

12 M. B. Depot Battalion 1st Depot Batta Sask. Regt. Coy
Regiment
Regtl. No. 268 260897

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

ORIGINAL

1. Surname Mann
2. Christian name Norman Alexander
3. Present address Frobisher Sask
4. Military Service Act letter and number 483407 LP
5. Date of birth July 5-1896
6. Place of birth Cobourg Ont
(town, township or county and country)
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling farmer
10. Name of next-of-kin George Mann
11. Relationship of next-of-kin father
12. Address of next-of-kin Foam Lake, Sask
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 Estevan (b) Date Dec 11-1917 (c) Category A 2

DECLARATION OF RECRUIT

I, Norman Alexander Mann do solemnly declare that the above particulars refer to me, and are true.

Norman Alexander Mann (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs 9 mths.
Height 5 ft 5 ins.
Chest } fully expanded 35 ins.
measurement } range of expansion 5 ins.
Complexion fair
Eyes Blue
Hair Black

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

Place Regina, Sask Date May 14/1918
Capt. W. S. Smith
1st Depot Batta Sask. Regt.
O. C. Depot Batta
Regt.

REGIMENTAL DOCUMENT
ALEXANDER

NAME _____

MANN

NORMAN

REGT. NO

260877

UNIT

1st Dept.

H. Q. FILE NO

PER
7/8/19

[illegible]

W *R* Number. . . 260877 . . . Rank. . . Pte . . . *B*

Surname. . . MANN

Christian Name. . . Norman Alexander

Units . . . *S. R.* . . . Theatre of War. *England.*

Date of Service. . . 15. 8. 18

Remarks. *Supper St. Yorkton.*

Latest Address. . . *Fram Lake, Sask.*

.

Roll No. *a Page 786*

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

99341532017

AUG 29 19 1

NAME.

Mann, Norman
Alexander,
Sask. Rgt.

RANK.

Pte

No.

26 0877.

CORPS.

1st. Dps.

REC. FILE.

0/22.19.7.1942
Sask. 25-7-19
100.2040 of 23-7-19 2104
H.Q. FILE.

ENLISTMENT, PLACE.

Regina, Sask.

DATE.

May, 14th, 1918.

BIRTH

DISCHARGE, PLACE.

Canada, Cobourg, Ont.

DATE.

July, 5th, 1896.

REASON.

LD 184 Strength increase
is amended to read.
N.A. Mann and not
J. Mann and the LD 261
of 18-9-19 2104

Trans. from N.C.
PT 13/4/14/2/18
T. O. S. May 14/1918

ADDRESS ON DISCHARGE.

D.O. Part II No 133

DOCUMENTS.

NEXT OF KIN

ADDRESS

Mann, George.
Foam Lake, Sask.

RELATIONSHIP

Father.

Q/s 29-7-18-135.0
11

R/C. 20-6-19 351
69

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED
BY

DATE

TO

DATE

BY

RECEIVED
BY

DATE

L.

*Name MANN, Norman Alexander Rank Pte. Regtl. No. 260877
 Original unit _____ Present unit 1st. D.B. Sask. Regt. M. or S. Age 21 Religion Pres. Fyle Depot _____ Ref. H.Q. _____
 Port, ship, and date of arrival _____
 Next of kin Father George Mann Foam Lake Sask.
 Address on leave Foam Lake Sask.
 Address on discharge Same address
 Transportation issued Yes _____ No _____ Date 25-7-19 Character on discharge _____
 Previous occupation Farmer Date and place of enlistment Regina Sask. 14th. May 1918
 Diagnosis Demob'n Date of Medical Boards 21-7-19

Date.	Remarks.	Pt. 2 Order No.
<u>T.O.S.</u> <u>14.6.19</u>	<u>From 1st posted C.B.P.S. 20.6.19</u>	<u>184</u>

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

[OVER]

Date _____

Remarks.

Pt. 2 Order No.[illegible]

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

*Name MANN, N. A. Rank Pte Regtl. No. 260877
 Original unit 15th. Res. Bn Present unit DD#4 M. or S. Age Religion Ref. H.Q. 19-M-1446

Port, ship, and date of arrival

Next of kin

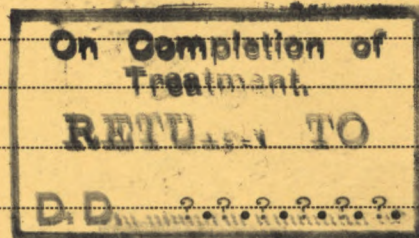
Address on leave

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.	Pt. 2 Order No.
26-6-19.	TOS. DD#4 14-6-19. from O/S seas posted to Hosp. Sec	
	Effective 22-6-19. Wat "D"	177-p-1.

