ORIGINAL

No. 12 M. D. 2nd Depot Battalion Central Ontario Regiment

Regtl. No. 3106 319

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname: Hazel
2. Christian name: Fred Froom
3. Present address: 20 Sunset Ave., Hamilton, Ont.
4. Military Service Act letter and number: 503435 BR
5. Date of birth: 4th July 1883
6. Place of birth (town, township or county and country): Owen Sound, Ont.
7. Married, widower or single: Single
8. Religion: Presbyterian
9. Trade or calling: Painter & Decorator
10. Name of next-of-kin: Mrs Jane Hazel.
11. Relationship of next-of-kin: Mother.
12. Address of next-of-kin: 20 Sunset Ave, Hamilton, Ont.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: None.
15. Medical Examination under Military Service Act:—

(a) Place Hamilton, Ont. (b) Date 22nd Nov. 1917 (c) Category "A-2"

DECLARATION OF RECRUIT

I, Fred Froom Hazel, do solemnly declare that the above particulars refer to me, and are true.

Fred Froom Hazel (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 34 yrs. mths.

Height: 5 ft. 6½ ins.

Chest measurement: fully expanded 37½ ins.; range of expansion 2 ins.

Complexion: Ruddy

Eyes: Brown

Hair: Black

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

Vaccs. 2 left in infancy
History of Rheumatism no evidence. History of loose cartilage rt. knee not troubling at present. Visual acuity both eyes D-40 Hearing normal

E. O. Clifford Major

for O. C. Depot Btln.

1st Depot Battalion, Regt.

2nd Central Ont. Regt.

Place Hamilton, Ont. Date 5th January 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name HAZEL. FRED FROOM

Regt. No. 3106319 Rank Pte.

Corps 1st. Dpo. Bn. 2nd. C.O.R.

Demobd

16751

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....1.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....1.....

Compulsory Stoppages.....

Casualty Forms.....2.....

Proceedings on discharge.....1.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....1.....

Medical Report for Invalids.....

Medical History Sheet.....2.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1.....

Dental H.S. – 1
a.f.B. 122 – 1
m.f.W. 129 – 1
D.m.S. 1375 – 1
f.S.C. 7.132 – 1
m.f.W. 192 – 1
7.2D.P.10 – 1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

9'–7
20–8
28–10
1

DUPLICATE

To be made out in duplicate.

M.S.A.

H.Q. 54-21-23-53.

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 1st Depot Bn. 2nd C.O.R.

(2) Regimental Number 3106319

(3) Full Name of Soldier Hazel, Frederick

(4) Place of Birt Owen Sound Ont.

(5) Are you married, or not? Single

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

(b) Present Postal Address —

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address —

(10) Is your Mother alive? yes

If so, state name and address Hazel, Jane
20 Sunset Ave. Hamilton Ont

(11) If your Mother is a widow yes

Are you her sole support, or not? No

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

—

(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? Independent Order of Foresters

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.

[illegible]
for Officer Commanding.

Date Jan 14th/18

Form R. 149.

Fred. Froom.

Name HAZEL. Rank Pte Reg. No. 3106319.

Unit 54 Can (2 COR)

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
							H394.	
9-10		Adm Trfd V.A.D	Southall					
				G.S.W. Rt. Shldr.	B341			25567
26.10		Mild Gas Effects	4 D.W.R	Scapula	B354			30139
25	11	Discharged		do	B353			4781
25-11		Will proceed to I.C.D.	Witley.	4-12-18.				84-3210

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

6.

SURNAME. Hazel

CHRISTIAN NAMES Fred Froom

REGL. No. 3106312 RANK Pte.

UNIT ~~2nd. Can. Ont. Regt.~~ 1st. Dpo. Bn. #220.21

FORMER CORPS Nil.

2. CARD NO. 4

3.022 Dis. Demob 1-2-19 R

FOLL. 20390 8-2-19

Y.O.B. 5/11/18.

P.O. Pte No 2

NEXT OF KIN.

NAMES IN FULL Hazel Mrs. Jane

RELATIONSHIP TO SOLDIER Mother

ADDRESS 20 Sunset Ave., Hamilton, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Owen Sound, Ont. DATE July 4th. 1883.

