

couple
30-11-16

DUPLICATE

506333

ATTESTATION PAPER.

No. ~~285~~

Folio. Duplicate

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION FREE LAND
(ANSWERS.)

1. What is your surname?..... Freeland
- 1a. What are your Christian names?..... Frank
- 1b. What is your present address?..... R.H.D. No 1, Turquoise Saanich B.C.
2. In what Town, Township or Parish, and in what Country were you born?..... Chile South America
3. What is the name of your next-of-kin?..... Mrs R. J. Freeland
4. What is the address of your next-of-kin?..... R.H.D. No 1, Turquoise Saanich B.C.
- 4a. What is the relationship of your next-of-kin?..... mother
5. What is the date of your birth?..... Aug 4th 1891
6. What is your Trade or Calling?..... Electrician
7. Are you married?..... no
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... no
10. Have you ever served in any Military Force?..... no
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

Frank Freeland....., 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 12th 1916 Frank Freeland..... (Signature of Recruit)
W. H. H. H. H...... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Frank Freeland....., 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 12th 1916 Frank Freeland..... (Signature of Recruit)
W. H. H. H. H...... (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..... Victoria B.C...... this..... 12th..... day of..... October..... 1916
W. H. H. H. H...... (Signature of Justice)

Description of Frank Ireland on Enlistment.

Apparent Age 25 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 6 ft. ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 33 ins.

Complexion Irish

Eyes Brown

Hair Brown

Religious denominations. { Church of England
 Presbyterian
 Methodist
 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 92 1916 [Signature]

Place Brimmatt. [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.

Frank Ireland 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.

Date Nov 92 1916 [Signature] (Signature of Officer)
 MAJOR C. E.
 U. C. 8th Field Company Canadian Engineers

