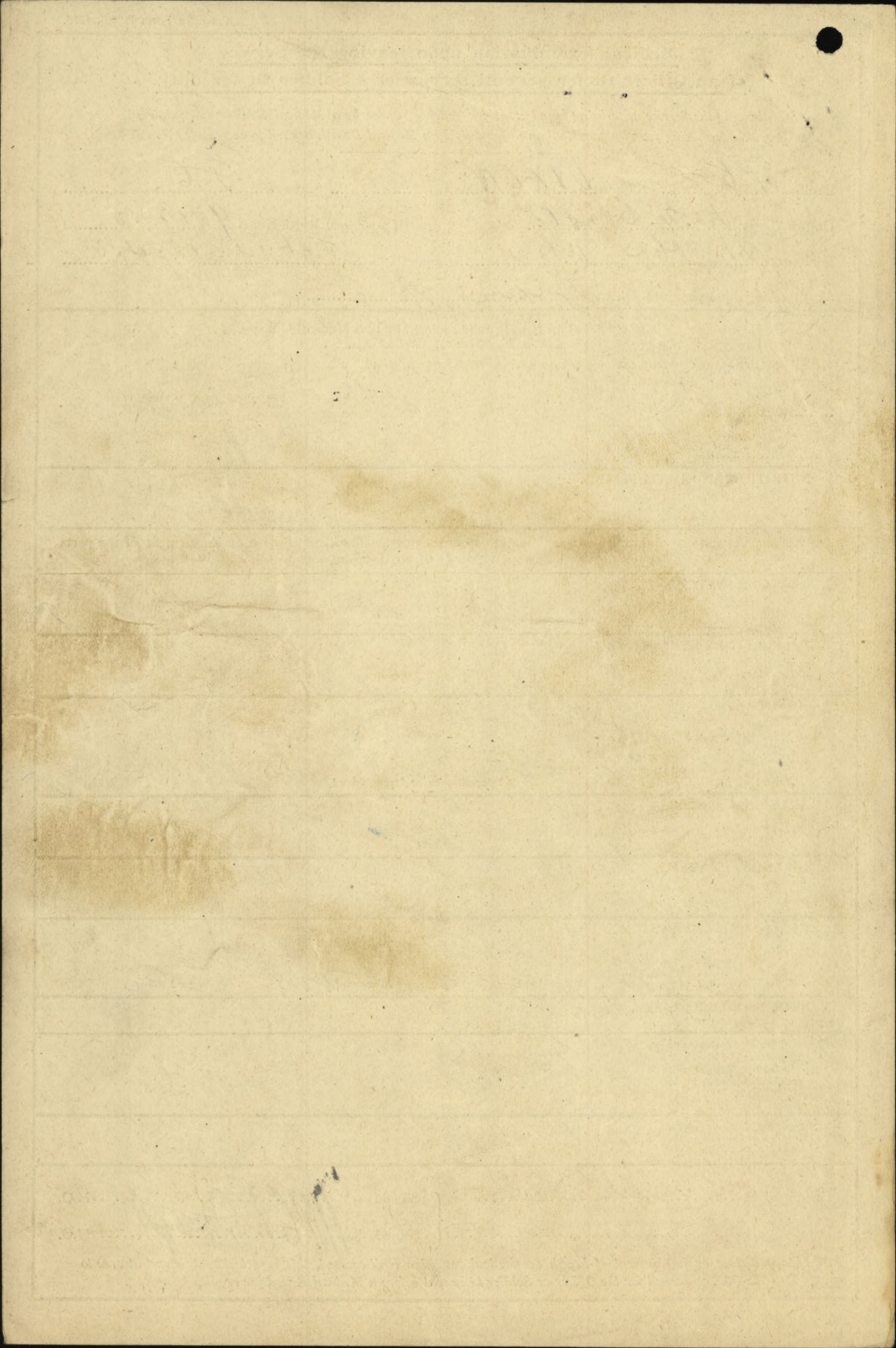
9. SKIN, MIDDLE EAR, EYE, or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so describe. no

11. Opinion as to the health and physical condition of the one examined? good

Examined at..... General Park { Signed..... [Signature] M.O.
 Date..... 2-1-19 { Signed..... [Signature] M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.



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. 931323 Rank P.T.E. Surname P. IXON
(Given name in full)

FRED CHARLES

Unit or Corps D. D. No 7 Birthplace St. John N.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 5 3/4 in. Colour of Eyes Brown

Nutrition Good

Pulse 64

Condition of arteries Soft

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 15 ft.

Left 15 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 Yes 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.

V. D. G. 20-9-18.

Apparently cured

F. H. Smith, Capt. C.A.M.C.

O/C V.D.

Attention of General Officer

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 *Fredoncia, N.B.* (Canada)

Date *13-2-19*

Signed *J. B. ...* 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 *F. L. Dixon*

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

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

DATE OF EXAMINATION: _____
DENTIST: _____
PATIENT'S NAME: _____
REGIMENT: _____
COMPANY: _____
GRADE: _____
SERIAL NUMBER: _____
MILITARY ADDRESS: _____
CITY: _____ STATE: _____
COUNTRY: _____

INSTRUCTIONS

1. This sheet is to be filled out by the dentist at the time of the examination.
2. The patient's name and military address should be written in the space provided.
3. The date of examination and the name of the dentist should be written in the space provided.
4. The patient's dental history should be written in the space provided.
5. The patient's dental needs should be written in the space provided.
6. The patient's dental treatment should be written in the space provided.
7. The patient's dental prognosis should be written in the space provided.

Surname Dixon Christian Name Fred C.

Examined { on 15th day of Oct 1916
 at Truro N.S.

Approved by H.V. Kent

Birthplace { City or Town St John
 County St John N.S.

Rank Major Genl. M.O.

Apparent age 28

Trade or occupation debutant

EXAMINED FOR RE-ENGAGEMENT

Height 5 feet 5 1/2 Inches

M.O.

Weight _____ lbs.

M.O.

Chest measurement { Minimum 35 inches
 Maximum expansion 38 inches

M.O.

Physical development Good

M.O.

Small-pox Marks none

M.O.

Vaccination Marks { Arm Right Left
 Number me

VACCINATIONS

When Vaccinated last 20 years ago

4/3/17 1+9.R W.H. Murray M.O.

(a) Marks indicating congenital peculiarities or previous disease none

M.O.

(b) Slight defects but not sufficient to cause rejection none

ANTI-TYPHOID INOCULATIONS, ETC.

27/10/16 1+9.R H.V. Kent - Major M.O.

31/10/16 1+9.R H.V. Kent - Major M.O.

7/11/16 1+9.R H.V. Kent - Major M.O.

