

Description of Stanley Hamilton on Enlistment.

Apparent Age 27 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. 5-2/8.

Both eyes 20/30/

Chest measurement { Girth when fully expanded 36-1/2 ins.
 Range of expansion 2-1/2 ins.

Complexion Colored

Eyes Dark

Hair Dark

Religious denominations { Church of England
 Presbyterian
 Methodist
 Baptist or ~~Congregationalist~~ Yes
 Roman Catholic
 Jewish
 Other denominations
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* for the Canadian Over-Seas Expeditionary Force.

Date February 8th 191 7

[Handwritten Signature]
 Medical Officer.

Place Windsor, Ont.

*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.

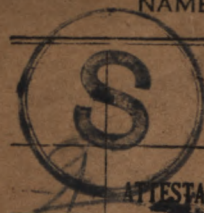
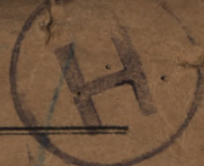
Stanley Hamilton having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

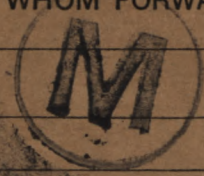

[Handwritten Signature] Lieut-Col. (Signature of Officer)
 No. 2 Construction Battalion, C.E.F.

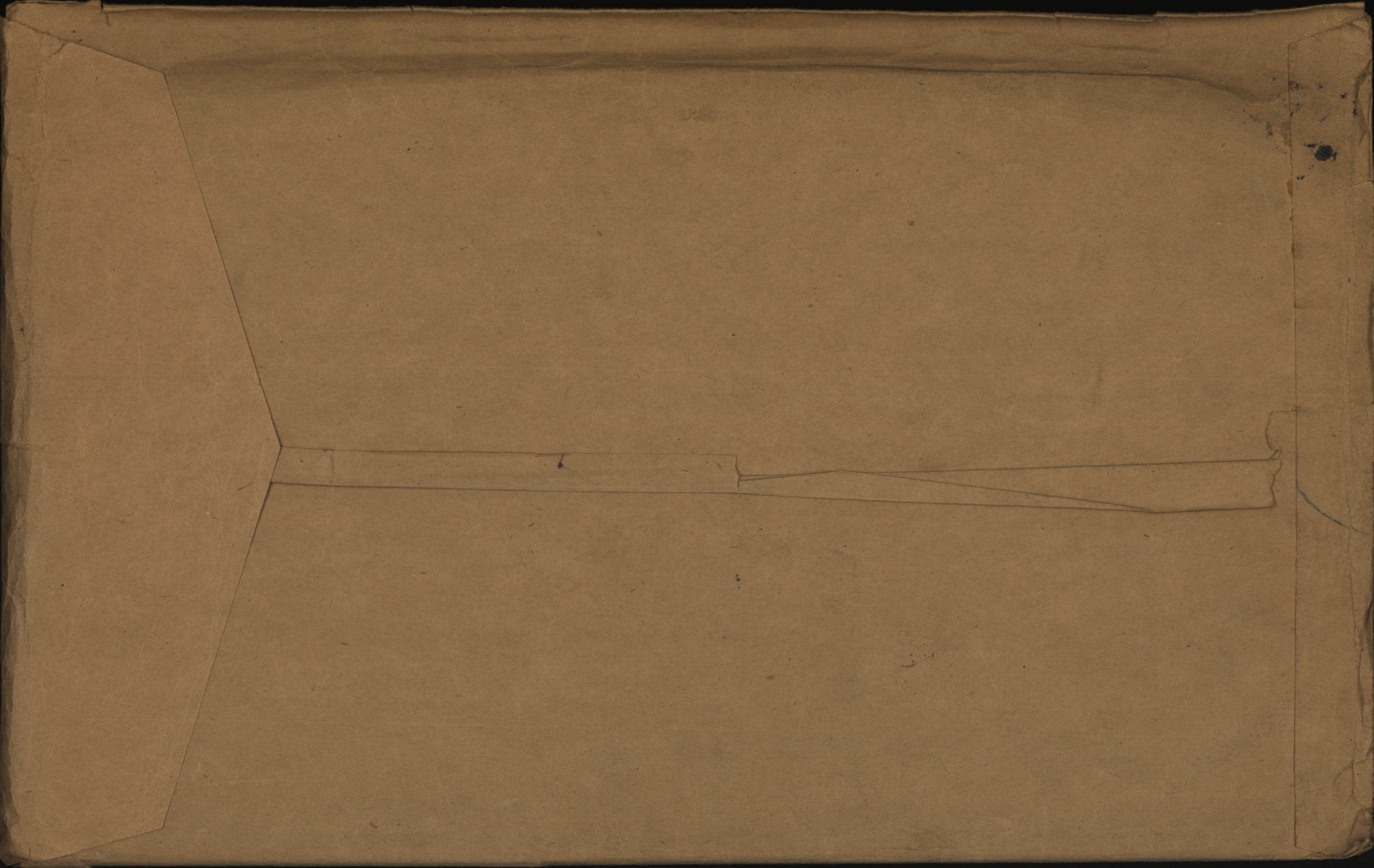
Date February 8th 191 7

REGIMENTAL DOCUMENTS

NAME HAMILTON STANLEY (Pvt.) REGT. NO. 931801 UNIT 2nd Con. Bn. 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)						
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. 178 or A.F.B. 122)						
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					05030	