REGIMENTAL DOCUMENTS

70615
2-5-19

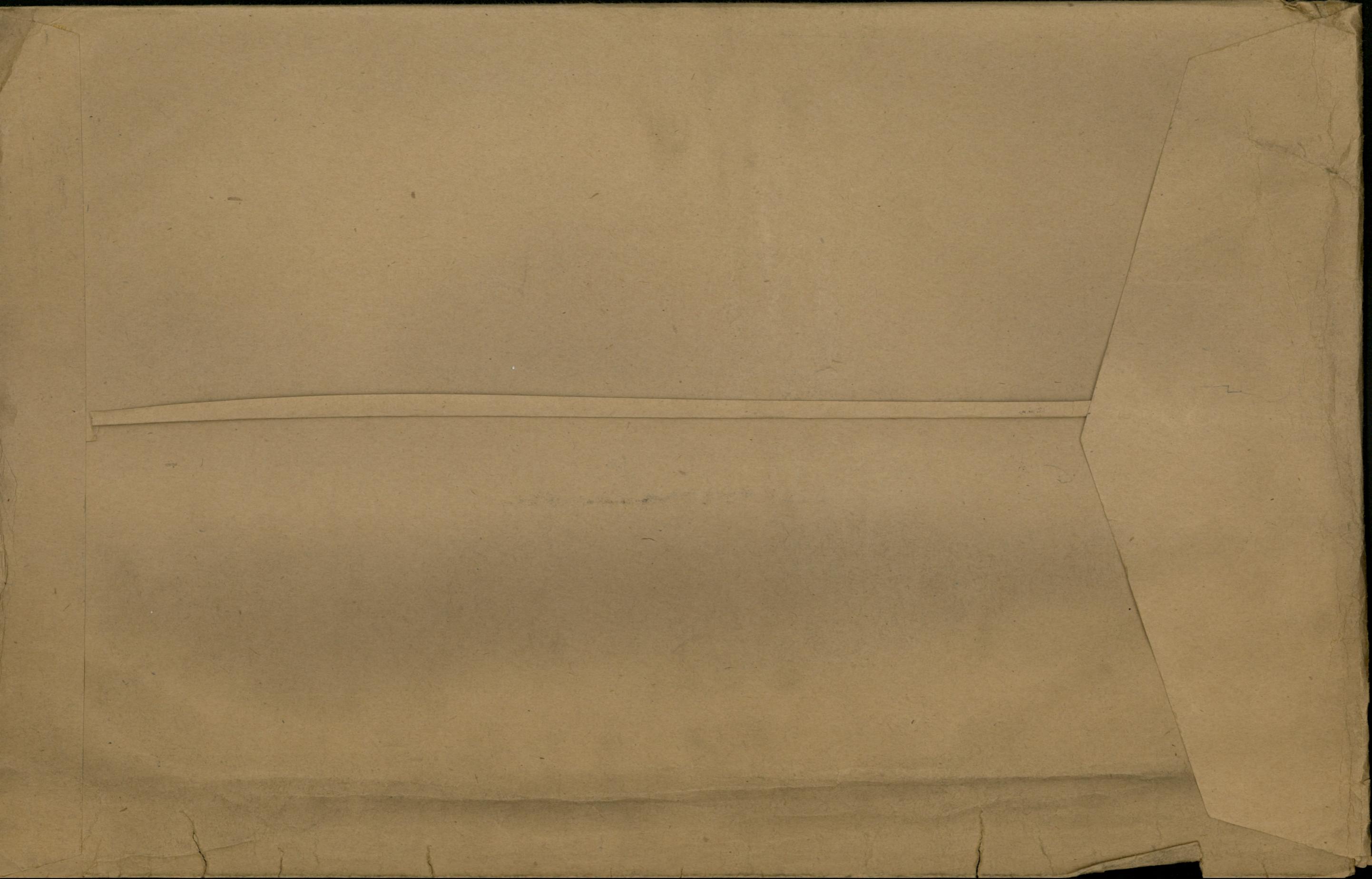
NAME **FREELAND**

FRANK *L/CPL* REGT. NO. **506338**

UNIT **7th Bn Inf**

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	17	M		19495	DEATH	
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category			
1 TRAINING HISTORY SHEET (M.F.W. 113)						
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						
DENTAL HISTORY SHEET (M.F.B. 465)						
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
1 MEDICAL EXAMINATION (M.F.W. 129)						
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					DISCHARGE	
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					Category	
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					<i>Demob.</i>	
LAST PAY CERTIFICATE (M.F.W. 44)						
1 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)		H				
1 CASE 5009a						
2 2. CD3						
1 M 2467						
1 R 22						
						1
						16-21
						16-21
						3-21
						1



Rank **22nd Dft to** Name **FREELAND. Frank.** Reg'l No. **506338**
 C.R. Unit **C.E.T.D.** If in perm. Corps }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Victoria. B.C. Oct 12th 1916.** Place of Birth **Chile.**
S. America.
 Name and Address, Next-of-Kin **Mrs R.J. Freeland.**
R.M.D.No.1. Turgoose. Saanich. B.C. Canada. Relationship **Mother.**

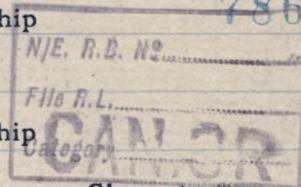
Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

7869



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>Arrived in England.</i>	<i>S S GRAMFIAN</i>		
<i>7 2 17</i>	<i>CETO T on</i>	<i>S CROWBORO.</i>	<i>7-2-17</i>	<i>Pt 2</i>	
<i>10.5.17</i>	<i>---</i>	<i>S.O.S. proc of seas to C.E. Pool</i>	<i>Crow.</i>	<i>9.5.17</i>	<i>1117 Pt 33 of Engin Pool of 18⁵/₁₇</i>
<i>12.7.17</i>	<i>4th Coy. 3rd Div. Engr.</i>	<i>T.O.S. from C.E. Pool.</i>	<i>Field</i>	<i>12.6.17</i>	<i>Pt 47. Pt 47 C.E.R. Pool. BOS.</i>
<i>2.7.18</i>	<i>7th Bn CE</i>	<i>T.O.S. from 7th Bn. CE</i>	<i>"</i>	<i>Sp 30.5.18</i>	<i>501 + 7th Bn CE Co 50 25d 2 1/2</i>
<i>23.9.18</i>	<i>"</i>	<i>appl'd of ce.</i>	<i>"</i>	<i>13.9.18</i>	<i>2036</i>
<i>17-3-19.</i>	<i>---</i>	<i>S.O.S. to Canada.</i>	<i>Onshott.</i>	<i>"</i>	<i>Pt 30.</i>
		<i>S/L 41. D.A. "U"</i>		<i>17.3.19.</i>	

