

DUPLICATE

copy
27/12/17

931789

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, D.R. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Franks
- 1a. What are your Christian names?..... Sherly
- 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?..... Norriburg, Tennessee, U S A
- 3. What is the name of your next-of-kin?..... John Franks
- 4. What is the address of your next-of-kin?..... Ettheridge, Tennessee, U S A
- 4a. What is the relationship of your next-of-kin?..... Brother
- 5. What is the date of your birth?..... July 25th, 1895
- 6. What is your Trade or Calling?..... Cook
- 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 } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Sherly Frank, 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.

Sherly Franks (Signature of Recruit)

Date January 27th 1917. C. C. Humphreys (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Sherly Frank, 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.

Sherly Franks (Signature of Recruit)

Date January 27th 1917. C. C. Humphreys (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 27th day of January 1917.

James G. Gwynne (Signature of Justice)

Description of Sherly Franks on Enlistment.

Apparent Age.....yearsmonths.
 (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 6 1/2 ins.

Chest measurement { Girth when fully expanded..... 35 ins.
 Range of expansion..... 2 ins.

Complexion..... Colored

Eyes..... Brown

Hair..... Black

Both Eyes 20/20

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..... January 27th 191 7

Place..... Windsor, Ont

[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.

.....Sherly Franks.....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.

[Signature] for
 Lieut.-Col. (Signature of Officer)
 No. 2 Construction Battalion

Date..... January 27th 191 7

(a.o.w)

REGIMENTAL DOCUMENTS

78
27-3-19

NAME FRANK SHERLY REGT. No. 931769 UNIT

no. 3 construction Co.
O. H. M. S.

NON EFFECTIVE BY *Discharge* CATEGORY *Demob*

CONTENTS

- 1 ATTESTATION PAPER (M. F. W. 23, 133 or 51)
- 2 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. 173 or A. F. B. 122)
- REGT. CONDUCT SHEET (M. F. W. 173 or A. F. B. 121)
- COMPANY CONDUCT SHEET (M. F. B. 263 A or A. F. B. 121)
- 2 MEDICAL HISTORY SHEET (M. F. B. 313 or A. F. B. 178)
- 1 DENTAL HISTORY SHEET (M. F. R. 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. 27 or A. F. B. 2)
- PROCEEDINGS, COURT OF INQUIRY (M. F. B. 523 or A. F. B. 2)
- DECLARATION, COURT OF INQUIRY (M. F. B. 259 or A. F. B. 1)
- 2 LAST PAY CERTIFICATE (M. F. W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M. F. W. 218 or A. F. B. 284)
- PARTICULARS OF CHARACTER (A. F. W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 218)
- DENTAL CERTIFICATE ON DISCHARGE (C. A. D. 0009)
- 1 UNIT INDEX CARD (M. F. W. 71 or 192)