PLACE OF ATTESTATION Hamilton, Ont. DATE Jan. 5th. 1918.

M/S 5/2/18 1112/4

P.B.C. 17-1-19. 254/19 Pte.

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

M&H

Number 310639 Rank Pte

Surname HALEY

Christian Name Fred Swoony

Units 5th Bn Can Inf Theatre of War France

Date of Service 2-6-18

Remarks 46 Pearl St N.

Latest Address ~~20 Dunsdale Ave~~ Hamilton Ont

Roll No. B. Page 1487

200m.-2-21.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

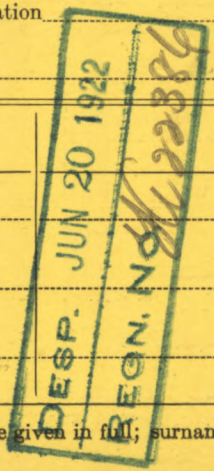
Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks



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

REGT'L. No. 3106319

NAME Hazel Fred Froom

H. Q. FILE No 649

RANK AND CORPS Pte 54th Bn (2nd C.O.R. 1st Depot Bn)

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
N. of K.		Mrs. Jane Hazel (Mother) 20 Sunset Ave. Hamilton Ont.
33-4. H 394. H2.B341-2.	14.10.18	Adm. Auxiliary Mil. H. Tigerstall Southall Oct. 9th 1918 G.S.W. R. shldr. V.A.D.

L. L. 31493. M. & D. 8476.

M. F. W. 42-100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B357-2	Mil Conv Epsom	25.10.18	Gsw R Scapula
B383(2)	Discharged	25.11.18	Gsw R. Scapula

Surname	Christian Name or Names	Reg. No.
Hazel.	7. 7.	3106 319.

Rank	Unit
Pte.	5H. 2.E.O.

Cas. List.	
	Aux Mil. V.A.D. Southall 9.10.18.
12.10.18 B 341-2	G.S.W. R. Shoulder Rt. Scapula
31-10-18 B357 (2)	Woodcote Park. Epsom. 25.10.18.
30-11-18 B383 (2)	Disc. 25-11-18

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

D.M.S.1300. 50M-30-8-18.

Cas. List.

*Name L HAZEL Frederick Rank Pte. Regtl. No. 3106319

Original unit ● Present unit 8th Res M. or S. Age 35 Religion Presb Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Halifax Olympic 17-1-19

Next of kin Mother Mrs. Jane Hazel . 20 Sunset Ave. To Hamilton Ont.

Address on leave Same

Address on discharge Same

Transportation issued Yes ● Date 11-2-19. Character on discharge Hamilton, Ont.

Previous occupation Painter & Decorator Date and place of enlistment Hamilton Ont Jan 5-18

Diagnosis Demobilization Date of Medical Boards 7-2-19.

Date. T.O.S.	Remarks	Pt. 2 Order No.
11-1-19	Posted to Gas. Co. (Ex. Camp) 17-1-19.	
	Leave & Subs. from 21-1-19 to 7-2-19.	24
11-2-19.	S.O.S. DISCHARGED "DEMOBILIZATION" (21 days PDP. & GA.	39

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

(over)

Date.	Remarks.	[redacted] Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.
Part I.

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

Nothing to be written in this margin.

W1889—P21150 1M 5/18 G.W.P.Co (3490)

(1)*Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.
Trade or Calling
Married or Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

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

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Attached C.C.C:K. P. 34 Part 2 Orders pending transfer to C. E. F. Canada.

Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders 35

12/1/19

Lieutenant for
Officer Comd'g M. D. 2. C. W.
Kinmel Park Camp, Rhyl

JAN 11 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 24

W. C. Robertson
Lieut.
For O. C. No. 2 District Dep.

Nothing to be written in this margin.

11-2-19 S.O.S. (Discharged) No. 2 District Depot H. Sargeant
Part II, D.O. No. 39

O. C. Discharge Sections,
No. 2 District Depot

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3106319 (Rank) Pte.