ATB 103 CHECKED

MAY 11

War Service Badge
Class "A" No. _____

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

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

ENGINEER TRAINING DEPT

Unit, Regiment or Corps ENGINEER TRAINING DEPT

Regimental No. 506338 Rank Sapper Name Freeland Frank

Enlisted (a) 12/10/16 Terms of Service (a) Prof War Service reckons from (a) October 12th 1916

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) Electrician & Sapper

CERTIFIED CORRECT.
 170 MAY 1917
 26 MAY 1917
 ONE RECEIVED LONDON.

Report Date	From whom received	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.
		Embarked Canada	Canada	26-1-17.	
		Disembarked	England	6-2-17.	
7-3-17.	C.E.T.D.	Taken on Strength from Canada.	Crowboro.	7-2-17.	Part II Order 33. ✓
170 MAY 1917	C.E.T.D.	Struck off Strength of C.E.T.D. having proceeded to C.E. Pool house	CROWBOROUGH	9-5-17	Part II Order No. 44 7 Finney Lieut. C.E. for Adjutant, C.E.T.D.
10/5/17	CSA	LOS Pool	F.L.D.	10/5/17	P/31.
16.6.17	O.C. 77th Co	Left to 77th Co		11.6.17	B 213 P/213 47
Do.	Do.	T.O.A.		12/6/17.	P/47.
Do.	Do.	Train Unit		12/6/17.	B 213 - B.S. 172.
13/10/17.	O.B.	Att. to N. G. 3rd Lt. G. G. G. G.		17/10/17	B. 213.
27-10-17	O.B.	Remained	Unit	16-10-17	B. 213.
29.5.18	W.O.	Att. to 7th Bn C 8		29.5.18	P. 25.
do	do	T.O.S. do		30.5.18	P. 1.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

12 JUL 1918

Freeland F.

506338

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				
29.6.18	7 Bn C.E.	Comd. 10th "L" Co	Field	29.6.18	B-213. 3rd Div G-189. 17.6.18.
3.8.18	"	Rejd fr	"	29.7.18	B-213.
10.8.18	"	Got 14 days Leave	U.K.	5.8.18	B-213 - Pt 11-19-17.8.18
24.8.18	"	Rejd from	Field	21.8.18	B-213.
14.9.18	"	<i>Apptd. Sec Capt.</i>	"	13.9.18	B-213 - Pt 11-36-23.9.18
5.10.18	7 Bn C.E.	Sick	N.S.	2.10.18	B-213.
3.10.18	14 C.F.A.	Eczema Adm	14 C.F.A.	3.10.18	a-36-K-6925
6.10.18	"	P.M.O. To duty	Field	6.10.18	a-36-R-510 a-36-9.10.18 R-1594
12.10.18	7 Bn C.E.	Rejd from F.A.	"	9.10.18	B-213.
15.2.19	OC Emb Haver	Proceeded To-England		15.2.19	Brig 12914

[Signature]

Lt. Col., A.A.G.,
Canadian Section

[Signature]

S-O-S- 7th Bn. C.E. en proceeding
to Canada Pt-2-30 D 15 3 19

THAMPTON 17-3-19
S'S OLYMPIA

[Signature]

Adjutant, No. 8 Trans-Atlantic Conducting Staff

[Signature]
Ass't. Adjutant, District Depot, M. D. XI

T. O. S. No 11 DD 17 Mch 19
S. O. S. C. E. F Apr 2 19 U Area
No 11 DD do 97 Apr 7 -19

17/3/19

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..... *Canadian Engineers.*
 *ENGINEER TRAINING DEPOT*

(2) Regimental Number..... *506338*

(3) Full Name of Soldier..... *Freeland Frank*

(4) Place of Birth..... *Chile South America*

(5) Are you married, or not?..... *no*

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

 (b) Present Postal Address..... *—*

 (7) Are you a widower?..... *—*

(8) Have you any children?..... *—*
 If so, give number of boys and girls.....
 Also their names and ages..... *—*

H.O. 24-21-33-23 To be made out in duplicate

(9) Is your Father alive? *Yes*

If so, state name and address *Reginald John Greeland R M D No 1*

(10) Is your Mother alive? *Yes* *Furgoose Vancouver Island B C*

If so, state name and address *Fanny S Greeland*
same 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.