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

[OVER]

Date

Remarks.

Pt. 2 Order No.

21-7-19. SOS.Hosp. Sec on Transfer to DD#2 Effect. 18-7-19.

Authy. RO#1091 Cat "C"

202-p-3

25-7-19 S.O.S. On Demob'n (Is entitled to W.S.G.)

204

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

113

This is to Certify that No. 260877 (Rank) Pto.

Name (in full) ANN NORMAN ALEXANDER. enlisted in
the 1st Depot Bask.

CANADIAN EXPEDITIONARY FORCE at England. on the 14th.
day of May 1918

HE served in ENGLAND:.....

and is now discharged from the service by reason of

"DEBILITATION".

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

Age 22 yrs.

Height 5'5"

Complexion Fair.

Eyes Blue

Hair Black.

Marks or Scars

2 Vase left arm.

N. A. Mann
Signature of Soldier

H. J. Sargent Cpl

Issuing Officer

O.C. No. 2 District Depot.

Rank

Date of Discharge July 25/19.

Appointment

Signed at Per to. this 25th day of July 1919

in Military District No. 2

File Reference No. _____

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

[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				

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 260877 Rank Plt Name Mann N.A.
Unit No. 2 District Depot. who was* DISCHARGED (Surname first)
On 25-7- 1919, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 30-6-19 to 25-7- 1919.
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay..... <u>26</u> days at \$ <u>1.00</u>		<u>2.560</u>
Field Allowance..... days at \$ <u>.c.</u>		
Separation Allowance		
Clothing Allowance		<u>35</u>
Post Discharge Pay		<u>72</u>
*Other Credits <u>6 cheq. Redeported</u>		<u>2.804.9</u>
Advances <u>146560-94-23</u>	<u>35</u>	
Separation Allowance and Assigned Pay Cheque No. <u>6 cheq. 1st Reg. W.O.S. charged back</u>	<u>105</u>	
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>146788</u>	<u>274 09</u>	
Total	<u>414.09</u>	<u>414.09</u>

*Give particulars.

CREDITS, ADVANCES, Etc.

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

[illegible]

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. 261877 Rank Pte. Surname MANN
 (Given name in full) Norman, Alexander.
 Unit or Corps 15th Res Bn. Birthplace Cobourg Ont.

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

I. GENERAL DESCRIPTION:

Physique Robust Weight 175 lbs. Height 5'5" ft. 5" in. Colour of Eyes Blue
 Nutrition Good
 Pulse 70 reg.
 Condition of arteries Soft
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft. Left 15 ft.

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

None
2 vac. left arm

Opinion as to general health and physical condition Good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System 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 disability



EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Ripon, Yorks (Overseas)

Date 6.5.19

Signed Edgar Dowdy, M.D.

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. C. Mann

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

THIS SECTION FOR USE IN CANADA—

Examined at Front 2, Camp (Canada)

Date July 21/19

Signed H. H. Hession, 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

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

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

Condition same as when last
examined. 6/5/19.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

MANN NA

REGIMENT

154 Res

RANK

pte

No.

260877

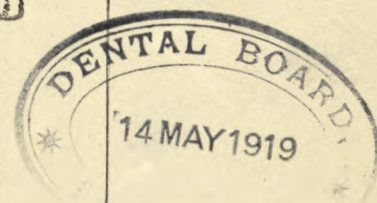
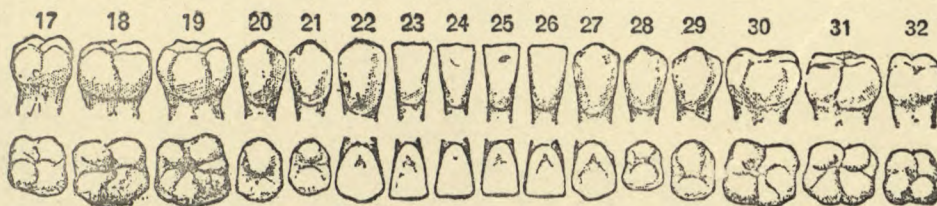
Date of Examination in England

14-519

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 3-10-

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

(a) In Canada Yes

(b) In England

(c) In France

Signature of Dental Officer

52083

MAN N A
10

10



10

10

ORIGINAL DEC 14 1917

A. 15.

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 Mann Christian name Norman Alexander
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 483407
3. Consecutive number on schedule of men reporting for service (if he appears on it) 349
4. Address (including street and number, if any) Frobisher, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of December 1917, by the undersigned medical board sitting at Estevan, Sask.