Enlisted on 13th day of October 1916 at St John A B

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>931323</u>		<u>10/15/16</u>
Transferred to				

No. 2 CONSTRUCTION, B'n. C.E.F.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Fordwich NB</u>	<u>13-2-19</u>	<u>None - Aii</u>	<u>Approved for service</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.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname D I X O N Christian Name Fred C.

TABLE I.—General Table.							
Parish <u>St. John</u>							
Birthplace	County <u>1 St. John, N.B.</u>						
	Examined on <u>15th</u> day of <u>Oct.</u> 191 <u>6</u>						
Examined	at <u>Truro, N.S.</u>						
	Declared Age <u>28</u> years <u></u> days						
Trade or Occupation <u>Labourer</u>							
Height	<u>5</u> feet <u>5½</u> inches						
Weight <u></u> lbs.							
Chest Measurement	Girth when fully Expanded <u>38</u> inches						
	Range of Expansion <u>3</u> inches						
Physical Development <u>Good</u>							
Vaccination Marks	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Arm.....</td> <td style="width: 25%; border: none;">RIGHT.</td> <td style="width: 25%; border: none;">LEFT.</td> </tr> <tr> <td style="border: none;">Number.....</td> <td style="border: none;"><u>1</u></td> <td style="border: none;"></td> </tr> </table>	Arm.....	RIGHT.	LEFT.	Number.....	<u>1</u>	
	Arm.....	RIGHT.	LEFT.				
Number.....	<u>1</u>						
When Vaccinated <u>20 years ago</u>							
Vision	R. E.—V= <u></u>						
	L. E.—V= <u></u>						
(a) Marks indicating congenital peculiarities or previous disease— <u></u>							
(b) Slight defects but not sufficient to cause rejection— <u></u>							

Approved by H.V. Kent,
Rank Major. A.M.C.
Medical Officer.

Enlisted at St. John, N.B.
on 13 day of Oct. 1916

Joined on enlistment	Corps.	Regtl. No.
	<u>No. 2 Const. Bn. C.E.F.</u>	<u>931323</u>
Transferred to		

Became non-effective by
on day of 191
(Signature)
(Rank)

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief Details and Signature.
<u>6.3.17</u>	<u>Vacc. L. & G.R. Dan Murray.</u>
<u>25. 10.16</u>	<u>Inoc. " H.V. Kent.</u>
<u>31.10.16</u>	<u>" " " "</u>
<u>7.11.16</u>	<u>" " " "</u>

TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.

46
Number

931323

Rank

Oto

Surname

DIXON

Christian Name

Fred Charles

Units

60R66

Theatre of War

France

Date of Service

17-5-17

Remarks

Latest Address

88 Sparr Lane Rd
St Johny

Roll No.

B. P. 20859. B.

200m.-2-21.M.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CA

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

RECON
DESP
DEC 12 1922
75168

H. Q. Reference

No. 931323

Rank PTE

Unit No 2 Const

Surname

Christian names

Fred. Chas Dixon

Kindly forward Medals, to which I am entitled by reason of my service in Canada, England France

(Theatre of War)

with No 2 Constroction Batt

(Unit with which served in Theatre of War)

No. 82

Street Charlton Rd

Town St John

County St John NB

APR 10 1922

Fred Chas Dixon

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

B 14302

O. H. M. S.



POSTAGE

FREE

WORK AND PROVIDE
WORK TO REDUCE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

SURNAME.

Dixon

7. CARD NO. ✓

CHRISTIAN NAMES

Fred Charles

S.O.S. No. 1472-19
FOLL. Demos. 1

REGL. No. *931323*

RANK

Pte. (Pte.)

Auth: S.O. 460; 7 D.O.

UNIT

No. 2. Construction

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Dixon, Mrs. Nella.

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

256 Duke St., St. John, N.B.

COUNTRY OF BIRTH

Canada, St. John, N.B.

DATE

not stated.

PLACE OF ATTESTATION

St. John, N.B.

DATE

Oct. 14th 1916.



Q/c 25-1-19, 25⁶/80. (Pte)

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

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Laborer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

28

YEARS

MONTHS

HEIGHT

5

FEET

7

INCHES

CHEST MEASUREMENT

37 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Curly.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

St. John, N. B.

DATE

Oct. 13th 1916.

Present address

256 Duke St.,

St. John, N. B.

Reg. No. 931323 Name Dixon, F.
Rank Plt. Corps 2 Construction Age 29 Service
Ledger No. _____ Serial No. _____

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Gen. Hosp. Truro. Ia.	26.2.17	Zonititis
Dis. to duty.	3.3.17	

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.

50M-6-19.

1772-39-1332.