(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? *Yes*

If so, in what Company? *Mutual Life of Canada*

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.

W. George Bond Capt R.C.C.E.
Officer Commanding.
for *O. C. Engineer Training Det.*

Date *16/11/16*

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. 506338 Rank L/CPL Surname FREELAND
(Given name in full)
FRANK
 Unit or Corps 7th Bn. C.E. Birthplace Valparaiso, Chile

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

1. GENERAL DESCRIPTION:

Estimated

Physique Good Weight 140 lbs. Height 5 ft. 6 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 78 Regular
 Condition of arteries Soft
 Vision Rt. $\frac{6}{20} +$ Left $\frac{6}{20} +$
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Small scar L breast
Pre War

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System Yes 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.

2-10-18 P.U.O 6-10-18 Duty. no disab.
Eczema

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Braunschweig (Overseas)

Date 19-2-19

Signed W. J. MacLachlan M.O.
capt

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

Signature F. Greenland

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 63262

THIS IS TO CERTIFY that No. 506338 (Rank) 1/cpl

Name (in full) Freeland Frank enlisted in
the 6th field Co + Can. Engrs
CANADIAN EXPEDITIONARY FORCE at Esquimault B.C. on the 12
day of Oct 19 16

HE served in 7th field Co + 7th Batt C.E.

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

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

Age <u>28</u>	Marks or Scars <u>small scar</u>
Height <u>5-6</u>	<u>left Breast</u>
Complexion <u>Fresh</u>	<u>pre-war</u>
Eyes <u>Brown</u>	
Hair <u>Brown</u>	

F. Freeland
Signature of Soldier

Date of Discharge APR 2 - 1919

W. J. Banton
Issuing Officer
Capt
Rank
O. C. "U" DISPERSAL STATION
Date APR 2 - 1919 19

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

THIS IS TO CERTIFY that No. 100 200 300 (Rank) Private (Name in full) John J. Jones enlisted in the Canadian Expeditionary Force on the 15th day of July 1918. HE served in 7th Battalion and is now discharged from the service by reason of Medical Reasons (Medical Certificate) 100 200 300 (Mobilization) 100 200 300

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

Age	<u>20</u>
Height	<u>5' 8"</u>
Complexion	<u>Fair</u>
Eyes	<u>Blue</u>
Hair	<u>Brown</u>
Signature of Soldier	<u>John J. Jones</u>
Date of Discharge	<u>15th July 1918</u>
Rank	<u>Private</u>
Signature of Officer	<u>[Signature]</u>
Date	<u>15th July 1918</u>

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

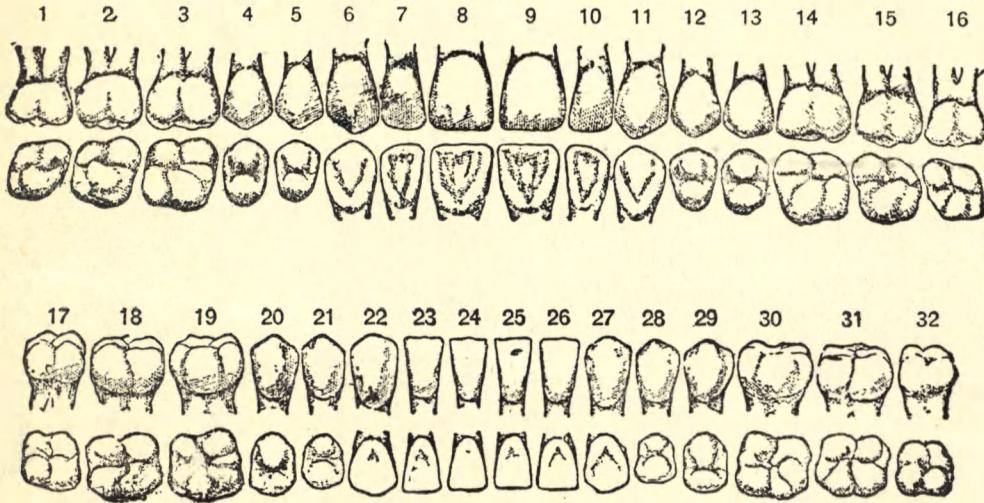
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) FREELAND, F.
 REGIMENT 7 Batt C.E. A Coy RANK L/Cpl. No. 506338
 Date of Examination in England _____ Date of Examination in France 9/1/19