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
9 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
7 DENTAL HISTORY SHEET (M.F.B. 465)						Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						<i>Remole</i>
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)					DESERTION	
1 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)						
1 M.F.W. 192						
1 M.F.W. 1067						
1 M.F.W. 1067						
1 M.F.W. 1067						
1 M.F.W. 1067						
1 M.F.W. 1067						



SURNAME.

Hamilton

CARD NO. *X*

CHRISTIAN NAMES

Stanley

5051-2-19 Semob.

FOLL.

0.031 of 31-1-19. No # I

REGL. No.

931801

RANK

Pte.

UNIT

No. 2 Coonstr.

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hamilton, Mrs. Liza

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Maysville Ky., U.S.A.

COUNTRY OF BIRTH

Canada, Chatham, Ont.

DATE

Apr. 4th 1889

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Feb. 8th 1917.

From Halifax per S.S. *Southernland* 28/3/17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

27 YEARS

MONTHS

HEIGHT

5 FEET

5 1/2 INCHES

CHEST MEASUREMENT

36 1/2 INCHES

EXPANSION

2 1/2 INCHES

COMPLEXION

Coloured

EYES

Dark

HAIR

Dark

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Feb. 8th 1917.

Present address: Detroit, Mich., U.S.A.

No. 931801 RANK

Pte.

NAME Hamilton Stanley.