No. 931323. RANK *Pte*

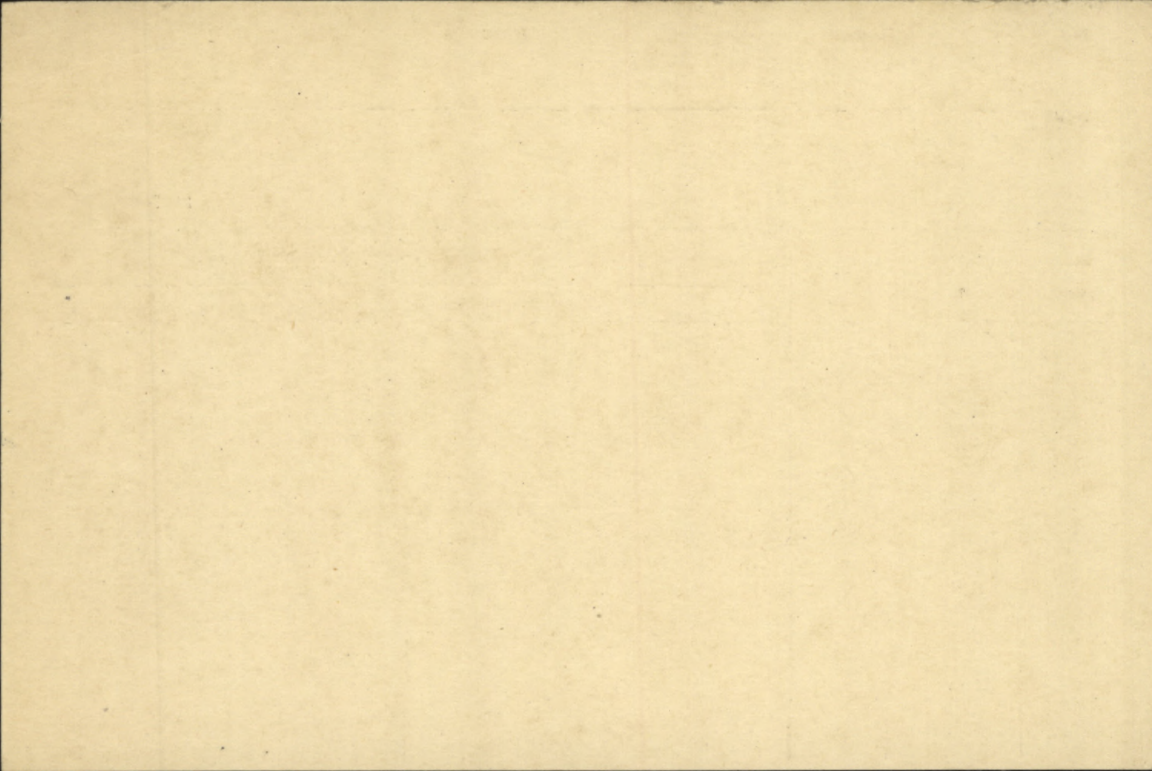
NAME *Dixon Fred. Charles*

T. O. S. *13-10-16* UNIT

d. O. 5216-10-16 *No 2. Construction Battalion.*

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Oct. 13</i>	<i>Oct. 31.</i>	<i>n.</i>		
	<i>Nov.</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1917</i>	<i>Jan, 1917</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>n</i>		



NAME

Dixon W. C.

REGT. No.

931323

RANK AND UNIT

Pfc.

2 Con.

U.S. Reg.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 327¹
A 339²Can for. Corpsta
MielJoux Jura
29-9-1820-9-18 V.D.G.
V.D.G.

Surname

Christian Name or Names

Reg. No.

DIXON.

F.C.

931323.

Rank
Pte.

Unit
N.S. 2Con.

Cas. List.

25-9-18. A327. C.F.C. Hospt. La Joux Hura. 20-9-18.

V.D.G. 2.

4.10.18 9/839.

Discharged. 29-9-18.

A.M.D. 2 DEPT.

Bch of D.C.M.S. O.M.F.C. London.

LOCAL
*Name DIXON Frederick Charles Rank Pte Regtl. No. 931323

Original unit #2 Con. Bn. Present unit 17th Res. M. or #s. Age 30 Religion Meth. Fyle Depot 86-D-192 Ref. H.Q.

Port, ship and date of arrival Halifax N.S. Empress of Britain 22-1-19

Next of kin Wife Mrs Mella Dixon 88 Spark Hill Road St. John N.B.

Address on leave As above

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Laborer Date and place of enlistment 14-10-16 St. John N.H.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
T.O.S. 13-1-19	Casualty Coy 22-1-19 Leave from 23-1-19 to 8-2-19	#26
15-2-19	<i>To Discharge Section</i>	<i>6026</i>
15-2-19	<i>Dis H. M. S. Arton, N.B. D.S.O. #39</i>	<i>(15-2-19)</i>

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.
60M-3-18. (D.P.) 353.
1772-39-1243.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 931223 Rank Pte Name Dixon F. C.
(Surname first)
Unit who was* Assoc.
On 15/1/19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 12/19 to 15/1/19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		<u>7670</u>
Regimental Pay..... <u>15</u> days at \$ <u>110</u> c.....		<u>1650</u>
Field Allowance..... days at \$..... c.....		<u>1500</u>
Separation Allowance		<u>3500</u>
Clothing Allowance		<u>10000</u>
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No. <u>on 1st payt. W.S.H.</u>	<u>4500</u>	
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>8536-7</u>	<u>14770</u>	
Total	<u>19270</u>	<u>19270</u>

*Give particulars.

A monthly stoppage of \$ 1500/100 (†) has..... (‡) been paid on account of
Assigned Pay for the month of Jan 191.9..... }
and Separation Allice. for month of Feb 191.9..... } (to) Assignee Canadian Patriotic Assoc.
on 1st payt W.S.H. } In trust for welfare Dixon
(Address) Montreal P.Q.

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment married or single M.
(2) Separation Allowance, entitled or not Yes (3) Reason for discharge Secret
(4) Authority for discharge or transfer D.A. #7 15/1/19

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 14-2-19
Place St John. N.B.

C. N. Bennett Captain
Paymaster District Deputy No. 7
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(†) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889 - P2 1150 1M 5/18 G.W.P.Co (34/90)

(1)*Substantive rank <i>Pte</i> *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname <i>Dixon</i> (5) Christian Names <i>Fred Charles</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps <i>No 2. Construction Battn</i>	(3) Regtl. No. <i>931323</i>
---	--	-------------------------------------

(10) Enlistment (b) <i>14-10-16.</i>	(11) Engagement (c)
(12) Service reckons from (date) <i>14-10-16.</i>	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917))
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of (Posting Officer)
(22) Extended {	(23) Re-engaged {	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only" or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
28-12-18	17 th Res.		L.O.S. M.D. Y.	Kennel Park.	DoP II #5. SA2	
12-1-19	M D Y	NO 12	Adm proceeding to Canada			Armaway Lieut of Army Records
			Embarked for Can 13/1/19.			
13.1.19	England	TAKEN ON STRENGTH	DD #7 PART II. ORDER No. 26			W. Paul Walsh Capt, & Adj., For O. C. District Depot No. 7.
			"DISCHARGED" FROM HIS MAJESTY'S SERVICE			
			Auth R 01420 (C)			
15-2-19			#SO#39 (15-2-19)			Don NB 15-2-19
						A. G. ... O. C. Discharge Section For O. C. District Depot No. 7.

Nothing to be written in this margin.

J.P. Rank Name DIXON, Fred Charles. Reg'l No. 931323.
Unit No2. Const Bn. If in perm. Corps }
What Unit? Married or Single Married.
Place and Date of Enlistment St. John. 14th Oct. 1916. Place of Birth St. John. N.B.
Name and Address, Next-of-Kin Nellie A Dixon.
256 Duke St. St. John. N.B. Canada. Relationship Wife.
Assigned Pay Monthly \$ Payable to Relationship
Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 6624
File No. COR CAN
Category

Discharge, Date and Place Reason Character
H. W. V., Ld.—9346-16.