5. Age as stated 21 Years 5 Months. 6. Apparent age 21 Years 5 Months
7. Height 5 Feet 5 Inches. 8. Weight 140 Pounds.
9. Chest measurement { Minimum 30 Ins. Maximum 35 Ins. 10. Complexion Fair { Eyes Blue Hair Black
11. Physical development. { Good Fair Poor 12. Smallpox marks none
13. Number of vaccination marks { Right arm none Left arm two 14. When vaccinated last childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection varicose veins
- The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis R. eye 20 40 L. eye 20 30
- (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 R. ear normal. L. ear normal.

J. H. Brighton President. J. H. Brighton Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
15/5/18	+	<u>A. Summary</u> M.O.	15/5/18	+	<u>A. Summary</u> M.O.
		M.O.	13/6/18	+	M.O.
		M.O.	20/6/18	+	M.O.

Joined 14 day of may 1918 at Regina, Sask.

Corps	Reg'tl Number	Habits	Date
<u>1st Depot</u>	<u>260877</u>		<u>14 may 1918</u>
<u>15th Canadian Res. Bn</u>			<u>15 AUG 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD. no 3-1918

STATION	DATE	DISEASE	RESULT
<u>Front.</u>	<u>July 27/19</u>	<u>varicose veins</u> <u>prior exist.</u>	<u>H. H. H. H. H.</u> <u>Capt</u>

Christian Name *Woman Alexander*

[illegible]

NAME OF SOLDIER.....Merrill.....W.A.

NAME OF SOLDIER.....Marm N.A.
REGIMENT.....1st. Dept. Batt. Sask. Reg. RANK.....Pte.

No...269877..



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	Pyrrhoca	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	1918																					
	June 5-										1/30											Can't 8. 9. 10. 1919
Treated from July 5								1/19		4/18.8 9	1/30									Signed R. Rose 12.		Capt. G. E. Holmes 12

ТЕШЕ УРОКЕИ ДАТИБО

СЕРГО ДАТИБО УРОКЕИ ДАТИБО

Датум: 30.05.2020

УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО

21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40

УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on

Diagram in red ink.

2. The first line of report should be made in the margin left.

3. Only such errors to be noted on this sheet as will show.

4. Condition of examination in red.

5. Condition on leaving (green).

6. Condition on discharge.

ADVISORY IN FORM

OPERATOR

Date: 30.05.2020

30.05.2020

30

УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО

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УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО УРОКЕИ ДАТИБО

R.B. Rank *Rank* Name *MANN. NORMAN. ALEXANDER* Reg'l No. *260877*
 Unit *Dft 83 Sask Rgt* If in perm. Corps, }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *Regina May 14-18* Place of Birth *Colourg Ont*
 Name and Address, Next-of-Kin *George Mann*
From Lake Sask Relationship *Father*

Assigned Pay Monthly \$

Payable to

14643

Relationship

Separation Allowance \$

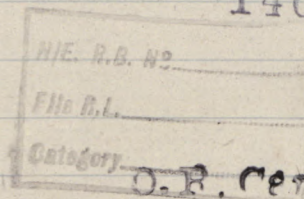
Payable to

Relationship

Discharge, Date and Place

Reason

Character



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
		<i>Arrived in England</i>	<i>15 AUG 1918</i>	<i>HMT CASSANDRA</i>	
<i>22.8.18</i>	<i>15 Res</i>	<i>T.O.S FROM Canada</i>	<i>Bramshott</i>	<i>16, 8 13</i>	<i>Ft. II O 284</i>
<i>14.6.19</i>	<i>15 Res</i>	<i>S O S to Canada</i>	<i>Ripon</i>	<i>14 6 19</i>	<i>Pt. II 134</i>
		<i>to Canada 85-1-319.</i>		<i>14.6.19</i>	

[illegible]

[illegible]

CASUALTIES

SHORT FORM.
PROCEEDINGS ON DISCHARGE.

(Demobilization.)



MJ

1. No.	260877.		
2. Rank	Pte.		
3. Name	MANN Norman Alexander.		
4. Unit	1st Depot Sask (2D.D.)		
5. Date of Discharge	JUL 25 1919	Place	TORONTO, ONT.
6. Reason for Discharge	H "DEMOBILIZATION".		
7. Authority	(2D.D Part 11 Daily Order 204)		
8. Proposed Residence after Discharge	Foam Lake Sask.		
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. ? <i>Norman Alexander Mann</i> Signature of Soldier.			
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. TORONTO, ONT. Place Date JUL 25 1919 No. 2 DISTRICT DEPOT JUL 25 1919 TORONTO Signature <i>[Signature]</i> For C. Discharging Unit.) O.C. No. 2 District Depot.			