T. O. S. 8-2-17.

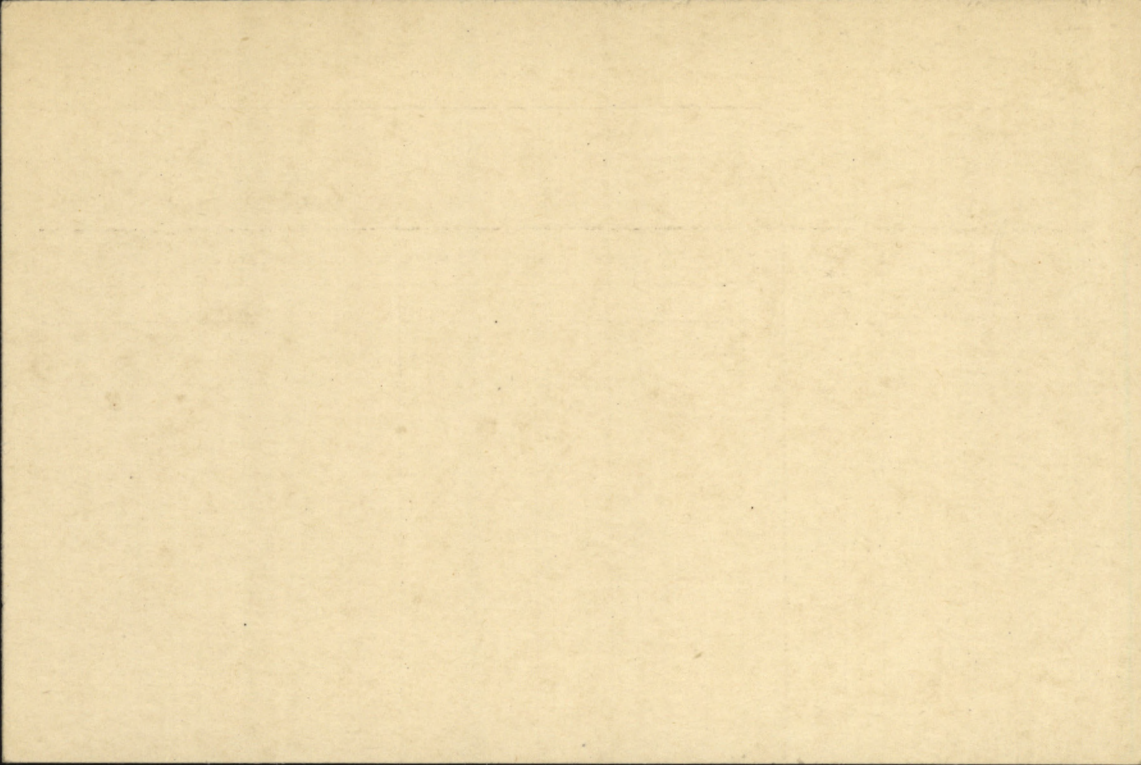
UNIT

No 2. Construction Battalion

D.O. 40.15-2-17.

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 Feb 8.	1917. Feb. 28 Mar.	✓ m-		



9000

Number

931801 ✓

Rank

PTE ✓

Spr ✓

Surname

HAMILTON ✓

Christian Name

Stanley ✓

Units

CORCC ✓

Theatre of War

France ✓

Date of Service

17/5/17 ✓

Remarks

Latest Address

~~The Walker House~~ ✓

43 Park St,
Springfield

~~COR Robinson + McDougall St~~

Roll No.

~~15-15-7~~ ~~Providence, Mt.~~

16 1/2

usa

3200m. - 2-21.M.

DESP. JUL 15 1922
REGN. NO. GA 27358

Bo V. ret'd. 8-8-22

DESP. SEP 22 1931
REGN. NO. 5975

Name **HAMILTON Stanley** Rank **Pte.** Regtl. No. **931801**
 Fyle Depot **IDD 10-H-371**
 Original unit **2nd Cons. Bn.** Present unit **Halifax Olympic** M. or S. **1** Age **28** Religion **Bapt.** Ref. H.Q. **1**
 Port, ship and date of arrival **Halifax Olympic 17-1-19**
 Next of kin **Liza Hamilton, Maysville, Ky., USA (Mother)**
 Address on leave.....
 Address on discharge **The Walker House, Cor. Robinson & McDougal, Windsor, Ont.**
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation **Labourer** Date and place of enlistment **Feb. 8, 1917, Windsor, Ont.**
 Diagnosis..... Date of Medical Boards.....

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

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

Date.

Remarks

Pt. 2 Order No.

1-2-19

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

31

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. 931801 Rank .. Pte. Surname .. Hamilton,
(Given name in full)

..... Stanley

Unit or Corps .. I O O Birthplace .. Chatham Ont.

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

1. GENERAL DESCRIPTION:

Physique ... Good ... Weight. 112 ... lbs. Height. 5 .ft. 1 .in. Colour of Eyes D. Brown

Nutrition ... Good

Pulse 70

Condition of arteries... Good

Vision Rt. 20x20 Left. 20x20

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

Left. 21 .ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
 Scar over upper border
 left scapula.

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

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

Nervous System... No Genito Urinary System... No Cardio-Vascular System... No

Special Senses..... No Integumentary System... No Respiratory System..... No

Disturbance of mentality. No .. Muscular System..... No Digestive System..... No

Osseous and Joint System 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.

No service disability.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *London Ont*.....(Canada)

Date *29-1-19*..... Signed *C.M. Stafford 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.

my marks Signature *Stanley Hamellin*.....