Name (in full) HAMEL. FRED FROM enlisted in the 1st Depot Bn. 2nd C.O.R.

CANADIAN EXPEDITIONARY FORCE at Hamilton, Ont. on the 5th day of January 19 18

HE served in England and France

and is now discharged from the service by reason of Demobilization

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

Age 35 yrs.	Marks or Scars Vacc.M.....L.Arm
Height 5' 6½"	G.S.W. R. Shoulder..30-9-18
Complexion Ruddy	
Eyes Brown	
Hair Black	

F. H. Hamel
Signature of Soldier

Bruce Thompson Capt
Issuing Officer
for
O.C. No. 2 Distri Rank Depot

Feb. 11th 1919
Date of Discharge

Appointment

Signed at Toronto, Ont. this 11th day of February 19

in Military District No. 2

File Reference No. LS.

NO. 2
FEB 11 1919
DISTRICT DEPOT

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.

M F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

R2

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. 310619 Rank Pte. Surname H. A. ZEL (Give name in full) Frederick

Unit or Corps #2 DD. Birthplace Owen Sound

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 6½ in. Colour of Eyes Brown

Nutrition Good

Pulse 74

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

2 Vacc marks
Lt Arm
Small S.W Scar on R Scapula 1918

Opinion as to general health and physical condition Fit for category A.2

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 old Syph. 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 hernia, hemorrhoids
varicocele, Varicose veins or goitre
M.S.B. - one back of neck - small scar
No disability
one small scar at shoulder - 1917.

APPROVED
FEB 7 1919
[signature]
FOR A. D. M. S. CAPT.

(If space is insufficient, continue on back of form.) [OVER] 2

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed .....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 .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Ex Camp Toronto (Canada)

Date 7/7/19 Signed W. H. Butt 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 ... H. Hazel .....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 2 Lee 1st Depot Bn., 2nd C.O.R. to 8 Res Bn

Regimental No. 3106319 Rank Private Name HAZEL, Fred Froom

C. E. F.

Enlisted (a) 5-1-18 Terms of Service (a) D of W ~~six months after~~ Service reckons from (a) 5-1-18

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) Painter and Decorator

Report 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
		Embarked Canada	Halifax	3-2-18	
		Disembarked England	Liverpool	16-2-18	
26-2-18	8th R.Bn.	T.O.S. from 1st Depot Bn. 2nd C.O.R., on arrival from Canada.	E.Sandling	3-2-18	D.O. Pt 2 157 & 58.
2 JUN 1918	8th Res.	Proceeded overseas for Service with 54th Bn.	Witley	1 JUN 1918	DO 153.

W. Springford LIEUT, ABS'T ADJT, 8th CANADIAN RES. BDE

DO. No. 54

CERTIFIED CORRECT. 5 JUN 1918 CAN. RECORDS, LONDON.

2 JUIN 18	C. I. B. D.	T. O. S. 57TH BN ON ARRIVAL	FRANCE	2 JUIN 18	N. R.
17 JUIN 18	C. I. B. D.	S. O. S. TO C. C. R. C.	FIELD	17 JUIN 18	N. R.
18 JUIN 18	C. C. R. C.	T. O. S.	"	18 JUIN 18	N. R.
12 AOU 18	C. C. R. C.	S. O. S. TO UNIT	"	12 AOU 18	N. R.
17 AOU 18	UNIT	JOINED UNIT	"	14 AOU 18	B. 213
5.10.18	do	Gas Wounded	do	30.9.18	B213.

(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.

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				
8.10.18	1 C.C.S.	G.S.W. R. Shldr adm to	1 C.C.S.	30.9.18	A36.0524.
			146 C.C.S.	2.10.18	
2.10.18	20 Genl.	G.S.W. R. Shoulder adm	20 Genl.	2.10.18	W3034. W 7138
3.10.18	do	Invalided (wd) & Posted to 2nd C.O.R.D. Witley H.S.	England Brighton	3.10.18	W3083-6193 D.O. 126 d/15.10.18 [illegible] Lieut — for Lieut-Col. a.a.g.
16-10-18.	2nd CORD.	T.O.S. from 54th Bttn	Witley.	9-10-18	Pt II DO. 244. RP. [illegible] LIEUT: FOR LT: COL: I/C RECORDS. C.O.M.F
18-12-18	Ceases to be attached on proceeding to	8th Res			D.O. No. 349 d/18/12/18 [illegible] Adjutant 1st Canadian Command Depot
19.12.18	8th Res	T.O.S. from 2nd C.O.R.D.	Witley	18.12.18	DO # 353