17838



2272

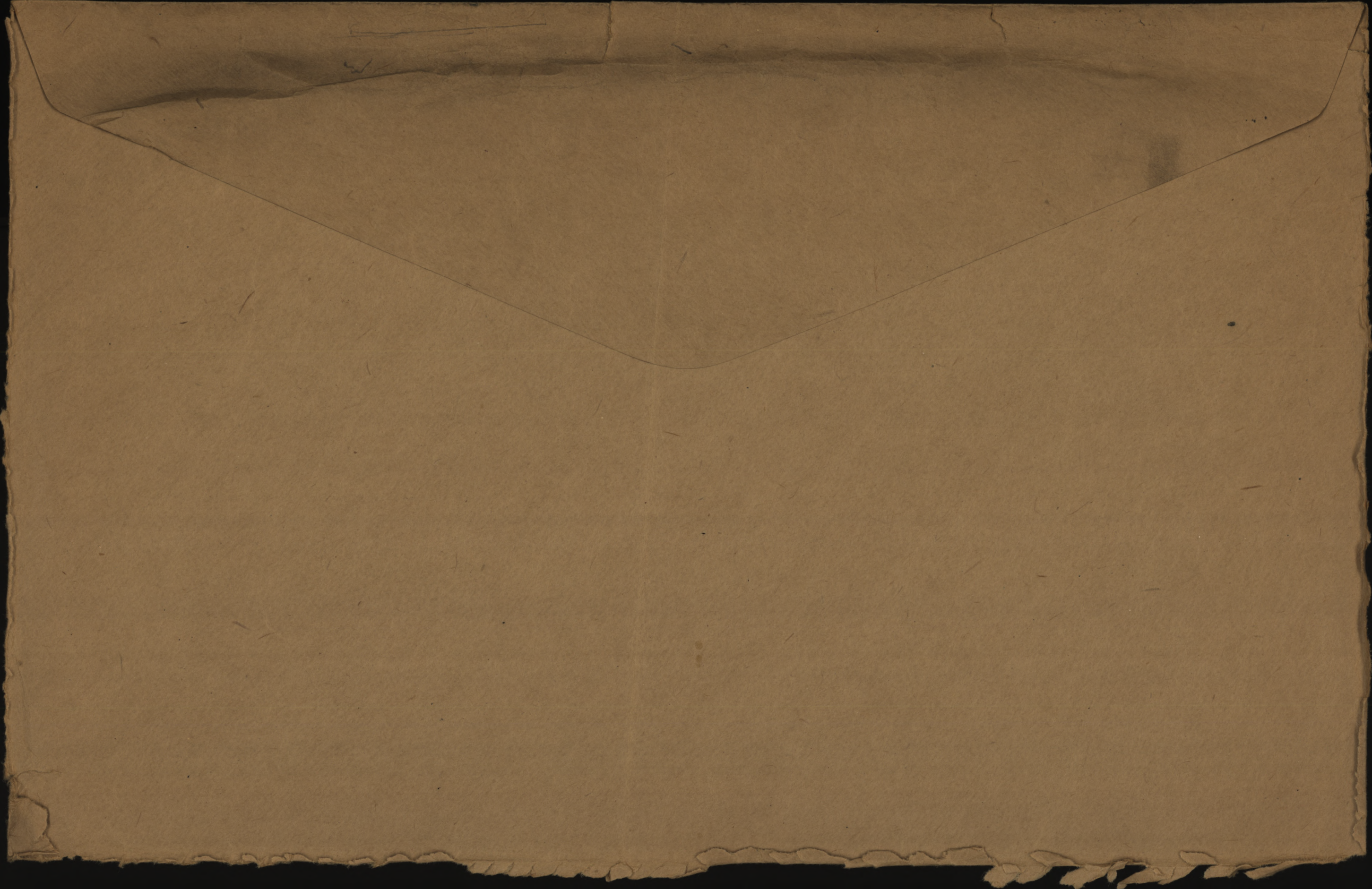
20
4-16
4-16
12-16

has card 2
M. F. W. 67-11
pe-1

M. F. B. 270.

850M-5-18

H. Q. 1772-39-07



931769

I.D. number
No. d'identification

FRANKS

Surname
Nom de famille

Sherley

Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

Box: 3272

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



DUPLICATE

To be made out in duplicate.

I.O. 51-21-23-53

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 CONSTRUCTION B'n. C.E.F.

(2) Regimental Number 931969

(3) Full Name of Soldier Shelby Frank

(4) Place of Birth Tennessee
U.S.A.

(5) Are you married, or not? Single

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

(b) Present Postal Address I

(7) Are you a widower? No

(8) Have you any children? T

If so, give number of boys and girls T

Also their names and ages T

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

If so, state name and address.....

(10) Is your Mother alive? *no*.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Sister:
Miss Esker Franks
Lawrenceburg, Tennessee, U.S.A.

(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.

(15) Are you insured? *no*.....

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

Have you made arrangements for payment of your Insurance premium.....

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

Arthur Carl
..... Lieut-Col.
..... No. 2 Construction Battalion C. E. F.
..... Officer Commanding.

Date *MAR 19 1917*.....

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

Casualty Form—Active Service.

Unit, Regiment or Corps. *2nd Const. Bn.*Regimental No. *931769*Rank. *Pvt.*Name. *Frank Sheely*

C. E. F.

Enlisted (a) *27-1-17*Terms of Service (a) *6/10*Service reckons from (a) *27-1-17*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				
<i>10-1-19</i>	<i>Summels</i>	Taken on strength No. 1 District Depot <i>London</i> D.C. <i>#21</i> <i>for C.</i> LONDON, ONT. DISCHARGED	<i>London</i> D.C. <i>#21</i> <i>F. C. Herman Lieut.</i> NO. 1 DISTRICT DEPOT		ON: DEMOBILIZATION <i>D. Fletcher Lieut.</i> for O. C. Discharge Section, No. 1 D. D.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

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

Adwards

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

350M.—5-16

H. Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. #2 Construction Battalion CEF.

