

ORIGINAL
No. **ORIGINAL**
Folio. **931662**

ATTESTATION PAPER.
No. 2 CONSTRUCTION, B'n. C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... Jenifer
- 1a. What are your Christian names?..... Lemuel
- 1b. What is your present address?..... RFD #5, Box #84, Washington, D C
- 2. In what Town, Township or Parish, and in what Country were you born?..... Rose Craft, Maryland, U.S.A.
- 3. What is the name of your next-of-kin?..... Mrs. Rena Freeman,
- 4. What is the address of your next-of-kin?..... 148 Lafayette St., Detroit, Mich. U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Niece
- 5. What is the date of your birth?..... October 3rd, 1884
- 6. What is your Trade or Calling?..... Laborer
- 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.

I, Lemuel Jenifer, 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.

Lemuel Jenifer (Signature of Recruit)

Date Dec. 12 191 6 J. Munton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lemuel Jenifer, 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.

Lemuel Jenifer (Signature of Recruit)

Date Dec. 12 191 6 J. Munton (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Windsor, Ont this 12 day of December 191 6

Jamies G. Munton (Signature of Justice)

Description of Lemuel Jenifer on Enlistment.

Apparent Age.....**32**.....years**2**.....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. **8** ins.

Chest measurement { Girth when fully expanded..... **38** ins.
 Range of expansion..... ins.

Complexion **Dark**

Eyes **Brown**

Hair **Black**

Nil

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... **Dec 12** 191**6**.

Place..... *Windsor Park*

[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.

.....**Lemuel Jenifer**.....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.

DEC 19 1916

C. W. Reis Capt for L. Col (Signature of Officer)

Date.....191**6**.....

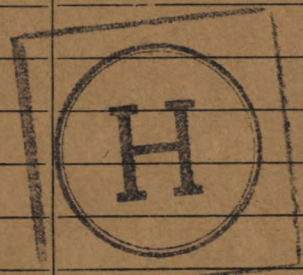
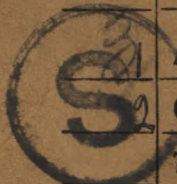
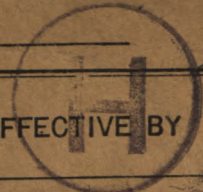
REGIMENTAL DOCUMENTS

NAME **JENIFER LEMUEL**

(Pte) REGT. NO. **931602**

UNIT **C7C**

H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob.</i>
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
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 Dent. Certif.</i>					
<i>1 D.m.s. 1375</i>					
<i>3 D.m.s. 1394</i>					
<i>4 F.C.D. 3</i>					
<i>1 A.F. 1. 1238</i>					
<i>1 A.F. 1. 1239</i>					
<i>1 MFW by</i>					
<i>1 Form CD 3</i>					
<i>1 Consent</i>					
<i>1 P. 149</i>					