Form R 122.
2353—100M—9-12-16

2nd Sec 1st Depot Bn 2nd C O R To 8th Res Bn

2ND CEN. ONT. REGT.

CR. Rank Name HAZEL, Fred Froom. Reg'l No. 3106319.

Unit If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Hamilton, Jan.5th. 1918. Place of Birth Owen Sound, Ont.

Name and Address, Next-of-Kin Mrs. Jane Hazel,
20 Sunset Ave., Hamilton, Ont., Canada. Relationship Mother.

B.C.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. N85702
File R.L.
Category ORCAN

H. W. & V., Ltd.—9546-16.

Report. Date.	Report. From whom received.	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.
C		Arrived in England 2103 ch. 16-2-18 S/S SCANDINAVIAN			
26-2-18	8 Res	Taken on strength. A. 5 Res Bn Standing	pte	3-218	P-T Do 5/54 Batt
2.6.18	— " —	S.O.S on posting to 54th Bn	Witley	1.6.18	Do 153 + 54d 7.6.18.
13.10.18	20 Gen. Hosp. Canvers	Wounded	Field	2.10.18	Serial R.A. 4677—1
16.10.18	2 CORD	T.O.S on posting from 54 Bn	Witley	9.10.18 O.C.	Do 244 (54 Bn Do 126 9/15 10/18)
29.11.18	Do	On Comd to 1 C.C.D.	Witley	25.11.18	Do 282 (1 CCD Do 333 2/2 12/18)
19.12.18	8 Res Bn	TOS from 2 CORD	"	18.12.18	Do 353
23.12.18	2 CORD	Cazeson Comm 1 CCD & SOS 8 Res Bn		18.12.18	Do 302 (1 CCD Do 349 7/18 12/18)
30.12.18	8th Res	On Comm to Rhyl		30/12/18	A-364

2 COR

Report. Date.	Report. From whom received.	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
		Ceases on Com To Rhyl & SOS to CEF in Canada with Effect 9.1.19 & Res Do 20 20-1-19			

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 2

Name of Soldier Engel Fred

Rank Pte

No. 3106319

Regiment

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Discharge Exam. At Exhibition Camp	Date. FEB 7	1919		} Certificate issued for						Pre-existing enlistment.													
																					Ha Semple Major		

M.F. [illegible] 65.
2005 [illegible] 18.
1772 [illegible] 30.

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

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

M. D. 2

Regimental No. 3106219 Rank Pte Name Hazel N. 7
(Surname first)

Unit No. 2 DISTRICT DEPOT who was* DISCHARGED No. 56

On FEB 11 1919 191....., to Demob

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 11-2-19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		6 43
Regimental Pay 11 days at $ 1 c		11 —
Field Allowance 11 days at $ 1 c. 10		1 10
Separation Allowance		
Clothing Allowance		35 —
Post Discharge Pay Issued		74 —
*Other Credits		
Advances 50543	6 43	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. 51639	11 10	
Total	17 53	17 53

*Give particulars.

A monthly stoppage of $ 15 00 (†) has (‡) been paid on account of

Assigned Pay for the month of Jan 191 9
and Separation Allce. for month of 191

(to) Assignee Mrs Jane Hazel

(Address) 20 Russet Ave Bramford Ont

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment 3 married or single (S)

(2) Separation Allowance, entitled or not No (3) Reason for discharge Demob

(4) Authority for discharge or transfer D039

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

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

Date FEB 11 1919

Place TORONTO ONT.

CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

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

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
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.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HAZEL F.

REGIMENT 84th RANK Pte No. 3106319.

