

ATTESTATION PAPER.

No. 3201357
Folio. ~~1727~~

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Marr
- 1a. What are your Christian names?..... Harry Allen
- 1b. What is your present address?..... 55 Magazine Street,
- 2. In what Town, Township or Parish, and in what Country were you born?..... St. John, N.B.
- 3. What is the name of your next-of-kin?..... Lottie Marr
- 4. What is the address of your next-of-kin?..... 55 Magazine St.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... April 26th, 1901
- 6. What is your Trade or Calling?..... Clerk
- 7. Are you married?..... Single
- 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? } No
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability?..... Nil
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No
- 16. If so, what was the reason?..... Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harry Allen Marr, 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.

H. A. Marr (Signature of Recruit)

Date February 6th, 1918. F. J. May (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,....., 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.

H. A. Marr (Signature of Recruit)

Date Feb 6 1918. F. J. May (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 St John N.B. this 17 day of April 1918.

F. J. May (Signature of Justice)

80 38
6-2/18

Description of Harry Allen Marr on Enlistment.

Apparent Age 16 years 10 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. 2½ ins.

Chest measurement { Girth when fully expanded 32 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Brown

Religious denominations. { Church of England
 Presbyterian
 Methodist
 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* unfit for the Canadian Over-Seas Expeditionary Force.

Date Nov. 23 1918

Place St John NB

W A Rea
 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.

Harry Allen Marr 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.

[Signature] Lt.-Col. (Signature of Officer)
 O. C. 1st Depot Battalion
 New Brunswick Regiment

Date 1918

6 M. 19
28-3

MARR

HARRY

ALLEN

3256356

N. B. R. 1st. D B

O. H. M. S.



REGIMENTAL DOCUMENTS

REGT. No.

UNIT



NON-EFFECTIVE BY... *Demob* ...CATEGORY.....

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C

07119

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- UNIT INDEX CARD (M. F. W. 71 or 192) /