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 12.
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

- (a) In Canada
- (b) In England Yes.
- (c) In France

Signature of Dental Officer [Signature]
 Capt.

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FREE LAND FOR
SETTLERS
1862

~~1862~~

1862

1862

MEDICAL HISTORY SHEET

506339

Surname Freeland Christian Name Frank

Examined { on 12 day of Oct 1916
 at Coyne Barracks

Approved by [Signature]

Birthplace { City or Town Chilivi
 County S. America

Rank Capt. R.M.C. M.O.

Apparent age 25

EXAMINED FOR RE-ENGAGEMENT

Trade or occupation Electrician

M.O.

Height 5 feet 6 Inches

M.O.

Weight 140 lbs.

M.O.

Chest measurement { Minimum 33 inches
 Maximum expansion 37 inches

M.O.

M.O.

Physical development Fair

M.O.

Small-pox Marks no

M.O.

Vaccination Marks { Arm Right Left
 Number 0 0

VACCINATIONS

When Vaccinated last childhood but 13-1-17

[Signature] M.O.

(a) Marks indicating congenital peculiarities or previous disease

M.O.

M.O.

(b) Slight defects but not sufficient to cause rejection

ANTI-TYPHOID INOCULATIONS, ETC.

25-11-16 Single [Signature] M.O.

6-1-17 Single [Signature] M.O.

13-1-17 Double [Signature] M.O.

Vision = $\frac{20}{20}$ each eye

Enlisted on 12th day of Oct 1916 at Coyne Barracks BC

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>6th Field Coy</u>	<u>506339</u>		
Transferred to	<u>Can Eng</u> Canadian Engineers	<u>2215</u>		<u>12-10-16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Vancouver</u>	<u>Nov 10/16</u>	<u>Fit</u>	<u>[Signature]</u> Major Camp
<u>ST. JOHNS, P.Q.</u>	<u>JAN 11 5 1917</u>		<u>[Signature]</u> Capt Camp
			<u>[Signature]</u> Capt Camp

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.

Surname

Greenland

Christian Name

Frank

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



MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

To Whom *Mrs R J Ireland*
 Address *R M 4 No 1 - Turgoose*
Saanich. B C

By Whom Assigned *Ireland Frank*
 Regtl. No. *5-06338*
 Rank *Spr*
 Corps *Can Eng*

Rate *20 00*

FEB 1 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				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

Mrs R J Ireland

Name of Soldier

Ireland Frank

PAYMENTS.

306338 - Spr. Can. Eng

L. L. Job 4503 - Req. 6832.

20 00

Remarks.

FEB 1 1917

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1917		
Feb.		R41389	20
March		B 50269	20
April		I1724	20
May		X 8185	20
June		X14951	20
July		E22169	20
Aug.		F 32371	20
Sept.		L 35950	20
Oct.		W. 42276	20
Nov.		X 47434	20
Dec.		I54201	20
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

20 lev

20 B

20 B.

B.

L.

J.

220. 150

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

60m
JCA

Number 506338

Rank 2nd bpl

B
2

Surname FREELAND

Christian Name Frank

Units C.E. Theatre of War France

Date of Service 9.5.17

Remarks

Latest Address F.M.D. No. 1. Turgoose,
Saarich,

Roll No. B Page 15742. B.C.
barracks.

200m.-2-21.M.

DESP. AUG 9 1922
REGN. No. *W. 1980x*

SURNAME.