Date of Examination in England | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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 28
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

KINMEL PARK, NORTH WALES:

Signature of Dental Officer H. Goodhead Capt

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Owens Sound, Ont. Canada

NAME AND ADDRESS OF NEXT OF KIN: Jane Hazel
20 Sunset Ave Hamilton Ont
Mother

RELATIONSHIP OF NEXT OF KIN:

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 3106319 RANK Pte NAME Hazel Frederick Froom

Draft

IF IN PERMT. CORPS WHAT UNIT | UNIT 2nd D.O.R. TRANSFERRED TO 8th Res. Batt. DATE 26.2.18. AUTHORITY Do. 54

8TH RESERVE BN. (CENTRAL ONTARIO.)

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Hamilton Ont — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION Jan 5th 1918 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE Feb 1st 1918

PAYABLE TO Jane Hazel. 20 Sunset Ave Hamilton Ont Canada RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE																										
31/1/18	1918 Bal from Canada.																																	2695
Mess P.P. Feb wages		6490		A.R. Feb wages																														6490
				A.R. 3169 8th Res.	17.3.18		3893																												9185
				" 7617 "	27.2.17		4887																												7380
		6490					4387																											1805

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/2/18	EFFECTIVE DATE:-	
AMOUNT:-	15 00	AMOUNT:-	

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.

Wife

Janie Hazel
20 Sunset Ave.
Hamilton Ont.

Stopped Effect 1-1-19.

NAME:- HAZEL Fred T Frood

NUMBER:- 3106319

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Lpo Can		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT 25th Depot Bn Can Inf

DATE ACCOUNT FIRST OPENED:- 1/7/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Lpo Can	1/7/18		8th Res
SH	1/6/18	20/6/18	54th Bn
Request		28/2/19.	Canada Lest

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
~~9/12/18~~	~~6899~~	~~1st CCD~~	~~4 87~~				
~~16/12/18~~	~~7338~~	~~1st CCD~~	~~9 73~~				
~~21/12/18~~	~~7882~~	~~Witley~~	~~24 33~~				
			38 93				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Lpo Can	1 00	= 10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Canada 1-1-19 Auth MR 228. 24-12-18 Witley Disposal L.P.C Bal. $12.80

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal fwd								18 05		
Apl	p.p.	33		A.P.				15			
				AR 258 - 8th Res. 11-4-18 ✓	9 73						
				524 " 25-8-18 ✓	9 73				16 59		
		33			19 46			15			
May	p.p.	34 10		A.P.				15			
				AR 1183. 8th Res. 13/5/18 ✓	9 73						
				1658 " 23/5/18 ✓	9 73						
				1966 " 30/5/18 ✓	4 87				11 36		
		34 10			24 33			15			
June	p.p.	33		A.P.				15			
				AR. 896. 15/6/18. C. Inf B.D. ✓	4 46 ✓				24 90		
		33 -			4 46			15 -			
July.	P.P.	34 10		A.P.				15 -			
				AR 756. 1/7/18. 4th W.C.C.R.C. ✓	3 57						
				" 894 " 11/7/18 " ✓	4 46 ✓				35 97		
		34 10			8 03			15 -			
Aug.	"	34 10		A.P.				15 -			
				AR. 1049 4/8/18. 4th W.C.C.R.C. ✓	3 57 ✓						
				" 1058. 8/8. " C.G.I.B. ✓	3 57 ✓				47 93		
		34 10			7 14			15 -	10 81		
Sept.	P.P.	33 -		A.P.				15 -			
				AR. 1109. 7/9/18. " C.G.I.B. ✓	3 57 ✓				58 70		
				" 1184. 17/9/18. " ✓	3 57 ✓				58 79		
		33 -			7 14			15 -			
Oct.	P.P.	34 10		A.P.				15			
				Rem 43054. Oct 1918. London ✓	9 73						
				AR 7945. 25/10/18. Epsom ✓	4 87				63 29		age Granted 25/10/18
		34 10			14 60			15			

fwd

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Bal. fwd.								63 29		
Nov.	P. D.	33		A.P.				15	81 129 48 66 32 63		
				AR 6356. 25/11/18. Epsom.	24 33						
				Cr. 70140. 25/11/18 London.	24 33						
Dec	do	34 10		A.P.				15	51 78 38 93 12 80		
				AR 6899. 9/12/18 1st Res.	4 87						
				" 7338 24/12/18 "	9 93				37 73		
		67 10			63 26			30			
				AR. 7183. 23/12/18. 8th Res.	24 33				12 80		
					24 33						