M. F. W. 161 - 1

M. F. B. 270.

Unit Card

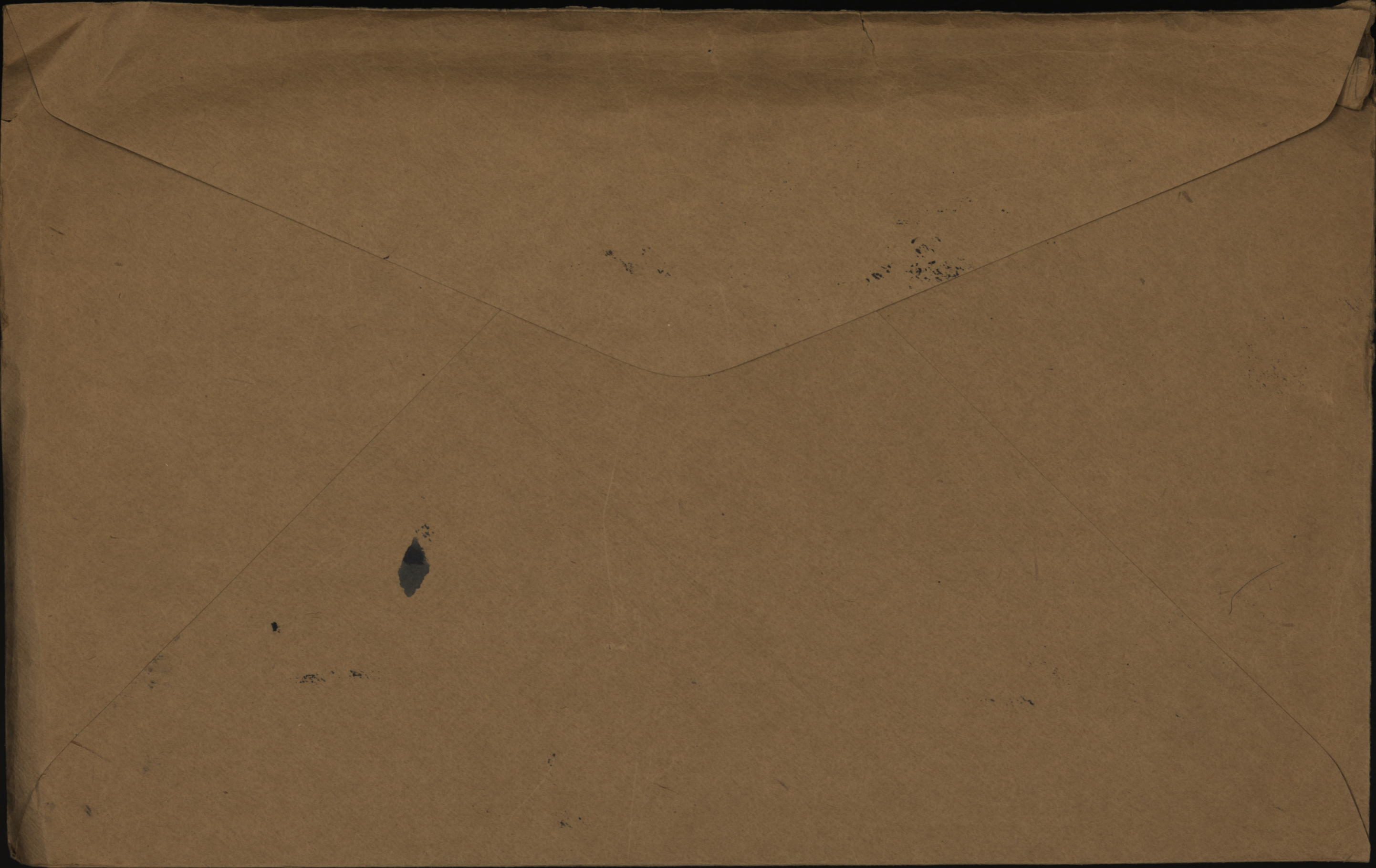
850M-5-18

H. Q. 1772-39-67



33-28
19-28
11-28

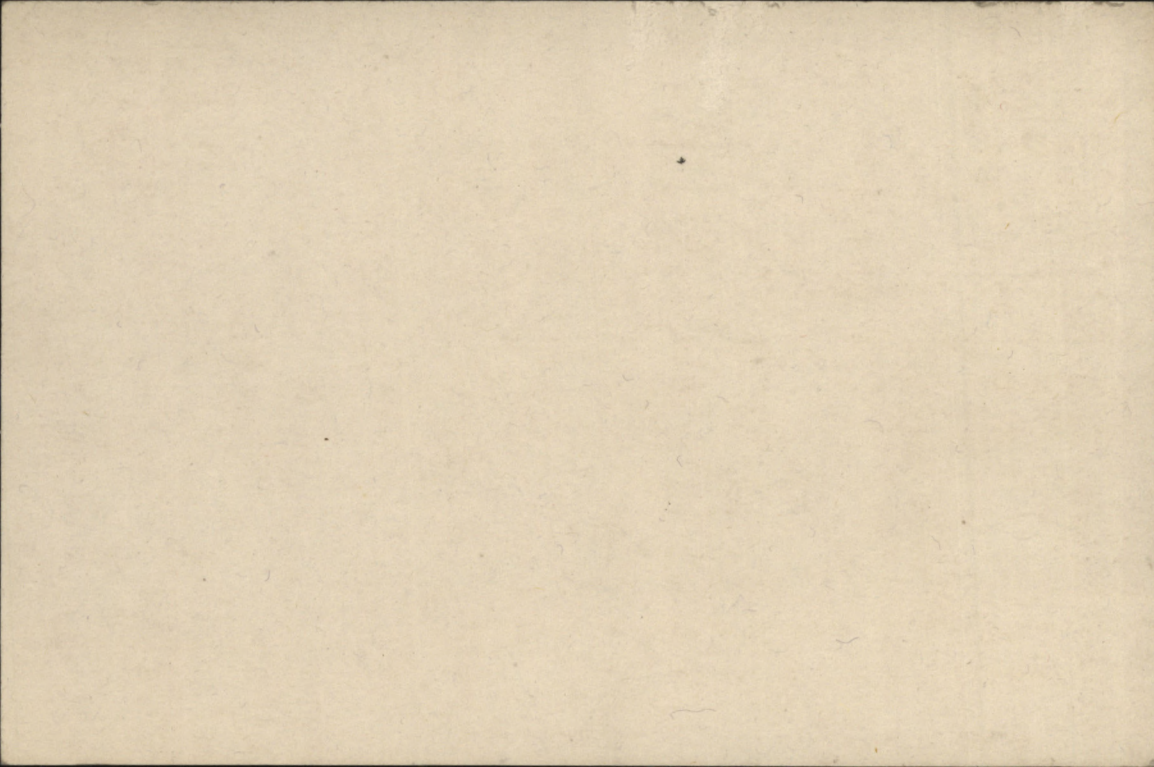
407869



Surname *Marr* H. Q.
Christian names *Harry Allen* M. D. No. *7*
Regtl. No. *3256356* Rank *Cte.* T. O. S. *Feb. 6. 1918*
Unit *N. B. Regt. 1st Dep. Co.* D. O. Pt. II *38 of 1/2/18*
S. O. S. *res 11-1-19* 1919
Reason *1 demob*
Auth. *D.O. 11 of 11-1-19 / N.B.R.*