Regimental No. 931769 Rank Pte. Name Frank Sherly

Enlisted (a) 27/1/17 Terms of Service (a) Duration of war Service reckons from (a) 27/1/17

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 JAN 1917
CAN. RECORDS, LONDON.

*2 Units
Both*

*Embarked, Canada Halifax NS 25/3/17
Disembarked, England Liverpool 17/4/17
Proceeded overseas Seaford 17/5/17*

*PTX D. O. #
J. H. Bamhill Lieut.
Adjutant, No. 2 Construction Batt'n, C.E.F. Captain.*

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

<i>5-7-17</i>	<i>O.C.</i>	<i>Sentenced 10 days J.P. 1 assault with knife on comrade</i>	<i>3rd</i>	<i>3/7/17</i>	<i>Probq. P. II 0 122 8 74</i>
<i>5/1/18</i>	<i>omit</i>	<i>act to 1 Dist CFC.</i>		<i>31/12/17</i>	<i>B 212.</i>
<i>20 4/18</i>	<i>5460.1.76.</i>	<i>Wac. to Det. Hosp. Almsou.</i>		<i>4/4/18</i>	<i>B. 213.</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. [P.T.O.]

Army Form A. 36

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				
27.4.18	546.2.76	Reg. unit from Hosp. Hld.		23.4.18	B 713
1-6-1918	H 2 Coy C. Co.	Evacuated to Detention Hospital almon		29.5-18	B 213
6-6-1918	51 General.	V. D. S. M. Admitted 51 Gen Hosp		6-6-18	W 3303 F 5679
8-6-1918	42 Coy C. Co.	Case transferred to Det C Hospital		31-5-18	B 213
30.8.18	51 Gen. Hosp.	Infected 2.0. & placed under S. O. Patrol 950 cl. per d. while in hosp from 6.6.18 to		30.8-18 (86 days)	A. 10.1643/6250 14 th 50 of Sept 1918
31.8.18	42 Coy C. Co.	arrived at 6.2. Ban Dept	Sued	2.8.18	RR 1232
2.9.18	42 Coy C. Co.	Left for No 41 Coy C. Co.	Sued	29/18	MR 11369
22.10.18	1st Lt C. Co.	Report from Ban	"	4-9-18	K 9.17797
11 th 18	Ady	Trans to England & posted to 4. S. Reg Dep	Bramshott	14 th 78	K 344
<p><i>B. A. Hewitt</i> Lieut. for Lt. Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, S. E. F.</p>					
17.12.18	A. S. R. D.	T.O.S. and att'd 2nd Lt. C. Co.	Bramshott	14.12.18	D.O. 305
	N.S.R.D.	for Quarters & Rations ON COMMAND TO C. P. D. <i>Rhyl.</i>	BRAMSHOTT		PART II D.O. <i>MRD 313</i> 27 ¹² / ₁₈ <i>Ed. Knight</i> LIEUT., OFFICER IN RECORDS, NOVA SCOTIA REG'T. DEPOT

JM

Rank _____ Name **FRANKS, Sherly.** Reg'l No. **931769**
 Unit **No. 2 Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Windsor Ont. 27th Jan 1917.** Place of Birth **Norrisburg, Tennessee, U.S.A.**
 Name and Address, Next-of-Kin **John Franks.**
Ettheridge, Tennessee, U.S.A. Relationship **Brother.**

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____

Relationship

Relationship

N/E. R.B. No. **5987**
 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.				
	<i>Do</i>				
		<i>Arrived in England. S. S. Southland</i>		<i>7.4.17</i>	<i>A.F.B. 103 CHECKED 29 MAY 1917 Award</i>
<i>14-6-17</i>	<i>2nd Const Bn</i>	<i>Arrived in France</i>	<i>France</i>	<i>17-5-17</i>	<i>PT 100 115</i>
<i>16.12.18</i>	<i>NSRD.</i>	<i>TOS from 2nd ecc.</i>	<i>Pls Bshott</i>	<i>14.12.18</i>	<i>00305 + 71 / 2nd ecc.</i>
<i>27.12.18</i>	<i>ASRD</i>	<i>Tc to CDD Rhye</i>		<i>27.12.18</i>	<i>DO. 313</i>
<i>179 JAN. 1919</i>	<i>NSRD</i>	<i>SO3 to CEF in</i>	<i>Pls Bshott</i>		<i>PT2DO 16</i>
		<i>CANADA</i>			<i>JAN 1919</i>

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. 931769.....RankPte.....SurnameFranks,.....
(Given name in full)

.....Sherly.....

