

12

.M. D

1st

Depot Battalion.

Sas K.

Regiment

Regtl. No.....**3353524**

Coy 3

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....1.....)

1. Surname	Junop
2. Christian name	Samuel
3. Present address	Delisle P.O. Sask.
4. Military Service Act letter and number..... (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)	W.C. 12525
5. Date of birth.....	Dec 23 1894
6. Place of birth..... (town, township or county and country)	Rockingham Ont
7. Married, widower or single.....	Single
8. Religion	Methodist
9. Trade or calling.....	Farmer
10. Name of next-of-kin.....	Christopher Junop
11. Relationship of next-of-kin.....	Father
12. Address of next-of-kin.....	Rosenthal P.O. 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.....	Saskatoon Sask.
(b) Date.....	Oct 30 1917
(c) Category.....	1 2

I, Samuel Junop, do solemnly declare that the
above particulars refer to me, and are true.

.....(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	22	yrs.	10	mths.	} Distinctive marks, and marks indicating con- genital peculiarities or previous disease.
Height.....	5	ft.	6½	ins.	
Chest measurement	}	fully expanded.....	40	ins.	
		range of expansion.....	3	ins.	
Complexion.....		Fair			
Eyes.....		Blue			
Hair.....		Dark			

O. C. 1st Depot Bttn. Sask. Regt. Depot Btln.

Regt.

Place.....**Regina Sask.**..... Date.....**June 27 1912**.....

M. F. W. 133.

500M.—5-18.

1772—39—1158

REGIMENTAL DOCUMENTS

NAME

JUNOP, SAMUEL

REGT. NO.

3353524

UNIT

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)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1. 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)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1. MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1. DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

1. 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)