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

Witness - C.M. Stafford Capt

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

[OVER]

LAST PAY CERTIFICATE

Regt.No. *931801* Rank *pte* Name *Hamilton S.*
 Corps *NSR.* who was *Discharged*
 on *1 2/19* to

The following is a statement of the account of the above named
 from *1 2/19* to *1 2/19*

Bal Dr	from mon. of from L.P.C.	Bal. Cr.	from mon. of from L.P.C.
ASSIGNED PAY:		Regt. Pay	1 dys. @ \$ <i>10</i>
SEPARATION ALLOWANCE:		F'ld. All.	1 dys. @ \$ <i>10</i>
OTHER CHARGES:		SEPARATION ALLOWANCE:	
PAYMENTS:		OTHER CREDITS:	
<i>50019</i>		Clothing Allowance	<i>35</i>
	<i>272 07</i>	Subsistence,	
Bal. Credit (to be pd.)		Bal. Dr. (to be deducted)	
<i>Covered P&P</i>	<i>272 07</i>	(from soldier \$)	
		(from Dependent \$)	<i>272 07</i>

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ <i>272</i> per month	at \$ <i>272</i> per month	Subscribed \$
has been <i>pd</i> to	has been <i>pd</i> to	Pd. by other Units \$
		Pd. by this Unit \$

Dependent or Beneficiary:
 Address: _____

REMARKS: *Discharged 1 2/19 1031.*
Demobilization
 Date of Enlistment *7-2-17*
 If married and if Separation Allowance card submitted *No No*

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

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

1900
1901
1902

The following is a statement of the assets and liabilities of the College of the City of New York for the year ending June 30, 1900.

ASSETS	LIABILITIES
Cash Receivables Investments Real Estate Other Assets	Accounts Payable Notes Payable Other Liabilities
Total	Total

Approved: _____
Date: _____

It is hereby certified that the above is a true and correct statement of the assets and liabilities of the College of the City of New York for the year ending June 30, 1900.

MEDICAL HISTORY SHEET

ORIGINAL

931801

Surname Hamilton Christian Name Stanley

Examined { on 8th day of Feb. 1917
at Windsor, Ont.

Approved by See Lee [Signature]
Rank Capt. [Signature] M.O.

Birthplace { City or Town Chatham Ont.
County Can.

Apparent age 27

Trade or occupation Laborer

Height 5' feet 1 Inches

Weight 115 lbs.

Chest measurement { Minimum 30 inches
Maximum expansion 33 inches

Physical development normal

Small-pox Marks none

Vaccination Marks { Arm Right Left
Number none

When Vaccinated last —

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection
vision R.S. 20/20 L.S. 20/20

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>3/3/17</u>	<u>SSR</u>	<u>SS</u>
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/2/17</u>	<u>SSR</u>	<u>SS Spleen</u>
<u>24/2/17</u>	<u>SSR</u>	<u>SS Spleen</u>
<u>17/3/17</u>	<u>SSR</u>	<u>See Memo</u>
		M.O.

Enlisted on 8th day of February 1917 at Windsor, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#2 Cav.</u>	<u>931801</u>		<u>8/2/17</u>
Transferred to	<u>Batt.</u>			
	<u>C.E.A.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>FEB 9 1917</u>	<u>on enlistment</u>	<u>Fit</u>
<u>[Signature]</u>		<u>[Signature]</u>	<u>[Signature]</u>
Major, A. M. C.		Capt., A. M. C.	

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.

DUPLICATE

To be made out in duplicate.

I.C. 51-21-22-53

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.R. Canada

(2) Regimental Number 931801

(3) Full Name of Soldier Stanley Hamilton

(4) Place of Birth Chatham Ontario

(5) Are you married, or not? Single

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

(b) Present Postal Address X

(7) Are you a widower? No

(8) Have you any children? X

If so, give number of boys and girls X

Also their names and ages X

M. F. W. 67.

300M.-5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? *Yes, Dan Hamilton*
If so, state name and address *Maysville, Kentucky, U.S.A.*

(10) Is your Mother alive? *Yes*
If so, state name and address *Mr Deza Hamilton*
Maysville, Kentucky, U.S.A.

(11) If your Mother is a widow *X*
Are you her sole support, or not? *X*

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

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

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
X

(15) Are you insured? *No*
If so, in what Company? *X*
Have you made arrangements for payment of your Insurance premium? *X*

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

A. Storie
Capt for
Lt. Col.
No. 2 Construction Bn. E. E. F. C. E. F.
Officer Commanding.



Date.....