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. 320 A.F.B. 103 CNEEDED 29 MAR 1917 Aww.
Date.	From whom received.				
		Arrived in England S.S. Southland		7.4.17.	
14-6-17	#2 C.C.C.	Arrived in France Field		17-5-17	115
29. 10. 18	2nd Lt. C.C.C.	awarded one good con badge	Field	14. 10. 18	59
16. 12. 18	N.S.R.D.	T.O.S. from 2nd cc Coy. plie Bisset		14. 12. 18	AO 305 & 71 / 2" cc Coy.
27-12-18	N.S.R.D.	O/c to C.D.D. Rhyl		27-12-18	313
25. 1. 19	N.S.R.D.	ccoy. O/c to Rhyl. & S.S. C.C.C. Canada		Repou 12. 1. 19	- 18.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. *Mrs Nellie Dixon*
(Assignee)

Name of Soldier *Dixon Fred Charles*

PAYMENTS. *NO 931323*

Pte no 2 const Bn.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15⁰⁰</i>	<i>APR 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>24777</i>	<i>15</i>	
May		<i>Q 7521</i>	<i>15</i>	<i>15⁰⁰</i>
June		<i>R 14457</i>	<i>15</i>	<i>15⁰⁰</i>
July		<i>V 71449</i>	<i>15</i>	<i>B</i>
Aug.				<i>B</i>
Sept.				
Oct.				
Nov.	<i>60⁰⁰</i>	<i>2143687</i>	<i>60-</i>	<i>Auth. of ^{mailed 5/11/17} M.D. 6 letter 14/9/17</i>
Dec.	<i>15⁰⁰</i>	<i>57331</i>	<i>15</i>	<i>4-20/17. 71.0 file bag 10-6039</i>
Jan.	1918			<i>13.5⁰⁰</i>
Feb.				<i>Issue chk for 60⁰⁰ to ^{Have} adjust, (closed in error) 25/1/17</i>
March				<i>Have</i>
April				
May				<i>acc suspended pending</i>
June				<i>investigation as per Ruling</i>
July				<i>MacNeill - 7¹²/₁₇ P.D. 11-12-17</i>

CANADIAN
ASSIGNED PAY AUDITED
W. Black
AUDIT CLERK
DATE *2-4-19*

*Adjusted
L.H.*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

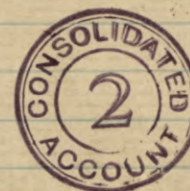
To Whom *Mrs. Nellie Dixon*
Address *256 Duke st
st John N.B.*
Rate *15.00*

By Whom Assigned *Dixon Fred Charles*
Regtl. No. *931323*
Rank *Pte*
Corps *no 2 const. Bn.*

W.M.F.
APR 1917

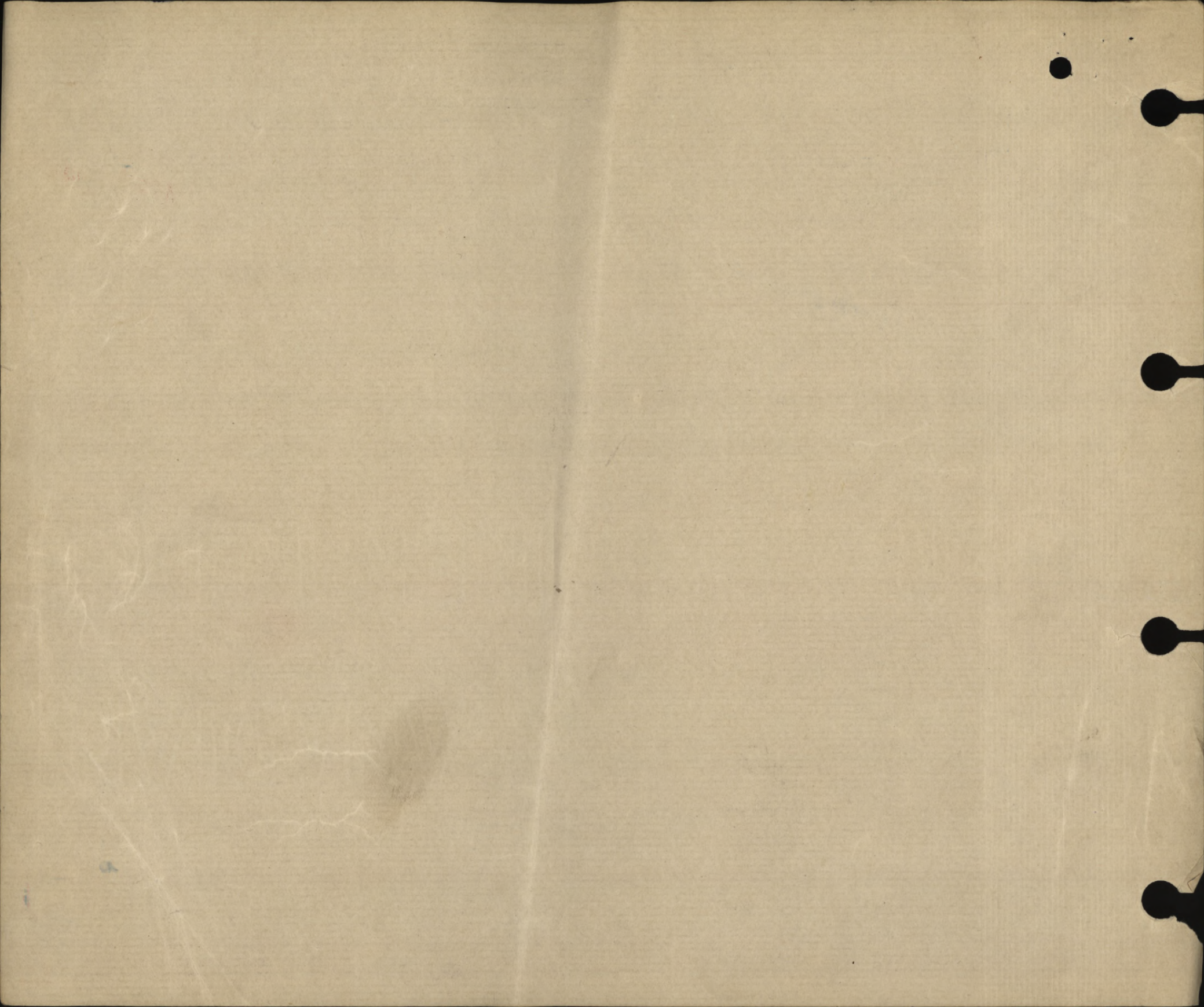
PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



~~Acct closed~~
Reopened

*HQ file see
10/10/17*



13-10-16

MILITIA AND DEFENCE

M. F. W. 11.

5hm.—6-16.