1. M. J. B. 218B

1. M. J. W. 71

6715-3-19

C

H

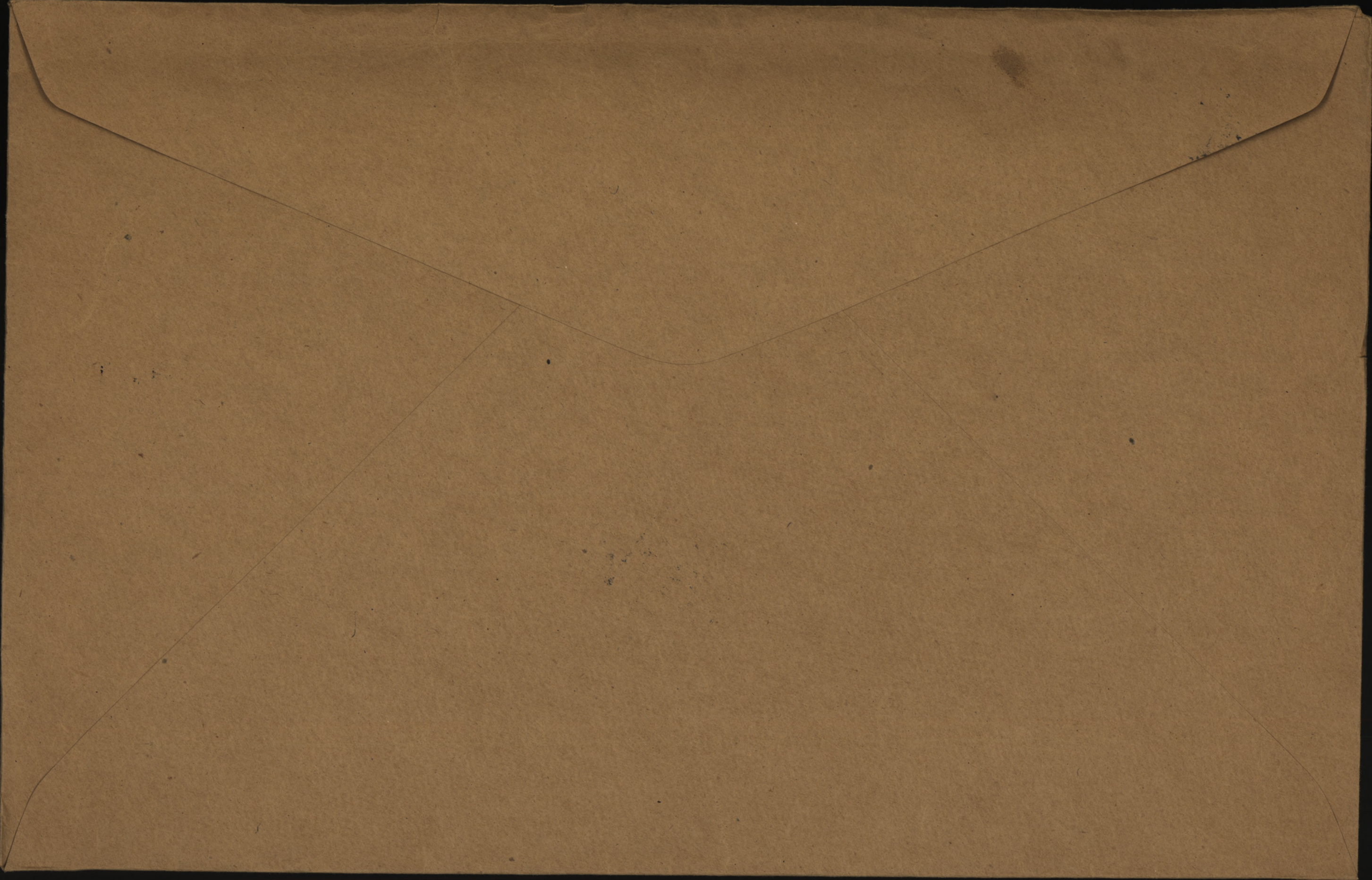
DEATH

Category

DISCHARGE

DESERTION

14701



NAME

Junop Samuel

REGIMENTAL NO.

3353524

RANK

Pte

ENLISTED AT

Pegonia

PROMOTIONS, &c.
AND DATE

DATE

June 27th 1918

IF SERVED PREVIOUSLY, STATE UNIT, &c.

Over

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

Junop C.

RELATIONSHIP

Father

ADDRESS OF

Rosenthal Ont.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
<i>W.L. MOP. 16-8-18</i>			
<i>W.L. MOP. 27-9-18</i>	<i>228</i>	<i>16-8-18</i>	
<i>W.L. MOP. 27-9-18 to 31-10-18</i>	<i>283</i>	<i>10-10-18</i>	
<i>W.L. MOP. 15-11-18</i>	<i>287</i>	<i>24-10-18</i>	

DISCHARGED..... FEB 18 1919 51-V
 DEMOBILIZATION C.E.F. R.O. 1328

J.B. Prince
 MAJOR
 C.E.F. BASKATOON DETACHMENT, 1ST DEPOT BATT'N SASK. REGT.

Surname

Christian names

Regtl. No.

Rank

Unit

H. Q.

M. D. No.

T. O. S.

D. O. Pt. II

of

S. O. S.

Reason

Auth.

Next of kin

Address

Relationship

Also notify:

BORN—Place

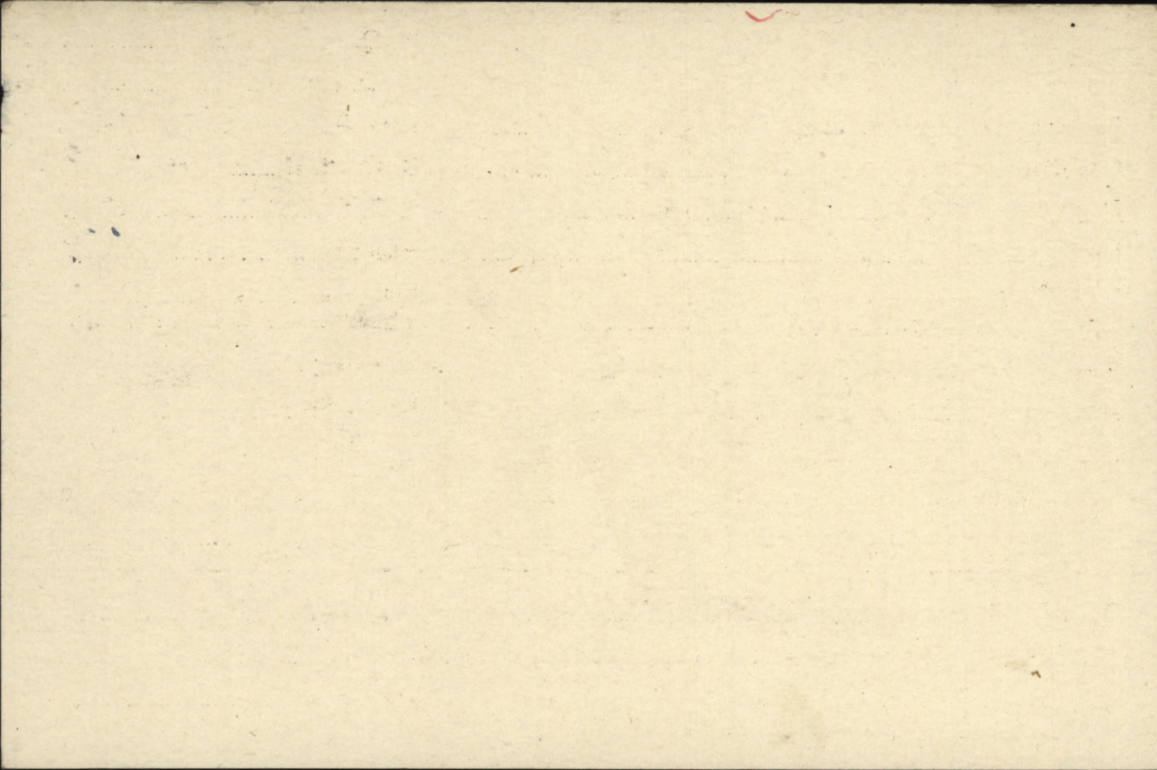
ATTESTED—Place

O/S

Date

Date

R/C



DIVISION..12..

No. 3353524.

NOV 3 1917

3353524

493

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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 latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Gurze Christian name Samuel
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 6425254
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) Delisle Sask

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the OCT 30 1917 day of SASKATOON, SASK. 1917, by the undersigned medical board sitting at _____

5. Age as stated 22 Years 10 Months. 6. Apparent age 22 Years _____ Months
7. Height 5 Feet 6 1/2 Inches. 8. Weight 153 Pounds.
9. Chest measurement { Minimum 37 Ins. Maximum 40 Ins. 10. Complexion fair { Eyes blue Hair dark
11. Physical development good. { Good Fair Poor 12. Smallpox marks none
13. Number of vaccination marks { Right arm _____ Left arm _____ 14. When vaccinated last never
15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

Wright Capt President. Wright Capt Member. Wright Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
28/6/18	+	My Cork Capt M.O.	28/6/18	+	My Cork Capt M.O.
11/7/18	-	My Cork Capt M.O.	11/7/18	+	My Cork Capt M.O.
8/8/18	+	My Cork Capt M.O.	8/8/18	+	My Cork Capt M.O.

Joined 27 day of June 1917 at Regina

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to	<u>1st Depo</u>	<u>3353524</u>		<u>27/6/18</u>
	<u>Battn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Surname.

[illegible]

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3353524 Rank Pte Name G Junop.
Corps IDBSR who was* Discharged
On 18.2.19 191... to ~~XXXXXXXXXXXXXX~~
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from On Harvest Leave 191...
to 191..., the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Balance Cr. from prev. month	11	77
Advances } No.			Reg'tl. Pay days at \$.c.		
Cheques } No.			Field Allow. days at \$.c.		
Assigned Pay and Sep'n All'ce No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* clothing	35	
Payment on transfer or discharge No. 202-457	46	77	Other Credits*		
Balance Cr: (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	46	77	Total	46	77

*Give particulars.

A monthly stoppage of \$ nil. (†) has (‡) been paid on account of Assigned
{ Pay for the month of 191... } (to) Assignee
{ and Sep'n All'ce. for month of 191... }

(Address)
(†) 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 27.6.18
(2) if married and if a Separation Allowance Card has been submitted
(3) cause of discharge Demob. authority DO 49
(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.
Date 18.2.19
Place SASKATOON, SASK. Lt. & Paymaster
SASKATOON DETACHMENT, Paymaster.
1st Depot Battalion Sask. Regiment

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month and quadruplicate for retention as a record.
For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.
If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

[illegible]

(1)

Procedure on discharging from the C.E.F., Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2365 of Nov. 20, 1918.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.

Aspaton Sask
February 5th 19

TO:—

Regimental No. *3353524*

Pte

Junopos
Helick Sask



February 13th

Regimental
No. *3353524*

1. You are directed to report on or before for the purpose of being discharged from the Canadian Expeditionary Force.

Serial

No. *425254*

2. This will be carried out by your reporting in person to your Depot at *Aspaton* Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after your discharge.

3. OR, as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

4. Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be declared a deserter and be subject to Military Law.

K. J. Brimie
Major
1st Bn. Sask

for the O.C. Depot Bn. Regt.

RELEASE.

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESS my hand and seal this *3rd* day of *Feb*:..... 191*9*..

Signed, sealed and delivered in the presence of

W. Charles R. Bates
Notary Public, Commissioner for Oaths or Justice of the Peace.

Pte Junopos
Regt. No. *3353524*



My commission expires on the 31st Dec. 1919.
M.F.B. 218B (Demob.)
1077-D.P.-40M-11-18.
1772-39-173.