Next of kin *Marr, Mrs Lottie* Relationship *Mother*
Address *55 Magazine St. St. John N.B.* Also notify:

BORN—Place *Canada, St. John, N.B.* Date *Apr. 26th 1901*
ATTESTED—Place *St. John, N. B.* Date *Apr 17th 1918*
O/S R/C



36559

REG. NO. 3256356 NAME. Max Harry (SURNAME FIRST)

RANK. Pte CORPS. 1st Depot Bth

AGE..... SERVICE.....

NAME OF HOSPITAL. Military PLACE. St Johns R13

DATE OF ADMISSION. 2-5-18

DISEASE. Gonorrhoea

DISCHARGE. 4-7-18

OPERATION.....

DISCHARGED TO DUTY. Yes

TRANSFERRED TO.....

DISCHARGED BY MEDICAL BOARD.....

NAME *Marr H. A.*

REGIMENTAL NO. *3256356*

RANK *Pvt*

ENLISTED AT *St. John N.B.*

PROMOTIONS, &C.
AND DATE

DATE *6/2/18*

IF SERVED PREVIOUSLY. STATE UNIT, &C.

MARRIED, WIDOWER, OR SINGLE *Single*

NEXT OF KIN *Lottie Marr*

RELATIONSHIP *Mother*

ADDRESS OF *55 Magazine St., St. John, N.B.*

ASSIGNMENT OF PAY \$ *15⁰⁰ C.* TO *Mother*

ADDRESS *As. Above*

SEPARATION ALLOWANCE, ENTITLED OR NOT *No.*

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE

E.G. ABSENCE, PROMOTION, &C.

PART II. D. O.

NO.

DATE

REMARKS

IF IN HOSPITAL, NOTE NAME, &C.

S. O. S. Demobilization
RO/420 Para C

11

11/1/19

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Battalion, N.B. Regt.
 Regimental No. 5 256 568 Rank Pte Name MARR, Harry Allen
C. E. F.
 Enlisted (a) 6/2/18 Terms of Service (a) Duration of War Service reckons from (a) 6/2/18
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 Extended. Re-engaged. Qualification (b) Clerk

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				
<u>11/1/19</u>	<u>OC 1st Depot Bn 9ABes</u>	<u>S.O.S 1st Depot Bn 9AB Reg Demobilization R01420 Para C</u>	<u>1st Depot Bn</u>	<u>11/1/19</u>	<u>OO #11 Part 2 Sh 1 11/1/19</u> <u>J. Lussard</u> Captain Adjutant, 1st. Depot Battalion New Brunswick Regiment.

(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.]

M.D. No. 7

No. 14

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

M.F.W. 44.
1183 (D.P.) 250M.-12-18.
1772-39-903.

Regimental No. 3256356 Rank Pte. Name Marr H.A.
(Surname first)

Unit 1st. Depot Batt., N.B. Regt. who was* Discharged

On 11-1-19 191....., to.....
*Insert "discharged" or "transferred."

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

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	11.50	
Regimental Pay..... 11 days at \$... 1 c		11.00
Field Allowance..... 11 days at \$..... c. 10		1.10
Separation Allowance		
Clothing Allowance		35.00
Post Discharge Pay		
*Other Credits <u>Rfd. Barrack Damages</u>		25
Advances <u>CK. #6455 .25 CK. #6103 \$35.60</u>	\$35.85	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges <u>June Obs. #108</u>	11.28	
Balance on transfer or on discharge, cheque No. Dr. Bal.		11.28
Total	\$58.63	\$58.63

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of..... 191..... }
and Separation Allice. for month of..... 191..... } (to) Assignee

(Address) NIL
(†) 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 married or single.....
- (2) Separation Allowance, entitled or not (3) Reason for discharge..... Demob.
- (4) Authority for discharge or transfer D.O. 11-1

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 Jan. 31/19

Place St. John, N.B. [Signature] Captain, Paymaster.
1st. Depot Batt., N.B. Regt.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (†) 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 purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a 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 Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3256356 (Rank) Private.

Name (in full) Harry Allen Marr. enlisted in
the 1st. Depot Battalion New Brunswick Regiment.