H. Q. 1772-39-813.

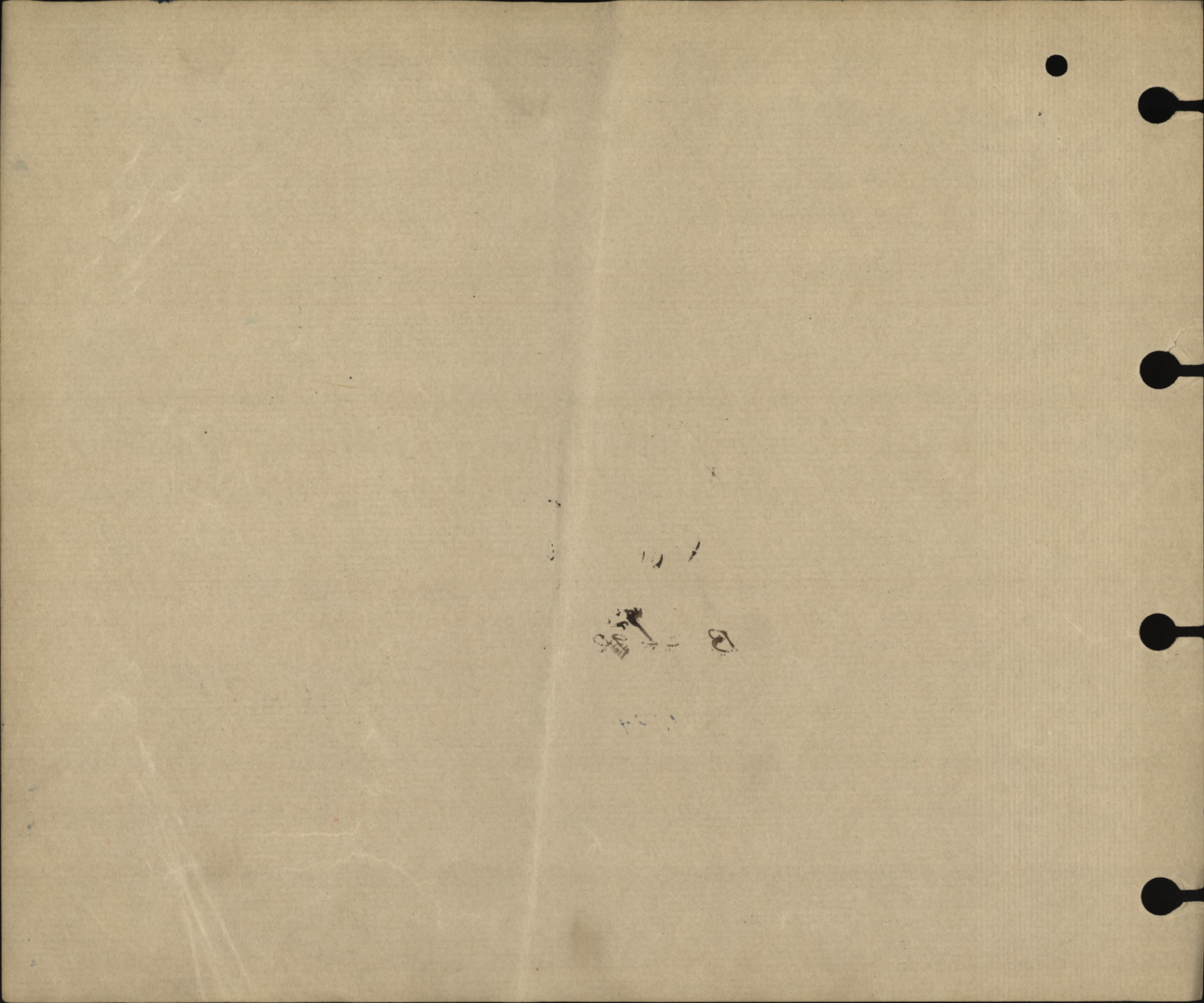
SEPARATION ALLOWANCE

Name Millie Dixon Name of Soldier Dixon Fred B.
 Address 236 Duke St Regtl. No. 981223
St John N.B. Rank 1st Lt
 Corps No 2. Con Bn
 Relation to Soldier }
 wife, child or mother } wife
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Millie Dixon

PAYMENTS.

Name of Soldier

Dixon Fred E.
plb

L. L. Job 4503.-Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>F 24287</i>	<i>32</i>	<i>32</i>
Dec.		<i>X 27588</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>X 28329</i>	<i>20</i>	<i>20</i>
Feb.		<i>X 31329</i>	<i>20</i>	<i>20</i>
March		<i>X 34633</i>	<i>20</i>	<i>20</i>
April		<i>X 701</i>	<i>20</i>	<i>20</i>
May		<i>X 4078</i>	<i>20</i>	<i>20</i>
June		<i>C 7995</i>	<i>20</i>	<i>20</i>
July		<i>B 12290</i>	<i>20</i>	<i>20</i>
Aug.		<i>Y 14488</i>	<i>20</i>	<i>20</i>
Sept.		<i>F 18142</i>	<i>20</i>	<i>20</i>
Oct.	<i>u 20989</i>	<i>G 19694</i>	<i>20</i>	<i>20</i>
Nov.		<i>X 25506</i>	<i>20</i>	<i>20</i>
Dec.		<i>Z 24922</i>	<i>20</i>	<i>20</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

19694 cancelled
Suspended by
male
Suspension without officer
reported discharged 15/2/17
292⁰ File 4724-7-9 R.F. 9/10/17
 Re-open account.
 Officer File 4724-7-9
 R.F. 24/10/17

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931323 (Rank) Private

Name (in full) FREDERICK CHARLES DIXON enlisted in
the No. 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at St. John, N. B. on the 14th
day of October 1919.

HE served in CANADA, ENGLAND AND FRANCE.

and is now discharged from the service by reason of Demobilization.

Authority - R.O. 1420 (c)

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

Age 32 years

Height 5 feet 5 1/2 inches

Complexion Dark

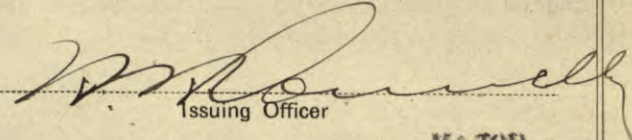
Eyes Brown

Hair Black

Marks or Scars

NIL

Signature of Soldier


Issuing Officer

MAJOR.

Rank

Date of Discharge FEBRUARY 15, 1919.

O.C. DISTRICT DEPOT NO. 7.
Appointment

Signed at Fredericton, N. B. this 15th day of February 1919.

in Military District No. 7.

DISTRICT DEPOT No. 7

File Reference No. D.D.7 86-D-192.

FEB 15 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.

FREDERICTON, N.B.

M. F. W. 39e

200m.—2-18

H.Q. 1772-39-882

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.