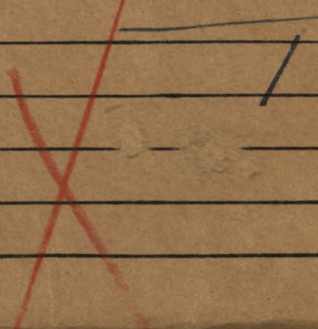
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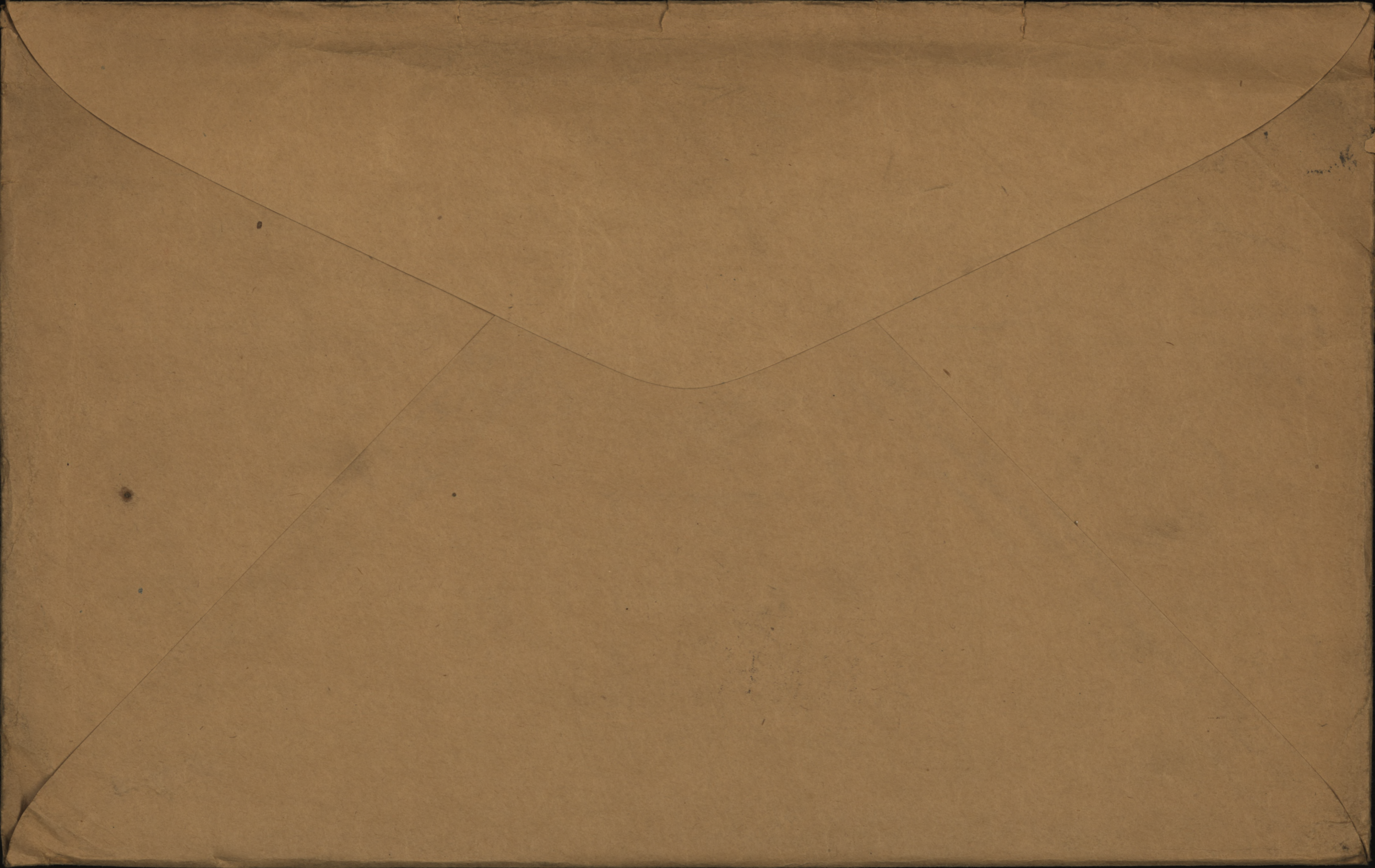
(1)

6-23

25-23

27-23





Surname *Jenifer,* Christian Name or Names *L.* Reg. No. *931662*
Rank *Sgt. M.* Unit *"2nd Construction Bn"* Co. Troop Batty.
Hospital *Can for loop Dept* Date of Admission

Transferred *Cherryhinton Cambridge 25-4-14*
Can. Spec. Witley Hosp. *20. 8 18*
Hosp.
Hosp.

Diagnosis *V.D.S. J*
(1) *V.D.S. J*
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis 28. 6. 17.
Date

Ch. 12-6-17 #19

30. 6. 17. 24.
22. 8. 18 6295⁰
31. 8. 18 C303.