COPY ONLY
CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. **931801** (Rank) **PRIVATE**

Name (in full) **HAMILTON, Stanley** enlisted in
the **2nd CONSTRUCTION BATTALION, C.O.E.F.**

CANADIAN EXPEDITIONARY FORCE at **WINDSOR, ONT.** on the **EIGHTH**
day of **FEBRUARY,** 19 **17.**

HE served in **FRANCE (with 2nd CONSTRUCTION BATTALION)**

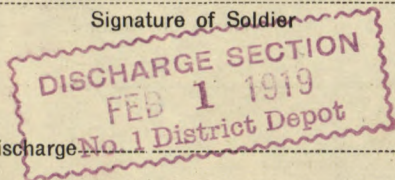
and is now discharged from the service by reason of **OND DEMOBILIZATION**

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

Age **28**
Height **5 - 1**
Complexion **COLORED**
Eyes **DARK**
Hair **DARK**

Marks or Scars
SCAR OVER UPPER BORDER LEFT
SCAPULA

Signature of Soldier



Date of Discharge

S. J. [Signature]
Issuing Officer

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

Rank

Signed at **LONDON, ONT.** this **FIRST** day of **FEBRUARY,** 19 **19**

in Military District No. **ONE**

File Reference No. **IDD-10-H-371**

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

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

J.P. Rank **J.P.** Name **HAMILTON, Stanley.** Reg'l No. **931801.**
 Unit **No2. Const Bn.** If in perm. Corps }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Windsor Ont. 8th Feb. 1918.** Place of Birth **Chatham. Ont.**
 Name and Address, Next-of-Kin **Liza Hamilton.**
Maysville Ky. U.S.A. Relationship **Mother.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **5007**
 File R.L.
 Category **OR CAN**

Discharge, Date and Place Reason Character
 H. W. V., Ld.-9246-16.

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 ss "Southland"</i>		<i>7-2-17</i>	<i>29 MAY 1917</i>
<i>14-6-17</i>	<i>2. Com: Bn</i>	<i>Arrived in France</i>	<i>France</i>	<i>14-6-17</i>	<i>PT2DO 115.</i>
<i>16-12-18</i>	<i>NSRD</i>	<i>TOS from 2nd CD</i>	<i>Pvt Bshott</i>	<i>14-12-18</i>	<i>Pt #305-71d / 19-12-18</i> <i>2nd CO Coy</i>
<i>27-12-18</i>	<i>N.S.R.D</i>	<i>O/c to C. D. D. Rhye</i>		<i>27-12-18</i>	<i>-313</i>
<i>19 JAN. 1919</i>	<i>NSRD</i>	<i>SOS to CEF in</i>	<i>Pvt Bshott</i>		<i>PT2DO 16</i>
		CANADA			<i>9 JAN 1919</i>

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion, C E F

Regimental No. 931801 Rank Private Name Stanley Hamilton

C. E. F.

Enlisted (a) 8/2/17 Terms of Service (a) Duration of War Service reckons from (a) 8/2/17

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) Laborer

Date	Report 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
	O.C. 2nd Conln Battn.	Embarked Canada Disembarked England Proceeded Overseas	Halifax Liverpool Seaford	25/3/17 7/4/17 17/4/17	Pt. 2. D.O. # Adjutant, No. 2 Construction Battalion, C.E.F.
6.6.17	O.C.	Forfeits today pay. 1. Drunk on the Public St. Andret Field 2. Breaking away from the escort		5.6.17	B2069 P. 2.0 122-78/17
2-8-17	O.C.	7 Days F.P. #1 for Drawing a knife with intent to do Bodily harm	Yield	28-7-17	B2069 P. 131 13/10/17
7.3.18	O.C. Unit	Sentenced 20 days F.P. # 2. 4.3.18 W.O.A.S I hearing his fine quiet without permission at about 7.30 PM. He absent without leave from 7.30 PM 3.3.18 till 8 PM 4.3.18. (12 1/2 hours)	Quilt	3.3.18	OB 2069 No 16 # 24/3/18.

(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.]