Unit or CorpsI. D. D......Birthplace Morrisburg, Tenn., U.S.A.

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

1. GENERAL DESCRIPTION:

Physique ..Good.....Weight. 152..lbs. Height 5...ft. $\frac{33}{4}$...in. Colour of Eyes Brown.....

Nutrition ...Good.....

Pulse76.....

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

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

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

Left...21x..ft.

<p>Identification marks, scars, or deformities. (Give cause and date of origin.) One scar $1\frac{1}{2}$" long 5" below left axilla. 1 scar 4" long across left cheek due to knife cut prior to enlistment.</p>
--

Opinion as to general health and physical condition.....Good. 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...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.

Small cyst in intigament of upper eyelid. No disability. came on 1918. No disability due to active service.

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 London, Ont......(Canada)

Date ...Jan..21/19..... Signed G. A. Hood Capt......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 D. Fricks.....

(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]

INSTRUCTIONS

On examination the condition of the teeth should be noted on

the following points:

On the first of each tooth, on side to be noted in the

only such cases to be noted on this side as will show

1. Condition of condition in teeth

2. Condition of teeth, Canada

3. Condition on discharge

EXAMINED BY

W. M. ...
Capt.

1880
1881
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1916
1917
1918
1919
1920

THE HISTORY SHEET

COPY ONLY

CANADIAN EXPEDITIONARY FORCE Discharge Certificate

This is to Certify that No. 931769 (Rank) PRIVATE

Name (in full) FRANKS, Sherly enlisted in
the No. 2 CONSTRUCTION BATTALION, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR, ONT. on the TWENTY-SEVENTH
day of JANUARY, 1917.

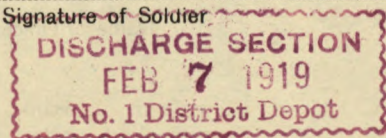
HE served in FRANCE (with 2ND CONSTRUCTION BATTALION)
and is now discharged from the service by reason of ON DEMOBILIZATION

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

Age 23
Height 5 - 6 1/2
Complexion COLORED
Eyes BROWN
Hair BLACK

Marks or Scars SCAR LEFT CHEEK

Signature of Soldier



Date of Discharge

[Handwritten Signature]

Issuing Officer

Rank

[Handwritten Signature]
O. C. Discharge Section, No. 1 D. D.

Appointment

Signed at LONDON, ONT. this SEVENTH day of FEBRUARY, 1919

in Military District No. ONE

File Reference No. ID-30-F-631
IDB-10-176

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 _____

On demobilization the particulars called for on the back of this certificate will not be completed.

Name of Officer

Rank

Appointment

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

FRANKS.
RANK

UNIT

S.

Co.

TROOP

931769.
BATTY.

Pte.
HOSPITAL

N.S. 2Con.

DATE OF ADMISSION

51. Gen. Etaples.

6-6-18.

1. HOSP.

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS V.D.S. *to*

1.

2.

3.

DISPOSITION

C.L. 12-6-18. A237.

Do

DATE
30.5.18

REMARKS

5-9-18 A310'

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

7.

KEY CARD NO. I.D.D. / O & D

Name **FRANKS Sherly** Rank **Pte.** Regtl. No. **931769**Original unit **2 Con.Bn.** Present unit **2 Con.Bn.** Fyle Depot **IDD-10-F-176**
Mr or S. Age **23** Religion **Meth** Ref. H.Q. **1D-30-F-631**Port, ship and date of arrival **Halifax, Olympic. 17-1-19**Next of kin **(Brother) John Franks, Ettheridge, Tennessee, U.S.A.**

Address on leave.....

Address on discharge **Lawrenceburg, Tennessee**Transportation issued No **Yes** Date..... Character on discharge.....Previous occupation **Cook** Date and place of enlistment **27th Jan/ 17. Windsor, Ont.**Diagnosis **N.A.** Date of Medical Boards **Jan. 21st, 1919, London, Ont.**

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
10-1-19	No. 1 District Depot	
20-1-19	Posted to Casualty Company.	21
7-2-19	Discharged from H.M.S. On Demobilization. (P.D.P.)	37

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

(over)

Date

Remarks

Pt. 2 Order No

M. F. W. 192

150m.—5-18

1772-39-1243

SURNAME.

Franks

CARD NO.

265 demob. 7-2-19

CHRISTIAN NAMES

Sherly

10637

FOLL.

6-2-19

No 100.

REGL. NO.

931769

RANK

Pte.