ASSIGNED PAY. **ENGLAND OR CANADA.**
EFFECTIVE DATE: *1st April 1917*
AMOUNT: *15⁰⁰*

SEPARATION ALLOWANCE. **ENGLAND OR CANADA.**
EFFECTIVE DATE:
AMOUNT:
PARTICULARS OF RANK OR APPOINTMENT

NAME: *DIXON, Fred Charles*
NUMBER: *931323*

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.
Mrs Nellie Dixon wife
256. Duke St. St John NB
Payments are being made to her for her share of the allowance
Montreal. in trust for above. 7/22/19
Support 1-1-19

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Plm</i>

UNIT AND TRANSFERS
ORIGINAL UNIT: *2nd Construction Bn*
DATE ACCOUNT FIRST OPENED: *1st April 1917*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
<i>Canada Section</i>			

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>29-12-18</i>	<i>6570</i>		<i>466</i>				
<i>18-12-18</i>	<i>3568</i>	<i>BRD.Y.</i>	<i>753</i>				

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALLCE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

Pay. W.R. 161-17-12-18-2 acco. Ledger Balance 59.89
Transferred to Canada 31-12-18 L.P.C. C. Bales 45.50

PARTICULARS OF RENDERING NON-EFFECTIVE:-

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal Ford</i>								<i>130.95</i>		
Apr	<i>Pra.</i>	<i>33</i>		<i>Ass Pay</i>				<i>15</i>			
				<i>AR 3.84. C.F.C. Jura</i>	<i>3.57</i>						
				<i>265-22/4</i>	<i>3.57</i>				<i>141.81</i>		
May	<i>P.P.</i>	<i>33</i>		<i>ass pay</i>	<i>7.14</i>			<i>15</i>			
				<i>AR 106 9/5 C.F.C. Jura</i>	<i>3.57</i>						
				<i>AR 2420. 23/5</i>	<i>3.57</i>				<i>153.77</i>		
		<i>34 10</i>			<i>7.14</i>			<i>15</i>			
June	<i>P.P.</i>	<i>33</i>		<i>ass pay</i>				<i>15</i>			
				<i>AR 707 7/6 C.F.C.S.</i>	<i>3.57</i>						
				<i>869 27/6</i>	<i>3.57</i>				<i>164.63</i>		
		<i>33</i>			<i>7.14</i>			<i>15</i>			
July	<i>PP</i>	<i>34 10</i>		<i>Ass Pay</i>				<i>15</i>			
				<i>AR 947 10/7 C.F.C.S.</i>	<i>3.57</i>						
				<i>AR 1097 7/7</i>	<i>3.57</i>				<i>176.59</i>		
		<i>34 10</i>			<i>7.14</i>			<i>15</i>			
Aug	<i>PP</i>	<i>34 10</i>		<i>Canada</i>				<i>15</i>			
				<i>AR CP 2249 12/8/18 L/N</i>	<i>73.00</i>						
				<i>CP 23838 L/N 16/8/18</i>	<i>14.60</i>						
				<i>CP 24744 19/8/19</i>	<i>4.87</i>						
				<i>AR 1254 10/8 C.F.C.S.</i>	<i>7.14</i>						
				<i>AR 2689 10/8</i>	<i>73.00</i>				<i>23.08</i>		
		<i>34 10</i>			<i>142.61</i>			<i>15</i>			
Sep	<i>PP</i>	<i>33</i>		<i>Canada</i>				<i>15</i>			
				<i>AR 1671 5/9 C.F.C.S.</i>	<i>3.57</i>						
				<i>AR 1875 24/9</i>	<i>3.57</i>				<i>339.4</i>		<i>ayn</i>
		<i>33</i>			<i>7.14</i>			<i>15</i>			

COMPILED BY *G.H. Smith*
 CHECKED BY *W. H. Smith*

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									3394		
Oct	Bal. For P.P.	3410		Cal.				15-			
				Stop Hopping 29/18. 29/18 10 days 60		6.00					
				AR 2247 17/18 CAC * 5	373						
				AR 2318 25/18	373				3968		
		3410			746	6.00		15			
Nov	P.P.	33-		Cal				15			
				AR 2682 11/18 CAC	373						
				AR 2900 24/18	1306						
Dec	PP	3410		Cal	679			15-	5989		
				AR 6570 10/18 CAC	466						
				AR 3568 18/18	973				4550		
		6710			3118			3			
				AR 117 9/19 End on CAC	973				3577		
					973						
				606 - Canada - 17/19 - 2018. 25-19							

CANADIAN ASSIGNED PAY AUDITED	
<i>[Signature]</i>	
AUDIT CLERK	
DATE 9/19	

M.D.No.7

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

17 Guy Ave., Montreal

88 St. Jacques St. Montreal

AUDITOR PAYMASTER

2

M. OR S.

REGT. No.

931323 RANK

NAME (IN FULL)

DIXON F

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	DATE	AUTHORITY
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE		
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					ADDRESS			
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
					DISCHARGED	PLACE	DATE	REASON

Yes ✓
See A.P.

2nd Con Br
14-10-16 ✓
15.00
DD 1-2-19 ✓
Canadian Patriotic Fund Wife
In Trust for Nellie Dixon
Montreal Que
Fredericton 15-2-19
21mot
10046

MONTH	PAY AND F.A.		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	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3						DEBIT	CREDIT		
			\$ C.	\$ C.	\$ C.	\$ C.	NO.	DATE	NO.	DATE	NO.	DATE	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.		
Dec.					45 50	45 50													105.0026	Credit Bal Dec 31-19	
Jan	31	1.15	34 10	30 00	64 10	64 10	8	10	8	9	73	4	87	30	00	45 00	94 60	15 00	15 00	Credit Bal Jan 31-19	
Jan				11 20	11 20															Sub 23-19 to 31-19	
Feb	15	1.10	16 50	35 00	1500	66 50	31	14				147	70	45 00		192 70	100 00			for Bal 31-1-19	
March					570	570										30 - 70 -	100 00			for Bal 31-1-19	
April																30	70	100	200		Chk # 392252-392253 10/4/19
May																30	70	100	180		Chk # 44 Jan A.R. back # 8021
June																30	50	50	100		debit Jan 31-19
July																30 - 70 -	100 -			Chk # 398934-50043 10/4/19	
Aug																150 - 350 -	500 -			Chk # 6713-15 10/4/19	
Sept																					16/6/19
Oct																					Non-effective
Nov																					
Dec																					

This space to be for numbers.

Proceedings on Discharge.

DISTRICT DEPOT No. 7

FEB 15 1919

FREDERICTON, N.B.

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

No.	931323
Rank	Private
Surname	DIXON
Christian name	FREDERICK CHARLES
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	District Depot No. 7.
Date of discharge	February 15, 1919.
Place of discharge	Fredericton, N. B.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age <u>32</u> years <u> </u> months.	NIL
Height <u>5</u> feet <u>5 3/4</u> inches.	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
Trade <u>Laborer</u>	
Intended place of residence (To be given as fully as practicable.)	
88 Sparr Cover Road, St. John, N. B.	