Freeland.

u. 11

CARD NO. ✓

CHRISTIAN NAMES

Frank.

*S.O.S. 2-4-19, Demol.
S.O. 97 FOLL. 7-4-19
11. 10. 11*

REGL. NO.

506338.

RANK

Sapper.

UNIT

Engineers Training Depot (22nd R.D.)

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Freeland, Mrs. R. J.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

*R. M. D. No. 1. Tugvoose,
Saarich. B.C.*

COUNTRY OF BIRTH

Chili.

DATE

Aug. 9th, 1891.

PLACE OF ATTESTATION

Victoria, B.C.

DATE

Oct. 12th, 1916.

R/C. 24-3-19 $\frac{290}{238}$ 2/Epl

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Electrician

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

26

YEARS

Not stated

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fresh

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Esquimalt B.C.

DATE

Oct. 12th. 1916.

Present Address -

*R. M. D No. 1. Turgoose
Swanich. B.C.*

* Strike out whichever is applicable.

ASSIGNED PAY.	ENGLAND CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1.2.17.	EFFECTIVE DATE:-	
AMOUNT:-	20 ⁰⁰	AMOUNT:-	

NAME:- **FREELAND** *Franko*

NUMBER:- **506338**

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mr R. J. Freeland Mother
Rm 1. Lingoose, Saanich, B.C. Can

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Sapper</i>
<i>DD 26, 23/18, 766</i>	<i>13.9.18</i>	<i>5th</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>16/8</i>		<i>Liet</i>	3 89				
<i>1/9</i>	<i>297</i>		3 87				
<i>18 Jan</i>	<i>1100</i>	<i>Field</i>	3 73				
<i>2 Feb</i>	<i>1216</i>		3 73				
<i>17</i>	<i>810a</i>	<i>3CC</i>	48 67	<i>5633</i>			

UNIT AND TRANSFERS

ORIGINAL UNIT:- *6620*

DATE ACCOUNT FIRST OPENED:- *24.1.17.*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO:
<i>AR.</i>	<i>11.8.17.</i>		<i>3rd Div Eng</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 05</i>	<i>= 10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *trans to bank - R 11 17/2, Bram to Bram - M.D. 11 Dupal 2/60*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar</i>	<i>31st</i>			<i>Bas Ford</i>					<i>8591</i>		
<i>Apr</i>		<i>33</i>		<i>6019</i>				<i>20</i>			
				<i>AR 2 3/1 3 26</i>	<i>3 57</i>						
				<i>AR 121 2/1 "</i>	<i>7 14</i>				<i>8720</i>		
		<i>33</i>			<i>10 71</i>			<i>20</i>			
<i>May</i>	<i>P P</i>	<i>34 10</i>		<i>6019</i>				<i>20</i>			
				<i>AR 181 15/5 3 26</i>	<i>4 46</i>				<i>9684</i>		
		<i>34 10</i>			<i>4 46</i>			<i>20</i>			
<i>June</i>	<i>P P</i>	<i>33</i>		<i>A R 7 3/6 7 66 B</i>	<i>4 46</i>						
				<i>C. A. P.</i>				<i>20</i>			
				<i>A R 63 15/6 "</i>	<i>3 57</i>				<i>161 81</i>		
		<i>33</i>			<i>8 03</i>			<i>20</i>			
<i>July</i>		<i>34 10</i>		<i>6019</i>				<i>20</i>			
				<i>A. R 95 17 7 66</i>	<i>3 57</i>						
				<i>97 47 30 11 66</i>	<i>3 57</i>						
				<i>978 10/7 "</i>	<i>3 57</i>						
				<i>1/11 63 15/6 7 66</i>	<i>3 57</i>						
				<i>1192 24/7 30 11 66</i>	<i>4 46</i>				<i>95 39</i>		
		<i>34 10</i>			<i>20 52</i>			<i>20</i>			
<i>Aug</i>	<i>P A</i>	<i>34 10</i>		<i>6019</i>				<i>20</i>			
				<i>AR 247 9 66</i>	<i>3/8 1 78</i>						
				<i>247</i>	<i>3/8 9 733</i>				<i>10 38</i>		
		<i>34 10</i>			<i>9 733</i>			<i>20</i>			
<i>Sept</i>		<i>33</i>		<i>6019</i>				<i>20</i>			
	<i>diff bet pay 13/9 - 30/9 - 18 days 5^y</i>	<i>90</i>		<i>287 7 66 7/9</i>	<i>3 57</i>						
				<i>351 "</i>	<i>4/9 3 57</i>						
				<i>AR 3303 20/9</i>	<i>89</i>				15 35		
		<i>33 90</i>			<i>8 03</i>			<i>20</i>	<i>16 25</i>		