UNIT

No 2 Construction Bn, No. 1 W.W.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Franks, John

RELATIONSHIP TO SOLDIER

brother

ADDRESS

Ethridge, Tenn, U.S.A.

COUNTRY OF BIRTH

U.S.A.

DATE

Norrisburg, Tenn, July 25th. 1895

PLACE OF ATTESTATION

Windsor Ont.

DATE

Jan. 27th. 1917

P/O 17-1-19
~~*255*~~
~~*20*~~
Pte

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

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

book

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

22

YEARS

MONTHS

HEIGHT

5

FEET

6 1/2

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

2

INCHES

COMPLEXION

colored

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Windsor Ont.

DATE

Jan. 27th. 1917

Present address

Detroit, Mich., U.S.A.

NAME

Franks, S

REG'T'L. No. 931769

RANK AND CORPS

Pte

Nova Scotia Regt.

H. Q. FILE NO. 649

FOLLOWS

NO.

(2 Con)

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a/237'

#51 Gen. Staples 6-6-18

V.D.S.

a310

Discharged 30-8-18

" " "

No. 931769 RANK

Pvt.

NAME

Franks Shirley

T. O. S. 27-1-17.

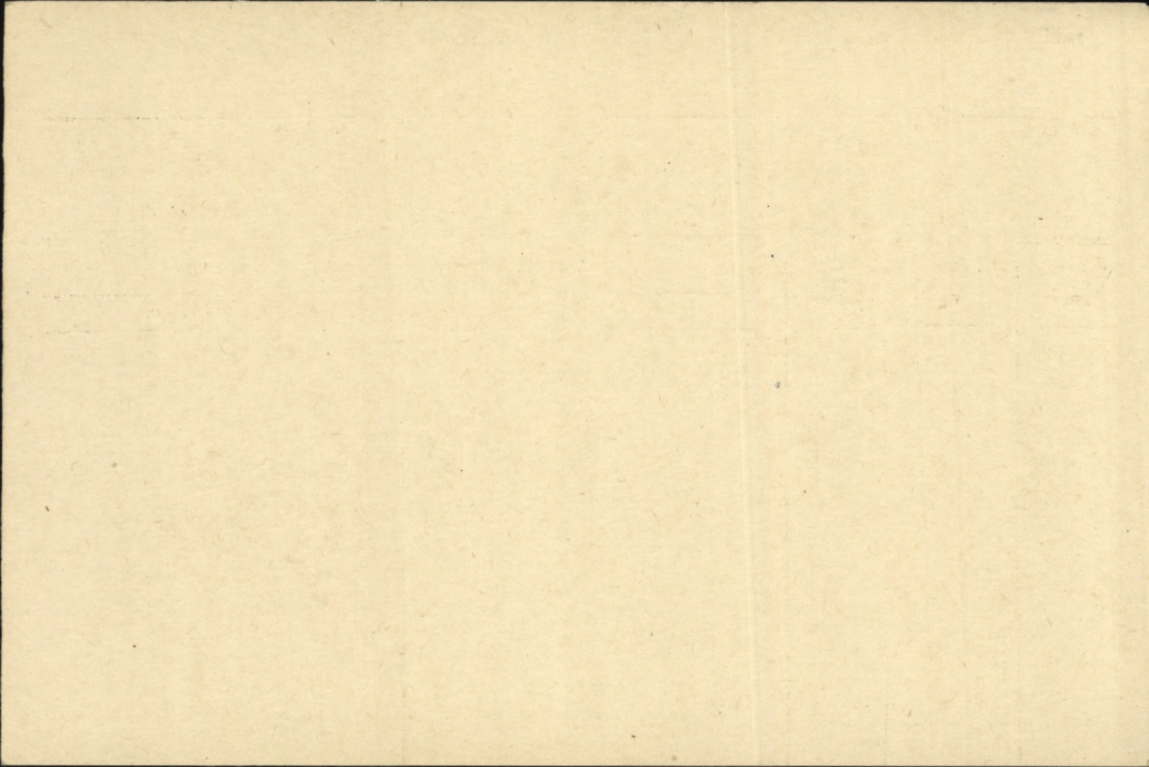
UNIT

No 2. Construction Battalion

D.O. 32.6.2.17.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Jan 27	1917. Feb 28	m.		
Mar		w		



5000

Number 931769 Rank Spr

Surname FRANKS

Christian Name Sherly

Units CORCC Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address Lawrenceburg
Tennessee,

Roll No. USA

200m.-2-21.M. *B. Page 16332.*

Handwritten initials in red and blue ink.