Dis 28-8-18

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

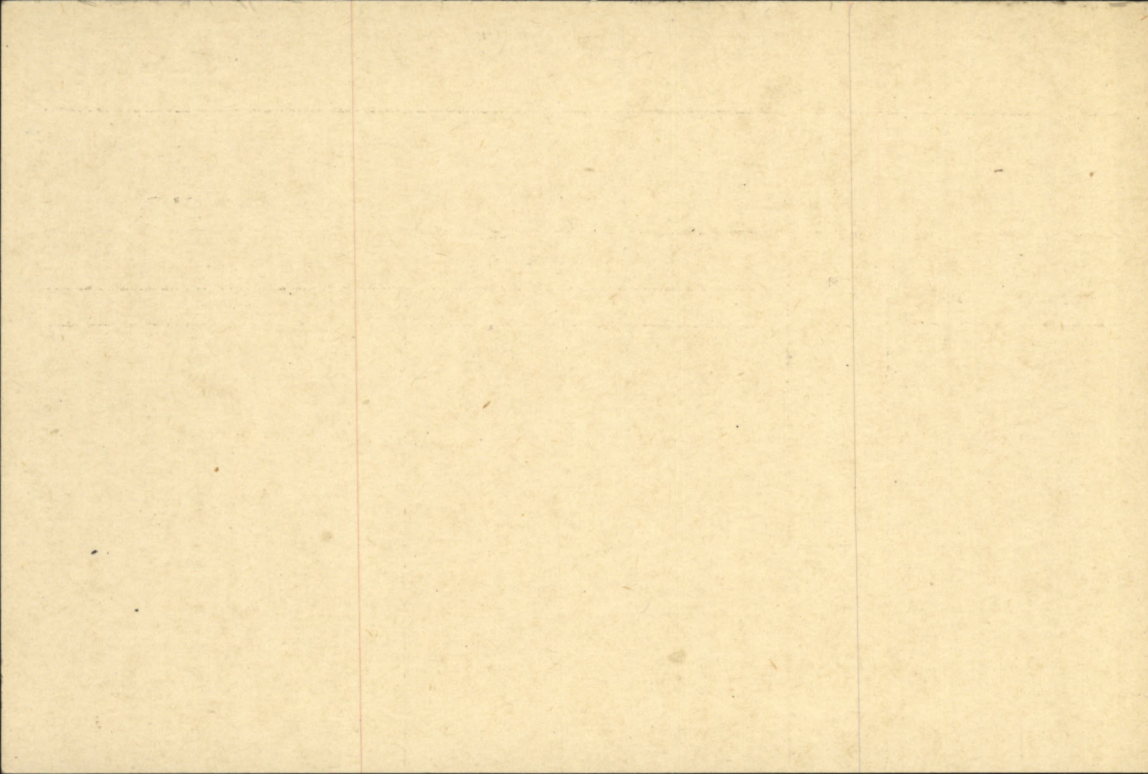
No. 931662. RANK Cte.

NAME Jennifer Lemmel.

T. O. S. 12-12-16 UNIT No 2. Construction Battalion
 A.O. 105. 18-12-16

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Dec 12	1916 Dec 31	✓		
1917 Jan	1917 Feb.	✓		
	Mar	✓		



649-J-10584

Mott

Number

931 662

Rank

Spr Lte

Surname

JENIFER

Christian Name

Lemuel

Units

60R 66

Theatre of War

England

Date of Service

see over if returned - 17

Remarks

471 - 7th St, Milwaukee, Wis, U.S.A. 19th 30

Latest Address

~~*633 Gordon St
Washington*~~

Roll No.

A Page 3108

USA

200m. - 2-21.M.

*General Delivery, St. Louis, Mo.,
U.S.A.*

22. 2. 28

DESP. FEB 24 1928

REGN. NO. 7-2220

B rtd 29 $\frac{3}{28}$

Sub'd to be sent c/o American
Red X 7138 Plantinton Bldg
Milwaukee Wis. USA

DESP. NOV 22 1930

REGN. NO. 4269

R. 149.

Name

Jennifer

Rank

Sgt.

Reg. No.

931662

Unit

2nd Construction Bn.

Next of Kin

U. S. A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917	Cherryhinton	Camb.	V. N. S. 19			
25-4	Discharged	"	"	B.24		

SURNAME.

Jenifer,

12. CARD NO.

CHRISTIAN NAMES

Samuel.

Issued. 16-5-19 2

Doc. FOLL.

Demol. 2 pp

REGL. No.

931662.

RANK

Oto.

#0139. 19-3-19. 232

UNIT

no. 2. construction

Br.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Freeman, Mrs. Rena.

RELATIONSHIP TO SOLDIER

wife

ADDRESS

*148 Lafayette St. Detroit, Mich
U.S.A.*

COUNTRY OF BIRTH

U.S.A. Rosecraft, Md.

DATE

Oct. 3rd, 1884

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Dec. 12th, 1916.

9/8. 28-3-17.

A. G. 14-5-19 ³¹⁷/₃₉ as. P. 6

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

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

yes.
methodist.

DESCRIPTION.

APPARENT AGE

32.

YEARS

2.

MONTHS

HEIGHT

not stated.