CANADIAN EXPEDITIONARY FORCE at St. John N.B. on the 17 th.
day of April. 1918

HE served in Canada.

and is now discharged from the service by reason of Demobilization.

Auth. M.D. 7, R.O. 1420 Para. C.

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

Age 16 Years. 10 Months

Height 5 ft. 2 in.

Complexion Dark.

Eyes Brown.

Hair Brown.

Marks or Scars

Nil.

Harry A. Marr
Signature of Soldier

D. D. McArthur
Issuing Officer
Rank
O. C. 1st Depot Battalion
New Brunswick Regiment

Date of Discharge January 11, 1919

Signed at St. John N.B. this 11th day of January 1919

in Military District No. 7

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. 3256356 (Rank) Private Name Harry Allen Marr.

Unit 1st. Depot Battalion. N.B. Regt.

Address on Discharge 55 Magazine St. St. John N.B.

Character and Conduct

Former Occupation Clerk.

Special Qualifications of Value in Civil Life Clerk.

Medals and Decorations Nil.

Remarks Nil.

Signed at St. John. N.B. this day of December. 1918

D. J. McArthur
Name of Officer Major
for O. C. 1st Depot Battalion
New Brunswick Rank Regiment

Appointment

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 7

NAME OF SOLDIER Frank J. H. RANK Pte
REGIMENT 1st Regt (Bng) (Can) No. 3256356



Office Copy
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 :

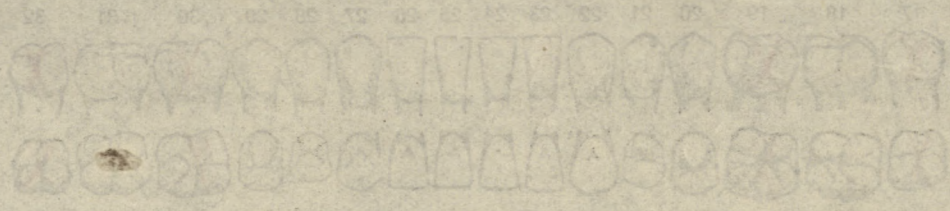
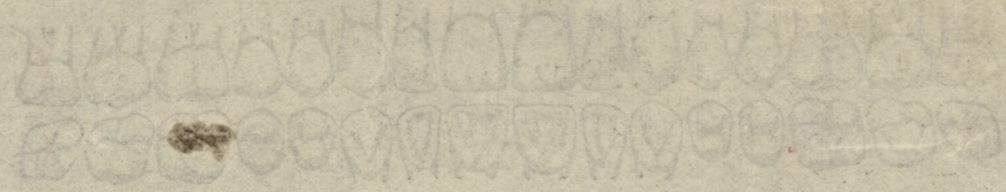
1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam Temporary Filling (a), G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Fyrthoea	Synthetic Porcelain	Extracting <i>7-13, 16 7-19, 20 32</i>	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
	<i>1918 Feb 21</i>																		<i>Examined by W.R. Wilkes 7</i>		<i>Op 6, 7, 8, 9, 14, 18, 31</i>
	<i>April 18</i>	<i>2/14, 20 1/8</i>			<i>1/31</i>														<i>W.R. Wilkes 7</i>		
	<i>" 24</i>									<i>Prophylaxis</i>									<i>J. B. Moore 7</i>		
<i>Discharged for discharge incomplete</i>																					
<i>Asst. Surgeon Lieut H. A. You.</i>																					

INSTRUCTIONS

1. On examination the contents of patient's mouth to be marked as definite in red ink.
2. On oral buccal region record of signs to be made in red ink.
3. On each entry to be made on this sheet as well show:

 1. Condition on examination of the teeth.
 2. Condition of the jaw - Class.
 3. Condition of the face.



MADE IN CANADA

STANDARD VENTA TRADING CORP. DISTRICT
DENTAL HISTORICAL SHEET

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA)

Reg. No. 3256306 Rank Pte Name Marr Harry Unit 1st Dep Bn

Diagnosis Gonorrhoea Admitted 2-5-18 Discharged 4-7-18

Medical Officer i/c Case B. F. Johnson

HISTORY

No. of previous attacks W

Where and when acquired John. N. B. 3 weeks ago

Date and character of symptoms 2.5.18 Profuse discharge

DATE (Day of disease)	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
						<u>Santal</u> <u>Oil</u>	<u>Ortus</u> <u>perman</u>	

3256306

222

LA BIBLIOTECA UNIVERSITARIA DI TORINO

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 Marr Christian name H X

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

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

4. Address (including street and number, if any) 55 Magazine St City

The following are accurate particulars with regard to the above-named man as ascertained by the medical examination on the 4 day of Feb. 1918, by the undersigned medical board sitting at St John N.B.