CASUALTY FORM
Active Service

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				
31-8-18	NSRD	Granted 14 days leave	UK.	30-8-18	B213 No 51 Sept 1918
21-9-18	NSRD	Reopened from leave	Field.	17-9-18	B213
11 ¹² /18	NSRD	Trans to Eng & posted to N.S. Reg depot Bramshott	Bramshott	14/12/18	NSRD 344.
					ba Hewett
					Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
14.12.18	NSRD	L.O.S. attached to 2 Lb Co for Ops. & Reconns	B'shott	14.12.18	D.O 305.
	NSRD	ON COMMAND TO CDD Kimmel Rhyl	BRAMSHOTT		PART II D.O. NSRD 313 27 ¹² /18
28/12/18	NSRD	205 Mad 1 Conc. Camp. Rhyl	Rhyl		ba. Wright LIEUT. OFFICER i/o RECORDS, NOVA SCOTIA REGTL. DEPOT.
		Embarked for Canada			P110 A.G. Trewin Lt ... per O/C Mad 1 wing

NUMBER 931801

RANK *Ote*

NAME HAMILTON, S.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.
<i>Nov</i>	<i>PP</i>	<i>33 -</i>		<i>AM 2686 11/11 C.F. 65</i>	<i>373</i>			
<i>Dec</i>	<i>PP</i>	<i>3410</i>		<i>✓ 2904 26/11 ✓</i>	<i>1306</i>			
	<i>Interest on Def Pay</i>	<i>1312</i>		<i>✓ 6581 10/12 C.G.B.D.</i>	<i>466</i>			
		<i>8122</i>		<i>✓ 3569 18/12 BRIDGE</i>	<i>973</i>			
					<i>3118</i>			

S.O.S. to Gen 9/11/19 m.s. rec'd. D.O.

NAME *HAMILTON, S.*

PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
					285 50		
<i>M 2686 11/11 C.F. 65</i>	<i>373</i>						
<i>2904 26/11</i>	<i>1306</i>				<i>335 81/301</i>		
<i>6581 10/12 C.G.B.N.</i>	<i>466</i>						
<i>3569 18/12 BRADG.</i>	<i>973</i>				<i>33454</i>		
	<i>3118</i>						

S.D.S. to ban 9/1/19 merged with 10/16 19/1/19

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. **931801**

Rank **PRIVATE**

Surname **HAMILTON, Stanley**

Christian Name **Stanley**

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

Corps (Squadron, Battery or Company) **2nd CONSTRUCTION BATTALION, C.O.M.F.**

Date of Discharge **FEB 1 - 1919 DO #31 of 31-1-19**

Place of Discharge **LONDON, ONT.**

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 28 years..... months.	Descriptive Marks SCAR OVER UPPER BORDER LEFT SCAPULA.
Height..... 5 feet..... 1 inches.	
Complexion COLORED	
Eyes DARK	
Hair DARK	
Trade Laborer	
Intended place of residence (To be given as fully as practicable.)	The Walker House, Cor. Robinson & McDougal Sts., Windsor, Ont.

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

ON DEMOBILIZATION

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

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

29
5417

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

No reference to G. O. 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 Hamilton (Signature of Soldier.)

(Date) FEB 1 - 1919 (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) LONDON, ONT.

(Date) FEB 1 - 1919

(Signature) S. Stetchum
O. C. Discharge Section, No. 1 D. D.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Wm
~~List of Discharge Documents~~

S Hamilton

<p>Attestation Paper, Militia Form B. 235</p> <p>Proceedings on Discharge B. 218</p>	<p>Reg. Conduct Sheet, Militia Form B. 252</p> <p>Conduct Sheet B. 262a</p> <p>Copies of Convictions by C. P. in MS.</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>Med. Hist. Sheet Militia Form B. 313</p> <p>Medical Report for Invalids* B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate D. 277</p> <p>*Only if discharged "Medically unfit"</p>

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.

List of Discharge Documents.

Handwritten signature

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

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.

INSTRUCTIONS

THESE SHEETS ARE TO BE USED FOR THE PURPOSES OF THE BUREAU OF LAND MANAGEMENT

FOR THE RECORD OF THE BUREAU OF LAND MANAGEMENT

EXAMINE BY
GEO. W. GARDNER

DEPT. OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.