FEET

not stated.

INCHES

CHEST MEASUREMENT

not stated.

INCHES

EXPANSION

not stated.

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

not stated.

DATE

Dec. 12th. 1916.

Present Address - R. F. D. no. 5. Box no. 84.
Washington, D. C. U.S.A.

NAME

Jennifer

RANK AND CORPS

spv

REG'T'L No.

931662

H. Q. FILE No. 649.

L.
2nd Cons. Bn.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Can. For. Corps.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

19

Cherryhinton Mil.

Cambridge 25-4-17

V. D. 1

1324

Disch

28-6-17

" " "

C. 295 "

Can. Spec. Witley

20-8-18

V. D. 1

6303

Discharged

28-8-18

" " "

Reg. No. <i>931 662</i>	Rank. <i>Pte.</i>	Surname <i>JENIFER</i>	Category.	Dentally Unfit.
Christian Names (1) <i>Samuel</i>		(2) <i>No. 2 Construction</i> (3)	Date <i>131</i>	

Place of Enlistment: <i>Windsor</i>	Date of <i>12/12/16</i>	Taken on from <i>with three</i>	Religion <i>Meth.</i>	Inoculations	Company
Province: <i>Ontario</i>	Age on <i>32</i>	Date <i>22/1/17</i>		Vaccination	

On Command	Hospital	Permanent Cadre Date taken on	Employed as
Date Proceeding	Date Admitted		

Record of Overseas Service: <i>nil</i>	Profession or Trade (Civil) <i>Labourer</i>
Reason for Return:	Transferred or Posted to <i>Class IV 6/9/18</i> Date <i>29/8/18</i>

Married or Single <i>Widower</i>	LEAVE.			
Address of Next of Kin <i>Niece</i> <i>Mrs R Freeman</i> <i>148 Lafayette Street</i> <i>Detroit Mich</i>	No. of Pass Issued.	FROM.	To.	Free Transportation.
Country				

20

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. 931662 Rank PTE Surname JENIFER
(Given name in full)
LEMUEL
 Unit or Corps C.F.C. Birthplace ROSECRAFT, MARYLAND, U.S.A.

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

1. GENERAL DESCRIPTION:

Physique normal Weight 150 lbs. Height 5.6 ft. Colour of Eyes Brown
 Nutrition normal
 Pulse 72
 Condition of arteries normal
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

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

None

Opinion as to general health and physical condition normal

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.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Summerville (Overseas)

Date 15-3-9

Signed E. Cheekboough 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 L. Jenifer

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

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

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) JENIFER, L.

REGIMENT C.F.C. RANK Pte. No. 931662

Date of Examination in England 19/2/19 Date of Examination in France _____

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 30
- 2. EXTRACTIONS 5.6.
- 3. CROWNS None
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower
 } None

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
 - (c) In France
- }
- No

Signature of Dental Officer R. Jamieson
Cpt

MEMORANDUM FOR THE DIRECTOR

ENTERED

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

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 LEMUEL Surname JENIFER
Unit or Corps C.F.C (If a soldier) Regtl. No. 931662
Born at ROSECRAFT MARYLAND USA on date 3 OCTOBER 1882
Signature (for identification) J Jenifer

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 150 lbs. ESTD. double Hallux Valgus. Same as on enlistment.
Height 5 ft. 6 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 ?

neg

4. RESPIRATORY SYSTEM.

neg

5. HEART ?

Abnormal Sounds? neg
Abnormal Size? neg
Pulse Rate? 72 Intermittence or irregularity? neg

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM ?

neg

8. GENITO-URINARY SYSTEM ?

Urinalysis—s.g.? no report Reaction? Albumen? Sugar?

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

neg

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

neg

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

Fit.

Examined at Sumner Barracks Signed J.G. Munnell M.O.
Date Feb 18/19 Signed F.R. Luthuland Capt & same M.O.