F. Astaffnn
26/12/18.

#3106319 ORIGINAL H 353

M.S.A. 15.
M.S.A. 6151. MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL M.S.A. No. 2

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the letter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Hazel Christian name Fred Froom

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 503435 B.R.

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) 20 Sunset Ave. Hamilton, Ont. Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd. day of November. 1917, by the undersigned medical board sitting at Hamilton, Ont. Canada.

5. Age as stated 34 Years Months. 6. Apparent age Years Months

7. Height 5' Feet 6½ Inches. 8. Weight 141 Pounds.

9. Chest measurement { Minimum 35 Ins. / Maximum 37½ Ins. } 10. Complexion Ruddy. { Eyes Brown. / Hair Black. }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm / Left arm Two } 14. When vaccinated last In infancy.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease History of rheumatism, no evidence. History of loose cartilage right knee, not troubling at present.

16. Slight defects but not sufficient to cause rejection nil

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

Hearing normal. Visual acuity, R.D.40 L.D.40

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A-2

D.E.McKeracher Major President,
W.F. Lockett Member. A Member.

Signature of Man

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
6-1-18	—	A.R. Adams	M.O.	8-1-18	T.A.B.		M.O.
			M.O.	11-1-18	A.R. Adams		M.O.
			M.O.	15-1-18			M.O.

Joined day of 191 at

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn 2nd COR	3106319.		
Transferred to	8th RES. Bn.			JUN 1 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
1st C.C.D. Witley Ex Camp Toronto	13.12.18	Nil.	A
	2/2/19	Nil	A2 Lt Bent Capt.

N.B.—This sheet is 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.

CANADIAN

Surname Christian Name

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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.
Southall V.A.D.		9	10	18	24	10	18	G.S.W. L. Shoulder	16.	G.S.W. wound back of jack. Recovering. Transferred to Can. Authorities. Transferred to Canadian Hosp. Epsom.	H. Swinyard
M.C.H.C. Epsom		24	10	18	25 NOV 1918			Do	33	Wounds healed all movements good, no disability, other systems normal. Fit for Active Service. [illegible] Capt. R.A.M.C.	

MILITARY HOSPITAL EASTERN COMMAND 25 OCT. 1918 EDMONTON, N. 18

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

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

Rank Pte. Name Hazel Surname Fred

Unit or Corps 2nd C.O.R. — 8th Res. (If a soldier) Regtl. No. 3106319

Born at Owen Sound Ontario on, date July 4 — 1883.

Signature (for identification) F. Hazel

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

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

Weight 160 lbs.

Height 5 ft. 7½ ins.

2. **NUTRITION AND DIATHESIS?** Good.

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

3. **NERVOUS SYSTEM?** Normal.

4. **RESPIRATORY SYSTEM.** Normal.

5. **HEART?** Normal

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 90 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no.

7. **DIGESTIVE SYSTEM?** Normal

8. **GENITO-URINARY SYSTEM?** Normal

Urinalysis—S.G.? 1018 Reaction? acid Albumen? no Sugar? no.

9. **SKIN, MIDDLE EAR, EYE** or any other part? Normal.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. bullets scar right shoulder. no disability

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

Examined at Kemmel Pk

Date 21/12/16.

Signed [illegible] Todd Capt. M.O.

Signed [illegible] Otter Capt. M.O.

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

EXHIBITION

H-1195.