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

Authority for discharge R.O. 1420 (c)

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 identical entries on the character certificate and initial them.

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.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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, and that I have received my permanent discharge certificate.

(Place) Fredericton, N. B. F. L. Dyer (Signature of Soldier.)

(Date) February 12, 1919. W. R. Thoburn (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) Fredericton, N. B.

(Date) February 15, 1919.

(Signature)

W. R. Thoburn
MAJOR.

O.C. DISTRICT DEPOT NO. 7.

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

None

F. L. Dixon

Medical Form W. 38	Medical Form B. 313	Medical Form B. 314	Medical Form B. 315	Medical Form B. 316	Medical Form B. 317	Medical Form B. 318	Medical Form B. 319	Medical Form B. 320	Medical Form B. 321	Medical Form B. 322	Medical Form B. 323	Medical Form B. 324	Medical Form B. 325	Medical Form B. 326	Medical Form B. 327	Medical Form B. 328	Medical Form B. 329	Medical Form B. 330	Medical Form B. 331	Medical Form B. 332	Medical Form B. 333	Medical Form B. 334	Medical Form B. 335	Medical Form B. 336	Medical Form B. 337	Medical Form B. 338	Medical Form B. 339	Medical Form B. 340	Medical Form B. 341	Medical Form B. 342	Medical Form B. 343	Medical Form B. 344	Medical Form B. 345	Medical Form B. 346	Medical Form B. 347	Medical Form B. 348	Medical Form B. 349	Medical Form B. 350	Medical Form B. 351	Medical Form B. 352	Medical Form B. 353	Medical Form B. 354	Medical Form B. 355	Medical Form B. 356	Medical Form B. 357	Medical Form B. 358	Medical Form B. 359	Medical Form B. 360	Medical Form B. 361	Medical Form B. 362	Medical Form B. 363	Medical Form B. 364	Medical Form B. 365	Medical Form B. 366	Medical Form B. 367	Medical Form B. 368	Medical Form B. 369	Medical Form B. 370	Medical Form B. 371	Medical Form B. 372	Medical Form B. 373	Medical Form B. 374	Medical Form B. 375	Medical Form B. 376	Medical Form B. 377	Medical Form B. 378	Medical Form B. 379	Medical Form B. 380	Medical Form B. 381	Medical Form B. 382	Medical Form B. 383	Medical Form B. 384	Medical Form B. 385	Medical Form B. 386	Medical Form B. 387	Medical Form B. 388	Medical Form B. 389	Medical Form B. 390	Medical Form B. 391	Medical Form B. 392	Medical Form B. 393	Medical Form B. 394	Medical Form B. 395	Medical Form B. 396	Medical Form B. 397	Medical Form B. 398	Medical Form B. 399	Medical Form B. 400	Medical Form B. 401	Medical Form B. 402	Medical Form B. 403	Medical Form B. 404	Medical Form B. 405	Medical Form B. 406	Medical Form B. 407	Medical Form B. 408	Medical Form B. 409	Medical Form B. 410	Medical Form B. 411	Medical Form B. 412	Medical Form B. 413	Medical Form B. 414	Medical Form B. 415	Medical Form B. 416	Medical Form B. 417	Medical Form B. 418	Medical Form B. 419	Medical Form B. 420	Medical Form B. 421	Medical Form B. 422	Medical Form B. 423	Medical Form B. 424	Medical Form B. 425	Medical Form B. 426	Medical Form B. 427	Medical Form B. 428	Medical Form B. 429	Medical Form B. 430	Medical Form B. 431	Medical Form B. 432	Medical Form B. 433	Medical Form B. 434	Medical Form B. 435	Medical Form B. 436	Medical Form B. 437	Medical Form B. 438	Medical Form B. 439	Medical Form B. 440	Medical Form B. 441	Medical Form B. 442	Medical Form B. 443	Medical Form B. 444	Medical Form B. 445	Medical Form B. 446	Medical Form B. 447	Medical Form B. 448	Medical Form B. 449	Medical Form B. 450	Medical Form B. 451	Medical Form B. 452	Medical Form B. 453	Medical Form B. 454	Medical Form B. 455	Medical Form B. 456	Medical Form B. 457	Medical Form B. 458	Medical Form B. 459	Medical Form B. 460	Medical Form B. 461	Medical Form B. 462	Medical Form B. 463	Medical Form B. 464	Medical Form B. 465	Medical Form B. 466	Medical Form B. 467	Medical Form B. 468	Medical Form B. 469	Medical Form B. 470	Medical Form B. 471	Medical Form B. 472	Medical Form B. 473	Medical Form B. 474	Medical Form B. 475	Medical Form B. 476	Medical Form B. 477	Medical Form B. 478	Medical Form B. 479	Medical Form B. 480	Medical Form B. 481	Medical Form B. 482	Medical Form B. 483	Medical Form B. 484	Medical Form B. 485	Medical Form B. 486	Medical Form B. 487	Medical Form B. 488	Medical Form B. 489	Medical Form B. 490	Medical Form B. 491	Medical Form B. 492	Medical Form B. 493	Medical Form B. 494	Medical Form B. 495	Medical Form B. 496	Medical Form B. 497	Medical Form B. 498	Medical Form B. 499	Medical Form B. 500
--------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------	---------------------

Date of Enlistment.....14-10-16.
 Date left Canada.....25-3-17.
 Date returned to Canada.....22-1-19.

Service in Canada, England and France.
 Two Blue Service Chevrons
 Disability - - None.

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.

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.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company }</p> <p style="text-align: center;">or</p> <p>Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
--	---

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

Dental Examination on Discharge

File No.....