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

Medical Examination upon leaving the service
of an Officer in the general service of the Army

PROFCORANT MARVIN USA
CFC
LEWIS
UNIVERSITY

1900-1910

PROFCORANT MARVIN USA

PROFCORANT MARVIN USA

PROFCORANT MARVIN USA

PROFCORANT MARVIN USA

PROFCORANT MARVIN USA

PROFCORANT MARVIN USA

PROFCORANT MARVIN USA

PROFCORANT MARVIN USA

51413-18

Army Form I. 1239.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
6. 2. 6		93562	Pvt Jennifer L.	19. 8. 18
2. 9. 18 7th Inf				REMARKS
9. 9. 18 7th Inf				
16. 9. 18 7th Inf				
23. 9. 18				
30. 9. 18				
7. 10. 18				
14. 10. 18 Waco				
24. 10. 18 Ochs				

To M. O

Station and date 25/8/18

[Signature]
 25/8/18

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

Canadian Special Hospital,
Witley.....

This should report to the Special Hospital, Witley, at 9.30.a.m. on the dates mentioned overleaf, for the purpose of receiving treatment. He should be given light duty on the day of treatment and on such other days as his Medical Officer finds there is a temporary disability arising from his treatment.

Major, C.A.M.C.
Officer i/c.V.D.S.Clinic.
for O.C.Canadian Special Hospital, Witley.

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **No. 2 CONSTRUCTION, B'N C.E.F.**

(2) Regimental Number..... **931662**

(3) Full Name of Soldier..... **Samuel Jennifer**

(4) Place of Birth..... **Washington D.C. U.S.A.**

(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?..... **yes**

(8) Have you any children?.....
If so, give number of boys and girls..... **2**

Also their names and ages..... **X**

(9) Is your Father alive? *no*

If so, state name and address

(10) Is your Mother alive? *no*

If so, state name and address

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

(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.

niece
Mrs Rena Freeman
148 Lafayette St Detroit Mich usa

(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?

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

Date *Dec 18/2/16*

C. H. Reis Capt
for Officer Commanding.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 931662 (Rank) plc.

Name (in full) Lemuel Jenifer enlisted in
the #2. Construction Batta.

CANADIAN EXPEDITIONARY FORCE at Windsor, Ont. on the 12th
day of December 1916.

HE served in Sunningdale with C.F.C.

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 34 years 7 mos.

Height 5 ft. 8 ins.

Complexion Dark.

Eyes Brown.

Hair Black.

L. Jenifer
Signature of Soldier

Marks or Scars

"nil"

Date of Discharge

No. 2 DISTRICT DEPOT

MAY 16 1919

TORONTO

J. Russell
Issuing Officer

For

O.C. No. 2 District Depot.
Rank

Date MAY 16 1919 1919

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT NO. 10112 (Rank) Private
 Name in full James Joseph
 of the Canadian Expeditionary Force
 was discharged from the service by reason of Demobilization
 on the 10th day of April 1919 at Halifax, N.S.

THE DESCRIPTION OF THE SOLDIER ON THE DATE BELOW IS AS FOLLOWS:
 Age 27 years
 Height 5 ft 6 in
 Complexion Light
 Eyes Blue
 Hair Dark
 Marks of Scar None

Signature of Soldier
 Date of Discharge 10th April 1919
 No. & District Depot TORONTO
MAY 1919
 C.O. No. & District Depot 10112
 Rank Private
 Issuing Officer

This is an duplicate of this Certificate will be issued, any person finding same is requested to forward it to an
 appropriate envelope to the Secretary, Military Council, Ottawa, Canada.

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

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

350M.—5-16

H. Q. 1772-39-970.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 93/662

Rank Pte

Name Jessiper Samuel

C. E. F.

Enlisted (a).....

Terms of Service (a).....

Service reckons from (a).....

Date of promotion to }
present rank }

Date of appointment }
to lance rank }

Numerical position on }
roll of N. C. Os. }

Extended.....

Re-engaged.....

Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
MAY 3 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 139
MAY 16 1919	S. O.	S. (DISCHARGED FROM II. M. S.) No. 2 DIS. DEPOT, PART II D. O.			139

W. J. M. M. M.
Lieut.
For O. C. No. 2 District Depot

(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.