AUDITOR | PAYMASTER

No. 2 DISTRICT DEPOT

"OLYMPIC" 16-1-19

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

M. OR S. A. REGT. No. 3106319 RANK Pte. NAME (IN FULL) HAZEL F. (BLOCK LETTERS, SURNAME FIRST)

11

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil. ✓ DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

Leo I

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? — 20 Sunset Ave. Hamilton

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 5-1-18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY. $ 15.00 ✓ DATE EFFECTIVE 1-1-19. ✓

PAYABLE TO Mrs. Jane Hazel, ✓ RELATIONSHIP / ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 20 Sunset Ave, / Hamilton, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE TORONTO, ONT. DATE FEB 11 1919 REASON Demob AUTHORITY 20039 IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
Balance from previous account	31-12-18	1.10					12	80																											
									12	80	Boat						30	00																	
											Boat						4	87																	
											Boat						5	80																	
																							15	00											
	1-1-19	31	1.10	34	10				48	50																			54	87	42	07			Jan. — 19. CKM.
																							42	07					42	07		6	43		D.O.S. 21.1.19 D.O. 24
FEB	1/11 1919	11	1.10	12	10	35		6	43	305	43						6	43																	SUBS. 21.1 NO. 72 D.O. 24
						70			123	53							516	09					117	10					123	53					35 = cloth
	4 mos. ✓								280	— ✓							Jan	5	210547				70	✓					70						1st Payment Post War Service Gratuity
									~~Plus 70.00 paid by R.A.D.~~								Apr	8	253095				70	—					140						
						8	76		288	76							May	8	351571				70	—					210	—	~~70~~	—			
																	Feb	11					70						280		8	76			Cr 8.76 Sick furlough See file
																	Apr 18 July	3	641607				876						288	76					
			280	— ✓	8	76 ✓	288	76 ✓															288	76	final				288	76	Nil				

W.S.G. PAID IN FULL

CAPTAIN
FOR PAYMASTER WAR SERVICE GRATUITY

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE RCLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

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. 3106319

Rank Pte.

Surname HAZEL. FRED FROOM

Christian name

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

Corps (Squadron, Battery or Company) 1st Depot Bn. 2nd C.O.R. (#2 D.D.)

Date of discharge Feb. 11th, 1919

Place of discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 35 years ..... months.

Height 5 feet 6½ inches.

Complexion Ruddy

Eyes Brown

Hair Black

Trade Painter & Decorator

Intended place of residence (To be given as fully as practicable.) 20 Sunset Ave., Hamilton, Ont.

Descriptive marks

Vacc.M. ..... L.Arm

G.S.W. R. Shoulder...30-9-18

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

ON GENERAL DEMOBILIZATION

Authority for discharge D.D.#2 Pt.11 #39

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

LS.

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Toronto, Ont. Fred Broom Hazel *(Signature of Soldier.)*

(Date) Feb.11th, 1919 H Sargent Capt *(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) Toronto, Ont.

(Signature).....

(Date) Feb.11th, 1919

FOR O.C. No. 2 District Depot

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.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

H 5072

Date of Assignment Feb 1st 1918

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. N.R.

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3106319

Rank Pte Promoted Reverted Discharge

Soldier's Name Hazel, Fred Froom

Battalion 1st Depot Bn 2nd CDR

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT (Mother)

Name Mrs Hazel, Jane

Address 20 Sunset Ave

Change of Address Hamilton Ont.

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P		Total			REMARKS
									6264 F-19.
6	Feb 1918	C 78722.		15	✓	15	✓	R	J.U.D. M.R.O. 55642. issued disharg 23-1-19
	Mar	M 78492		15		15	✓	R	
	apr	I 11590		15		15		@	
	May	D 7085		15		15		✓	
	June	A 17540		15		15		✓	
	July	W 32535		15		15		✓	
	Aug	A 32136		15		15		✓	
	Sept	C 39638		15		15		✓	
	Oct	E 46533		15		15		—	
	Nov	C 54595		15		15		—	
	Dec	E 65474		15		15		—	
	Jan	C 73706		15		15		—	
				180		180			

A/c Closed 31-1-19.

Ret'd per Olympic

Date 17-1-19 M.F.W.187 23-1-19

Closed

2.

Cancel Ordered 15/2/18 [illegible]

M. F. W. 128
400M.-6-17.—1772-39-1141
L. L. 22520—M. & D. 7933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

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—172-39-1141
L. L. 22320—M. & D. 7493.