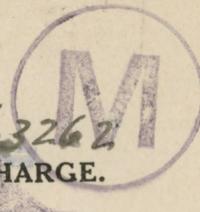
NUMBER 506338 RANK

F. L. Jcp NAME *FREELAND J*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									16 25		
Oct	<i>Perd</i> <i>Sub</i>	35 65		414 7 66 1 ¹⁹ / ₁₄	3 73				48 77		
				489	3 73				48 77		
		35 65		<i>cap.</i>	7 46			20	24 44		
Nov.		34 50		<i>cap</i>				20	38 94		
				555	2 ¹¹ / ₁₈	3 73			35 21		
				650	20 ¹¹ / ₁₈	13 06			22 15		
Dec.		35 65		<i>cap</i>				20	37 80		
				730	5 ¹¹ / ₁₈	3 73			34 07		
Jan		35 65		<i>cap</i>				20	49 72		
		105 80			20 52			100			
				868	19 ¹¹ / ₁₈	4 66			45 06		
				985	3-1-19	3 73			41 33		
Feb.		32 20		<i>cap</i>				20	53 53		
				216	2/2/19	3 73			49 80		
				F109 <i>B'shett</i>	17/2/19	4 86			1 13		
				1100. <i>T. E. E.</i>	18/1/19.	3 73			2 60		
				8-149. <i>CCC.</i>	8/3/19.	9 73	<i>Grnd.</i>		12 37		
		32 20			7 42 5			20			

L.O.B. to Canada 17-3-19 S.L.H. C.E.

War Service Badge
Class A No. 63262



D.A. U
O.G. 3

SHORT FORM.
PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No. 506338.

2. Rank. Lt / Capt.

3. Name. Freeband Frank.

4. Unit. 7th Batt. C.E.

5. Date of Discharge April 2, 1919 Place ~~Yugose R.M.D. (1) Suvaich~~ Victoria (V.I.)

6. Reason for Discharge Demobilization

7. Authority.

8. Proposed Residence after Discharge. ~~Yugose R.M.D. (1) Suvaich (V.I.)~~

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. N. ? B 39

Freeband
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place VICTORIA, B. C.

Date APR 2, 1919

Signature *O. B. Shaw, Major*
(O. C. Discharging Unit.)

OC Disposal Station "U"



SHORT FORM
PROCEEDINGS ON DISCHARGE

(Discharge)

1	Name of Soldier	...
2	Rank	...
3	Company	...
4	Regiment	...
5	Date of Discharge	...
6	Reason for Discharge	...
7	Remarks	...
8	Proposed Discharge after Discharge	...
9	Remarks	...

CONTINUATION TO BE SIGNED BY SOLDIER

I hereby acknowledge that at no undetected place and date I received my discharge Certificate

M. N. W. A. S.

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place VICTORIA B.C.

Date APR 2 1919

Signature
(G. C. [Name])

LIST OF DISCHARGE DOCUMENTS.

Attention Paper, Triplicate	Medical Form W. 23
or Particulars of Honor	Medical Form W. 103
Field Conduct Sheet	Medical Form W. 103 or A.M.H. 103
Company Form	Medical Form W. 64 or A.M.H. 103
List by Certificate	Medical Form W. 44
Certificates that missing documents are unobtainable	
Medical History Sheet	Medical Form D. 218 or A.M.H. 218
Proceedings of Medical Board	M.F.B. 207, 211, 212 or A.M.H. 207
Dental History Sheet	Medical Form H. 408
Medical Report	Medical Form W. 103 or A.M.H. 103
Regimental Conduct Sheet	Medical Form H. 203
Company Conduct Sheet	Medical Form H. 203