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

Regimental No. 931662 Rank Private Name Lemuel Jenifer

C. E. F.

Enlisted (a) 12/12/16 Terms of Service (a) Duration of War Service reckons from (a) 12/12/16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) Laborer

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				
		Embarked, Canada	Halifax	23/3/17	
		Disembarked, England	Liverpool	8/4/17	
17/1/17	O.C. 2nd Canadian Battalion	Proceeded Overseas	Seaford	17/1/17	Pt 2 D.O.#
					Adjutant, No. 2 Construction Battalion, C.E.F.
MAY 23 1917	O.C. 7th Reserve Battalion	attached from 2nd Const Coy	Seaford	10-5-17	Pt 2 D.O.# - 123
15/10/17	O.C. 7th Res	ceases to be attached from 8.26 5th Res Bn	Seaford	15/10/17	Pt 2 D.O.# 245 Sydney Douglas, LIEUT. & ASST. ADJT. 7th RESERVE BATTALION.
15-10-17	O.C. 17th	TOS on posting from 2nd. Con. Co. Details, 7th. reserve Bn.	Bramshott	15-10-17	Part 11 Order 245.
25-3-18.	O.C. 17th.	S.O.S. on transfer to Can. For. Corps.	Bramshott.	25-3-18.	Pt. 11. Order. 71.
26-3-18	O.C. C.F.C.	T.O.S. Base Depot, C.F.C. Sunningdale		25-3-18	Pt. 11. D.O. 73 Lieut., Asst. Adj., 17th Canadian Res. Batti.

(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

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
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17-2-19... DISCHARGED FROM 3RD C. C. D., *Seaford* TO 6567 BN. PART II D. O. NO. 89. 17. 2. 19.

[Signature]

19.3.19
B.D.O.F.C.

S.O.S. BASE DEPOT C.F.C.

SUNNINGDALE 19.3.19 Pt. II D.O. 78

for O.C. 3rd CANADIAN COMMAND DEPOT

on posting to M.D. 1.
Can. camp. 7/17.

G. B. Rose
Lt. for O.C. B.D.C.F.C.

Attached C.C.C. Kimmel Park for return to Canada. Part II Order No. _____, Ceases to be attached C.C.C. Kimmel Park on embarking for Canada. Part II Order No: 106 - 5/5/19

Commanding 2 Wing,
Kimmel Park Camp,

H. M. T ROYAL-GEORGE

EMB 'D' LIVERPOOL, 3.5.19

DISEMB 'D' HALIFAX, 14.5.19.

E.P. Gaudin's Proxy
E.P. Gaudin's Proxy

62
60

J.P. Rank **J.P.** Name **JENIFER, Lemuel** Reg'l No. **931662.**
 Unit No2. Const Bn. If in perm. Corps }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Windsor. Ont. 12th Dec. 1916.** Place of Birth **Singie. Rose Craft**
Maryland. U.S.A
 Name and Address, Next-of-Kin **Mrs. Rena Freeman.**
148 Lafayette St. Detroit. Mich. U.S.A. Relationship **Niece.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **1004**
 File R.L.
 Category **ORGAN**

Discharge, Date and Place Reason Character
 H. W. V., Ld.—9546-16.

Report. Date.	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.
		Arrived in England ss "Southland"		7-4-17	
12.6.17	2 nd Const Bn.	Adm Cheryinton Mill Hopt ^e	Cambridge	25.4.17	bl 19 2825
30.6.17	"	Disgd	"	28.6.17	bl B24 "
24.7.17	N.S.R.D.	T.O.S. from 2 nd Const Bn. Pte.	Bishott	17.5.17	PT II 137 (Date amended by Lt 220d. 25.10.17)
17.5.17	17 th Res.	Attached to 7 th Res. Bn.	"	17.5.17	PT II 168
19.8.17	2 nd Const Bn	S.O.S. to N.S.R.D.	Apr. Field	17.5.17	PT II 125
15.10.17	7 th Res.	Ceases to be attached	Seaford	15.10.17	PT II 248
15.10.17	17 th Res.	Taken on strength	Pte Bishott	15.10.17	PT II 245
16.10.17	N.S.R.D.	Ceases att. 7 th Res Bn to S.O.S. to 17 th Res	"	15.10.17	PT II 216

ms

931662 Jennifer L.

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.				
25-3-18	17 ^d Res.	SOS to Can Forestry Corps Pt	Bishopton	25-3-18	PR 5071 ^{BDE 76. TOS} Pr II 73 of 26. 3.18.
2.9.18	3 rd CCD	Attached for P.T. & c	"	Leaford	27.8.18 " 206.
25.11.18	BDEFL	On board to 366D	"	Sdale	27.8.18 - 281
24.2.19	" "	Forfeits 1 day pay under Pt A.R Caus. for a.W. L	"	"	17.2.19 - 55
19-3-19	" "	S.O.S. A.M. & CW .1.	"	"	19-3-19 - 78
20.3.19	2M. & CW See 10 C.7C	S.O.S. from C.7C	"	Rhyl.	19-3-19 - 71.
					H8 - I. 3.5.19.
5-5-19	2M. & CW S. 10. C.7C.	S.O.S. to Can. Sail # 48	"	"	3-5-19 - 106