Rank *pte* Name *L. Dixon B. C.* Regt. No. *931323*

Date of enlistment *Oct 30th 16.* Service, where *France*

If any dental treatment in army, where *Can*

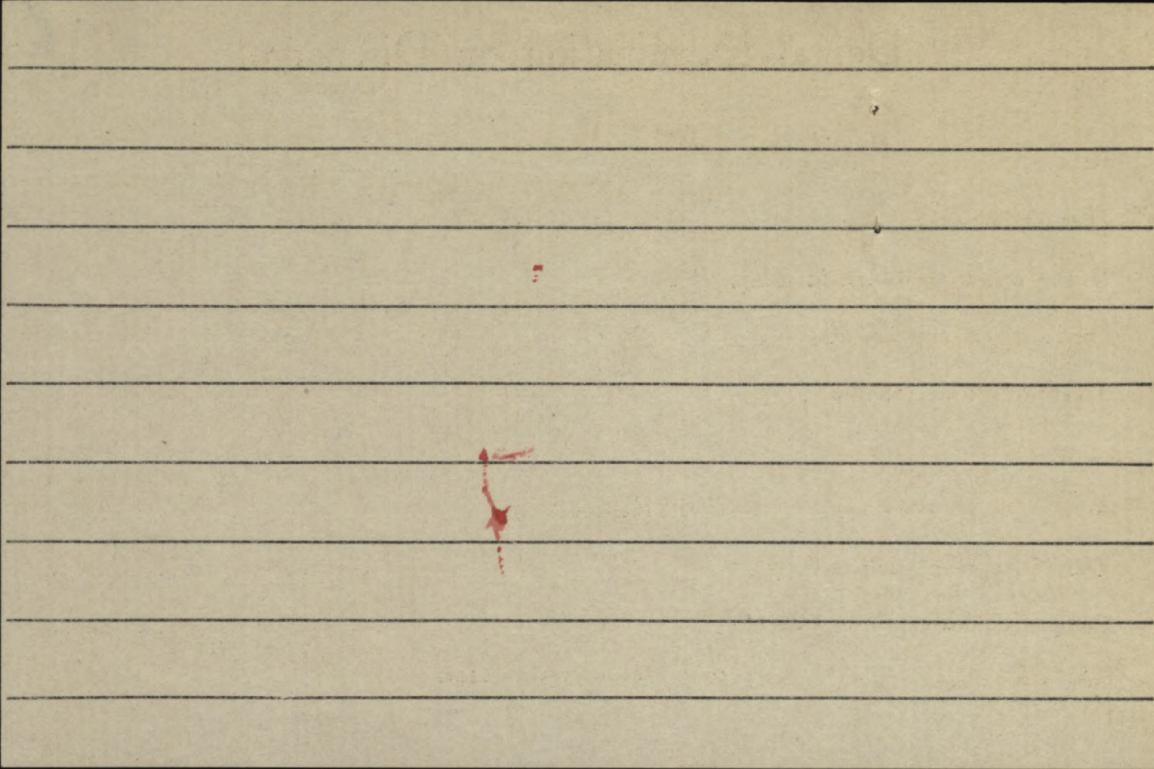
Discharge examination at *Frederickton N. B.* Date *12/2/19*

Treatment to be received *Q. P. 5*

At Examined by *L. St. Reed Lt*

Above treatment completed by Date

Completed History Sheet File No.....



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

M. F. W. 54. (A. F. B. 102.)

330m.—516

H. Q. 1772-39-970.

Casualty Form—Active Service.

Unit, Regiment or Corps

10th Const Batt CEF.

Regimental No.

93323

Rank

1st Lt

Name

Sir Charles Dixon

C. E. F.

Enlisted (a)

14/10/16

Terms of Service (a)

period of 76 months

Service reckons from (a)

14/10/16

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Report

Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case

Place

Date

Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents

Date

From whom received

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

*Enlisted, Canada
Disenlisted, England
Proceeded Overseas
F.*

*Halifax NS 25/3/17
Liverpool 7/4/17
Seaford 17/5/17*

*Pt 2 D.O. #
Annulment
for Capt & adjt*

Landed in France 17-5-17 N.R.

4-6-18

ob

sent with unit

Sold

24-6-18

WR R.S. 18 1178V

10-8-18

oe und

Granted 14 day leave

uk.

9-8-18

B213 p. 20. 47g august 1918

21-8-18

ob

Returned from leave

Recd.

25-8-18

B213

20-9-18

John Kemp

104.

admitted

20-9-18

45238

(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				
21.9.18	oe	To Hospital. 109	Sed.	20.9.18	B213
29.9.18	Junly	109. discharged	—	29.9.18	46299
5.10.18	oe	Report for Hospital.	Sed	29.9.18	B213
5.10.18	oe	300 lbs G.O. res placed under stoppage of pay at 30¢ per day from 20.9.18 to 29.9.18 (10 days)			B213
19.10.18	br	awarded one G.O. badge	Sed	14.10.18	B213 60559 of Oct 1918
11 ¹² / ₁₈	adg.	Trans to Eng hospital to N.S. Reg Depot Bramshott 10 ¹² / ₁₈			KR 524.
					Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
14.12.18	N.S. R.D.	I.O.S. attached to 26.6 D for Drs & Caterers	B'shott	14.12.18	D.O. 305.
					PART II D.O. NSRD 313 27/12/18
		NSRD ON COMMAND TO CDD Kimmel Rhyf			BRAMSHOTT
					ba. Knight LIEUT. OFFICER in RECORDS, NOVA SCOTIA T. C. V. DEPT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

13, 10, 16

Separation and Assigned Pay Branch

D

4697

Apr 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20	25 ⁰⁰	30	1-958
----	------------------	----	-------

15			
----	--	--	--

Dec 4. part, 2753

no 50367

PARTICULARS OF SEPARATION ALLOWANCE

Canadian Patriotic Fund "in Trust" (wife)

For. PARTICULARS OF ASSIGNMENT

No. 9 3 13 2 3

Name Nellie Dixon

Rank Pte. Promoted Reverted Discharge

Address 256 Duke St.

Soldier's Name Fred C. Dixon
Can. Patriotic Fund in Trust
Battalion No. 2 Const. Battr.

Change of Address St. John N.B.
1 Montreal Branch Montreal

Relationship Mrs. Millie Dixon
Wife

Address m 7 W 554 rtd
25/11/15

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		292	135	427	
1918					
Jan	U 70825	30	15	45	45: Mailed 27/1/18
Feb	E 96144	25	15	40	40: Mailed 27/1/18
Mar	G 125237	25	15	40	
April	B 7518	25	15	40	m
May	Q 16429	25	15	40	m
June	J 27445	25	15	40	m
July	Q 32142	25	15	40	m
Aug	J 41454	25	15	40	m
Sept	W 44580	25	15	40	0
Oct	O 53625	25	15	40	a
Nov	L 61691	25	15	40	a
Dec	A 68632	25	15	40	a
Jan	O 71820	30	15	45	a

CANADIAN
ASSIGNED PAY AUDITED
W. Blaen
AUDIT CLERK
DATE 9-6-19

M. F. W. 128
4000M-6-17-1772-38-1141
L. L. 22320-M. & D. 7493.

A/c Closed 31-1-19
Ret'd per Empress of Britain
Date 22/1/19
Closed M.F.W. 187
m 7 W 554 rtd

A STENCIL
HAS BEEN MADE
FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank

Soldier's Name

Battalion

Beneficiary

Relationship

Address

111-1111
Promoted

124

Reverted

Discharge

Name

Address

Change of Address

1

2

3

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
400M-6-17-1772-38-1141
L. L. 22220-M. & D. 7693.