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

REGT. NO. 260877

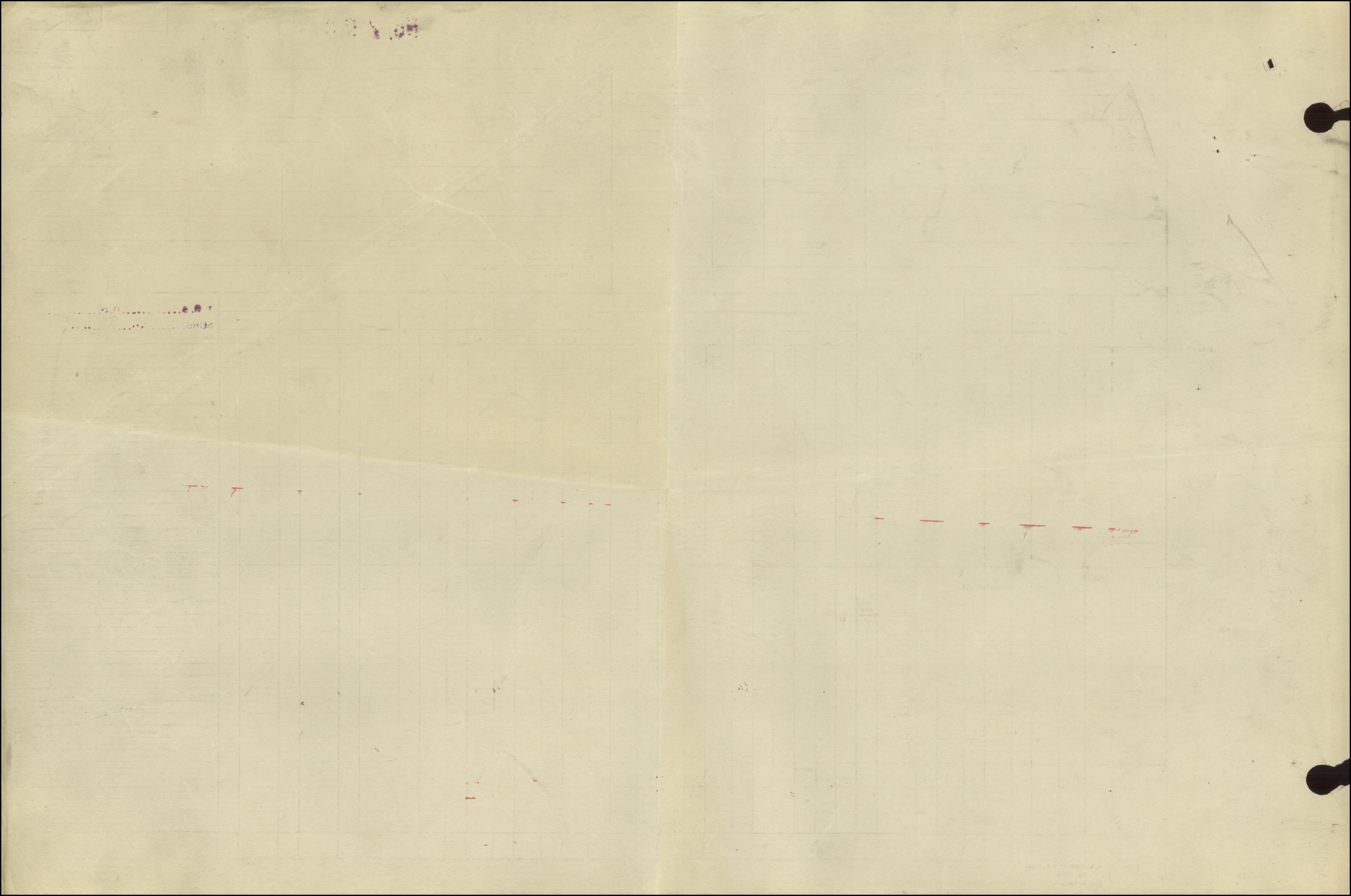
RANK

Pte. NAME (IN FULL)

MANN. S. n. a

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.E. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					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

[illegible]



DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT

NAME OF SOLDIER

Mann N. G.

REGIMENT

RANK *Pt*

No. *260777*



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			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
DISCHARGE EXAM. CASUALTY CO. No. 2 D. D. CERTIFICATE ISSUED FOR DATE <i>2/17/14</i> <i>[Signature]</i> <i>[Signature]</i>																						

INSTRUCTIONS

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- 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:

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge.

20/1/43

20/1/43

20/1/43

20/1/43

CANADIAN ARMY DENTAL CORPS

DENTAL HISTORY SHEET

20/1/43

20/1/43