PROCEEDINGS OF A MEDICAL BOARD

Dated at *Sunningdale, April 15th 1918*

No. *931662* Rank *Private* Name *Jenifer Lemuel*

Local Unit *C.F.C* Overseas Unit *#2 Const. Battalion* Age *34*

Examination held at *Sunningdale*

DISABILITY.

~~Overseas~~ - Local
(scratch one out)

Hallux Valgus.

PRESENT CONDITION.

*Double Hallux Valgus.
Considerable rigidity in both
great toe joints.
Also has a few tender corns
due to manual labour*

BOARD RECOMMENDS:

- 1. Fit for Duty *2*
- 2. Fit for duty after weeks' physical training.
- 3. Fit for Temporary Base Duty *12-16* weeks
- 4. Fit for Permanent Base Duty *2*
- 5. Discharge

Signatures:-

[Signature] President.
[Signature] Members
[Signature]

APPROVED

Dated *14 MAY 1918* For A.D.M.S.

1912

PROCEEDINGS OF A BOARD

Summingdale, April 18th
Private Jennifer Tennel
#2 Cont. Battalion 34
K. G.
Summingdale
Action

Officers in the
also has a
Summingdale

5

John J. [Signature]

[Signature]

APPROVED

V. D., S. CLINIC,
SEAFORD 7. FEB 1919

To M. O.
3066 D.

Pte Jenifer
931662.

The marginally named
man has had enough antiseptic
treatment for at least
one year. would advise
his discharge to Com.

For your information
please

J. H. Adams
of V. D. Clinic

51413-15
230
Reg III

SYPHILIS CASE-SHEET.

3 CNO

Regtl. No. 931662 Rank and Name *Pte Jennifer L.* Corps *C.F.C.*
Placed on Syphilis Register at *Witley* on *20.8.18* No. in Register
Disease contracted at *England* Primary sore appeared on (date) *2/4/17.*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Present sore on Peno scrotal region, 3 sores eroded & indurated base Had chancres on Coronal penis in apt 17. scars visible*
Lymphatic glands *all enlarged +++*
Skin (nature and distribution of rash) *Negative*
Mucous membranes *Mouth & throat mucous patches very far advanced*
Mucous patches of Anus
Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum— (Method employed (original or modification)

Wassermann reaction (Result (positive or negative)

Canadian Spt Hospital

Station *Witley* Date *20.8.18* Signature of M.O. *James R. McKinnor*
Capt McKinnor

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____



N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."

The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Wassermann Reaction		Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled.)	
				Normal (N.) Albumen (Alb.)	Method (Original (O.) Modification (M.)	Result Positive (+) Negative (—)	Arsenical		Mercurial			Other Methods
							Intravenous Injection. Dose in grammes	Salvarsan	Neo-Salvarsan	Intramuscular injection. Dose of Metallic Mercury in grains		
W. May	19.8.18	Admitted to Hospital										
"	20.8.18 25.8.18	Full course 606 + J.G. Javanen Dillon Dis as Out Pat.					45	i			Atkinson Capt	
Reafra AFI received 29-8-18	3-9-18	Well - To rub -		N			.6				Asker & France	
	6-9-18	Well - No Reaction		N				1	2		Asd	
	10-9-18	Feels only fairly well - Gums reflected & Boggy. Discontinue Rubbing		N			.6		3		Asd	
	13-9-18	Slight reaction after '606' headache + fever, + does not feel well -		N							Asd	
	17-9-18	Feels dizzy - nausea after eating - Arm painful - Gums boggy.		N							Asd	
	20-9-18	Still nauseated after eating - Arm still painful - To rub - No treatment -		N								
	27-9-18	Feels better - No treatment -		N					3		Asd	
	10-10-18	Well - No treatment -		N					4		Asd	
	18-10-18	Well - No treatment today -		N					4		Asd	