LETTERS TO BE RETURNED TO THE OFFICE

NOTIFICATION

[Faint handwritten signature and text at the bottom of the page]

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... /	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet..... /	Militia Form W. 178 or A.F.B. 122
Casualty Form..... /	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet..... 2	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet..... /	Militia Form B. 465
Medical Report..... /	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet..... /	Militia Form B. 263
Company Conduct Sheet..... /	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing { Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 61).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. 18
 Date 13/3/19

4 Duplicate

Olympic 25/3/19

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. *S* PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. *506338* RANK *Lt/6pl* NAME (IN FULL) *FREELAND, F.*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		<i>English L.P.C. pay to 28/2/19</i>			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
					<i>20.00</i>	<i>1/4/19</i>	
					<i>Mr R. J. Freeland</i>	<i>T.S.</i>	
					ADDRESS		
					<i>R. H. D 1st Surgeon</i>		
					<i>Saanich B.C.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>A.D. 11</i>		<i>2/4/19</i>

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL 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		REGIMENTAL CHARGES	OTHER CHARGES	DEBITS	DEBIT		CREDIT	
					\$	C.	NO.	DATE	NO.	DATE		NO.	DATE								\$
<i>28/2/19</i>		<i>115</i>																			
<i>31/3/19</i>	<i>31</i>	<i>115</i>	<i>35 65</i>	<i>35 00</i>																	
<i>2/4/19</i>	<i>2</i>	<i>115</i>	<i>230</i>																		
<p><i>Certified that all payments have been made on this account for which covering authority has been received to date.</i></p> <p><i>153 days</i></p> <p><i>350 -</i></p> <p><i>350 -</i></p> <p><i>War Service Gratuity</i></p> <p><i>Service 2 years - months</i></p> <p><i>May 15 18903 72 30</i></p> <p><i>June 2 188324 70 - 30</i></p> <p><i>July 2 814612 70 4</i></p> <p><i>Aug 2 873842 70 -</i></p> <p><i>350 -</i></p> <p><i>8</i></p>																					

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

[Signature]
 Officer in Charge War Service Gratuity
 M.D. No. 11

BALANCE FROM PREVIOUS ACCOUNT



21

Date of Enlistment

MILITIA AND DEFENCE

5573

Date of Assignment

Separation and Assigned Pay Branch

F 5684

Feb 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *2'06338*
 Rank *Spv.* Promoted Reverted Discharge
 Soldier's Name *Frank Freeland*
 Battalion *Can. Engrs*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs R. J. Freeland*
 Address *R. M. N. Rd, Furgoose, Saanich B.C.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>6384-7-7</i>
<i>Dec. 31</i>			<i>220</i>	<i>220</i>	
<i>Jan</i>	<i>R 67080</i>		<i>20</i>	<i>20</i>	<i>P</i>
<i>Feb.</i>	<i>F 97086</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>A 136882</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr</i>	<i>G 14105</i>		<i>20</i>	<i>20</i>	<i>W</i>
<i>May</i>	<i>S 13121</i>		<i>20</i>	<i>20</i>	<i>W</i>
<i>June</i>	<i>M 23610</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>M 30975</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>M 39034</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept</i>	<i>R 50786</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>R 55328</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov</i>	<i>N 58139</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec.</i>	<i>V. 67570</i>		<i>20</i>	<i>20</i>	
<i>Jan 19</i>	<i>T 69352</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>Y 73539</i>		<i>20</i>	<i>20</i>	<i>C</i>
<i>Mar</i>	<i>W 86152</i>		<i>20</i>	<i>20</i>	<i>C</i>
			<i>520</i>	<i>520</i>	

M.R.O. 83391. "Destroy" 3.4.19

M. F. W. 128
400M-6-17-1772-38-141
L. L. 2330-M. & D. 7593.

.....A/c Closed *31. 3. 19.*
 Ret'd per *olympic*
 Date *26.3.19* F.X. *3.4.19* M.D. *11*
 Clerk *S. Chambers*

AUDITED.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

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-6-17-177-38-1141
 L. L. 22220-M. & D. 7463.