DESP. SEP 9 1922

REQN. NO GA 36070

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

NAME:- *FRANKS Sherly E*
NUMBER:- *931769*

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.

UNIT AND TRANSFERS

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

PARTICULARS OF RANK OR APPOINTMENT			
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		<i>Plc.</i>	
UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 5 F 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>7/27/18</i>	<i>6577</i>	<i>Field</i>	<i>14.66</i>				
<i>18/12/18</i>	<i>3575</i>	<i>B.R.D.G.</i>	<i>14.39</i>				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE *Disto Canada 1-19-18 16.16.17/18 266.00 Ledger 527.65 26.16.18 1513.26*

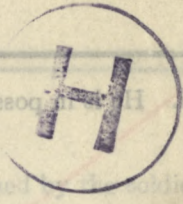
MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal. Ford</i>								<i>31245.172</i>		
Apl	<i>P. Pay</i>	<i>33</i>		<i>AR 118 6/4 C.F.C. 201</i>	<i>3.57</i>						
				<i>AR 300 2074 - - -</i>	<i>3.57</i>				<i>33831.187</i>		
May	<i>P. Pay</i>	<i>34.10</i>		<i>AR 495 7/5 C.F.C. 1</i>	<i>2.68</i>						
				<i>v 723 275 - - -</i>	<i>4.46</i>				<i>36527.202</i>		
June	<i>P.P.</i>	<i>33</i>							<i>39827.217</i>		
July	<i>P. Pay</i>	<i>34.10</i>							<i>43237.232</i>		
Aug	<i>P. Pay</i>	<i>34.10</i>							<i>46647.247</i>		
Sep	<i>P.P.</i>	<i>33</i>		<i>6-6-18 } 86 days C607 30-8-18 } 30 50.26ms 7/18</i>		<i>51.60</i>					
				<i>AR 2203 6/9 C.F.C. 1</i>	<i>3.57</i>						
				<i>DNAR. 9466 8/9/18. Can 98D.</i>	<i>4.46</i>						
				<i>AR 2443 23/9 C.F.C. 1</i>	<i>3.57</i>				<i>43627.241</i>		<i>2/2 page</i>
Oct.	<i>P.P.</i>	<i>34.10</i>		<i>AR 2681 7/10 C.F.C. 1</i>	<i>3.73</i>						
				<i>AR 2933 23/10</i>	<i>3.73</i>				<i>46291</i>		
Nov	<i>P. Pay</i>	<i>33</i>		<i>AR 3100 C.F.C. (1) - 8/11/18</i>	<i>3.73</i>						
Dec	<i>Int on Defl Pay</i>	<i>34.10</i>		<i>AR 3307 - - - 25/11/18</i>	<i>13.06</i>				<i>527.65</i>		
				<i>AR 6339 - cy 18 - 10/12/18</i>	<i>4.66</i>					<i>305</i>	
				<i>" 3575 " 18/12/18</i>	<i>9.73</i>				<i>513.26</i>		

CANADIAN ASSIGNED PAY AUDITED
No Disagreement
AUDIT CLERK
DATE *24/5/19*

446
14.39
16.79
38.64

COMPILED BY *[Signature]*
CHECKED BY *[Signature]*

527.65
16.39
513.26



This space to be for numbers

Proceedings on Discharge.

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

No.	931769
Rank	PRIVATE
Surname	FRANKS,
Christian Name	Sherly
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No. 2 CONSTRUCTION BATTALION? C.O.M.F.
Date of Discharge	FEB -7 1919 2037 41 6.2.19
Place of Discharge	LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....23..... years..... months.	Descriptive Marks
Height.....5..... feet.....6½..... inches.	
Complexion	COLORED
Eyes	BROWN
Hair	BLACK
Trade	Cook
Intended place of residence	Lawrenceburg, Tennessee,
(To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of **NO 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.

*amk.
26-3-19*

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.

S. F. Fowler

(Signature of Soldier.)

(Date)..... FEB -7 1919

S. J. Peddon

(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.

(Signature).....

S. Fletcher Hunt

(Date)..... FEB -7 1919

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

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

Frank

<p>Militia Form B. 263 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia form B. 263</p>
<p>B. 218 Proceedings on Discharge</p>	<p>B. 263a Conduct Sheet Squadron Battery Company</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>	<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>

N. R.—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>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.

10. Statement of Service.

11. Confirmation of Discharge.

(Place) LONDON, ONT.

(Signature) *[Handwritten Signature]*