1-11-18	Has slight cold.	N		T	2	O.F.E.
8-11-18	Well - except one jaw.	N		T		O.F.E.
12-11-18	Well -	N	.6	T	2	O.F.E.
15-11-18	Well	N		T	1	O.F.E.
19-11-18	Well - except burn boil - Reported sick in the afternoon did not get inject	N	.6		2	O.F.E.
22-11-18	Well -	N		T	2	O.F.E.
26-11-18	Well -	N	.75		4	O.F.E.
29-11-18	Well	N		T	2	O.F.E.
3-12-18	Well -	N	.75		2	O.F.E.
6-12-18	Well - Burns Buggy.	N				O.F.E.
10-12-18	Well -	N	.75			O.F.E.
13-12-18	Well - Burns amitaris N.T.	N				O.F.E.
17-12-18	Well B.T. Strongly Positive	N		++		O.F.E.
23-12-18	Well - K.D. + Hg.	N				O.F.E.
3-1-19	Well -	N		T		O.F.E.
7-1-19	Well - - Recurrent Course -	N	.6			O.F.E.
10-1-19	Well -	N		T		O.F.E.
14-1-19	Well -	N	.75			O.F.E.
21-1-19	Well -	N	.75			O.F.E.
24-1-19	Well	N		T		O.F.E.
28-1-19	Well	N	.75			O.F.E.
31-1-19	Well -			T		O.F.E.
4-2-19	Well - B.T. Positive Had sufficient Anti-Syphilitic treatment for one year, advise discharge to Canada #1080			±		O.F.E.

WAR SERVICE BADGE CLASS

M.D.2

SERVICE GROUP 27

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

OCCUPATIONAL GROUP 7

(Demobilization.)

Toronto
Niece
Labourer.

1. No. 931662 Meth.

2. Rank. *pt*

3. Name. JENIFER Lemmel

4. Unit. *CFC CFC CFC*

5. Date of Discharge MAY 16 1919 Place TORONTO, ONT.

6. Reason for Discharge

7. Authority. No. 2, D.D. Part II, D.O. No. *159*

8. Proposed Residence after Discharge
*633. Gadsen Ave
Washington B.C.
U.S.A.*

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?
L. Jeniffer
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.

Place.....
Date.....

No. 2 DISTRICT DEPOT

MAY 16 1919

TORONTO

Signature..... *Johnsell*
For O.C. No. 2 District Depot.
(O. C. Discharging Unit.)

ok.

PROCEEDINGS ON DISCHARGE

Demobilization

1. Name		2. Rank	
3. Service Number		4. Unit	
5. Date of Discharge		6. Reason for Discharge	
7. Address		8. Proposed Residence after Discharge	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that at the underlined place and date I received my discharge (or transfer) as stated above.</p> <p>M. E. Williams</p> <p>Signature of Soldier</p>			
<p>10. The discharge of the above-named man is hereby confirmed.</p> <p>11. No. of District</p> <p>12. Date</p> <p>TORONTO</p> <p>Signature</p> <p>(J. C. Davidson, P. M.)</p>			

TORONTO
MAY 18 1919
M

DEMobilization

TORONTO
MAY 18 1919

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.....	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

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

REGT. No. 931662

RANK Pte. NAME (IN FULL)

JENIFER

L.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					676	General Post Office Washington D.C. USA	16
					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY \$

1106 - 2nd St. S.E. Washington D.C. 15-7-19

Toronto, 16-5-19 Demob. D.O. 139

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		T.O.S. 3-5-14 D.O. 139	SUBPARTICULARS 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.																\$
21/3/19					35209														35209	br Bal Eng I.P.E.
18/5/19	48	110	5280																	114/19 to 18/5/19 P.A. clothing allowance was first payment
				35 - 70 -																£10
																				Boat & Train Money
					15780															AMOUNT DUE SOLDIER DEPENDENT
																				70 -
																				220
153 days				350 00																72 20 277 80
																				140 - 210 -
																				210 - 140 -
																				280 70
																				350 70
																				350 - 150
																				277 80 72 20

487 5-
470 83
cheque 35209

509 9 18
~~591 15~~

May 16
June 10 699441 67 80
July 15 1005-038 70 - AR 88
Aug 11 1017-132 70 - AR 109
Sept 8 1408375 AR 132 70

W.S.G. Paid as above
2 days P.A. over 14-6-19
1st W.S.G. Paid by #2 D.B.

W.S.G. PAID IN FULL
CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

DISPERSAL

.....
.....

1 1 1