Unit *Coy. 3, 1st Bn. Sask*

noted index
15/3/19.

Procedure on discharging from the C.E.F. Soldiers called up under the Military Service Act, 1917, who, on demobilization, were on unexpired leave of absence without pay.

P.C. 1005 of Nov. 20, 1918.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.



1. You are directed to report on or before _____ being discharged from the Canadian Expeditionary Force.

2. This will be carried out by your reporting in person to your Report for _____ Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after your discharge.

3. On or after _____ you may assemble before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release passbook and forward same on or before the said date in the envelope enclosed for that purpose, together with the unexpired Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

4. Should you fail to report in person or forward the release mentioned within the time aforesaid, you will be declared a deserter and be subject to Military Law.

Report for the O.C. _____
Rank _____

RELEASE

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Service of Canada.

WITNESS my hand and seal this _____ day of _____ 1918.

Signed, sealed and delivered in the presence of _____

Notary Public
No. 335354
J. J. J. J. J.



NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number 3353524Name Junop Samuel of the 1st DepotBattalion Sask Regiment is hereby struck off the strength of the Canadian Expeditionary Force.W. B. Brinemyr Rank

Authority Part II. Order

No. 51-7For the O.C. 1st Depot Bn. Sask Regt.M.F.B. 218B
(Demob.)DATED AT Saskatoon this 18th day of February 1919.

LIST OF DISCHARGE DOCUMENTS.

<u>3</u>	Particulars of Recruit	M.F.W. 133
<u>/</u>	Field Conduct Sheet	M.F.W. 178 or A.F.B. 122
<u>/</u>	Casualty Form	M.F.W. 54 or A.F.B. 103
<u>/</u>	Last Pay Certificate	M.F.W. 44
	Certificate that Missing Documents are Unobtainable.	
<u>/</u>	Medical History Sheet	M.F.B. 313 or A.F.B. 178
<u>-</u>	Proceedings of Medical Board	M.F.B. 227
<u>/</u>	Dental History Sheet	M.F.B. 465
	Medical Report	M.F.W. 129
	Regimental Conduct Sheet	M.F.B. 263
	Company Conduct Sheet	M.F.B. 263a
<u>2</u>		<u>M.F.W. 71</u>
<u>/</u>		<u>" 113</u>
<u>/</u>		<u>M.F.B. 218 A</u>

NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number 3353524Name Junop Samuel of the 1st DepotBattalion Sask Regiment is hereby struck off the strength of the Canadian Expeditionary Force.W. Brimiemyr Rank

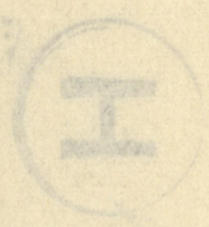
Authority Part II. Order

No. 51-2For the O.C. 1st Depot Bn. Sask Regt.M.F.B. 218B
(Demob.)DATED AT Saskatoon this 18th day of February 1919.

(1)
 Proposed on discharge from the C.E. Soldiers called up under the Military Service Act, 1917.
 Proposed on discharge from the C.E. Soldiers called up under the Military Service Act, 1917.
 Proposed on discharge from the C.E. Soldiers called up under the Military Service Act, 1917.

P.O. 1917 of Nov. 20, 1917.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED



LIST OF DISCHARGE DOCUMENTS.

M.F.W. 123	Particulars of Receipt	2
M.F.W. 123 or A.F.B. 123	Field Conduct Sheet	1
M.F.W. 123 or A.F.B. 123	Casualty Form	1
M.F.W. 44	Last Pay Certificate	1
	Certificate that Missing Documents are Unobtainable	
M.F.B. 312 or A.F.B. 178	Medical History Sheet	1
M.F.B. 221	Proceedings of Medical Board	1
M.F.B. 442	Dental History Sheet	1
M.F.W. 123	Medical Report	1
M.F.B. 221	Regimental Conduct Sheet	1
M.F.B. 221	Company Conduct Sheet	1
M.F.W. 123		2
M.F.W. 123		1
M.F.W. 123		1

NOT TO BE FILLED IN BY THE SOLDIER

Receipt for M.F.R. 2188 (Detach)

Having received release, pursuant to Notice of Order to report for discharge, Number 33324

Name *James* of the Depot

Rank *Private* Station *Detachment* of the *Canadian* Force

Rank *Private* Authority Part II Order

For the O.C. Depot No. *1* Key

RECEIVED AT *Detachment* this day of *March* 191*7*