5. Age as stated 16 Years 10 Months. 6. Apparent age 16 Years 10 Months

7. Height 5 Feet 2 1/2 Inches. 8. Weight 115 Pounds.

9. Chest measurement { Minimum 29 Ins. Maximum 32 Ins. 10. Complexion Dark { Eyes Brown Hair Brown

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

13. Number of vaccination marks { Right arm _____ Left arm / 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
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 A4

17. (a) Vision. R. 20/15 L. 20/30
(b) Hearing. R. OK L. OK

J. W. W. Clerk Member. W. J. Case Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/7/18</u>	<u>WR</u>	<u>M.O.</u>	<u>9/7/18</u>	<u>WR</u>	<u>M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>

Joined 6th day of February 1918 at St John N.B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn</u>	<u>3256,356</u>	<u>F</u>	
Transferred to.....	<u>77B Regt</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>St John N.B.</u>	<u>11/1/18</u>	<u>Physical Cond Poor under age chronic Rheumatism Specific Ind</u>	<u>E. J. Malouin, Lt E. T. Kennedy, Lt</u>

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming man-effective; the date and cause being stated on next page.

MAF. B. 312
800M-10-17.
1172-30-430.
Blood Test for Y.O.S.
under age 2. A4.
J. B. Morrison Capt Col M.C.

Signature of Man Garry A. Marr

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. 3256356 Rank Pte. Surname MARR
(Given name in full)

Harry Allen

Unit or Corps 1st. Depot. Batta. N. B. Birthplace St. John. N. B.

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

1. GENERAL DESCRIPTION:

Physique .. fair Weight 111 lbs. Height ... 5.3 $\frac{1}{2}$ in. Colour of Eyes gray ...

Nutrition good

Pulse 84

Condition of arteries soft

Vision Rt. 20/20 ... Left 20/20 ..

Hearing (conversational voice) Rt. 15 .ft.

Left 15 .ft.

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

Scar-occipital region-
 since childhood.
 Small scar over spinal
 column lumbar region-1916.

Opinion as to general health and physical condition..... fair

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 yes 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 yes

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.

Man states he had gonorrhoea. May-July 1918. Received hospital treatment, St. John Military Hospital. Discharged cured July 1918 (man's statement).

Man states he has "rheumatism" in right knee at irregular intervals. Condition present since 1916. Not aggravated by service. (Man's statement).

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date

SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *D. John T. B.*(Canada)

Date*12/5/18*.....

Signed *J. B. M. ...*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. A. ...*

(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.)

This space to be for numbers.

20-2-43

Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	3256356
Rank	Private.
Surname	Marr.
Christian name	Harry Allen.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	1st. Depot Battalion N.B.Regts..
Date of discharge	December January 11, 1919.
Place of discharge	St. John. N.B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....16.....years.....10.....months.	Descriptive marks
Height. 5.....feet.....2.....inches.	
Complexion Dark.	Nil,
Eyes Brown.	
Hair Brown.	
Trade Clerk.	
Intended place of residence	
(To be given as fully as practicable.)	55 Magazine St. St. John. N.B.

2. The above-named man is discharged in consequence of **No further service.**

Demobilization.

Authority for discharge ~~M.P. 7.~~ R.O. 1420 Par. C

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

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

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

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.)

Clerk.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

Nil.

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

6. Medals and Decorations.....

Nil.

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) St. John. N.B.

D. J. McArthur Major
for O. C. 1st Depot Battalion
New Brunswick Regiment
Commanding

(Date) Dec.

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) St. John. N.B.

H. A. Harris

(Signature of Soldier.)

(Date) Dec. January 11, 1919

H. J. Moore

(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) St. John. N.B.

D. J. McArthur Major
for O. C. 1st Depot Battalion
New Brunswick Regiment
(Signature)

(Date) Dec. January 11, 1919.

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.)

Name Harry A. Marr

Reg. Conduct Sheet	Minutes form H. 303	Attestation Paper	Minutes form H. 303
Situation Battery Company	H. 303	Particulars of Record	H. 303
Copies of I. and J. are to be kept in the file of the soldier.			
Medical History Sheet	Minutes form H. 313	Proceedings on Discharge	Minutes form H. 313
Casualty Form	H. 313		H. 313
Medical Report for Invalidity	H. 313		H. 313
Personal History Sheet	H. 403		H. 403
Last Day Certificate	H. 413		H. 413
Discharge Certificate	H. 503		H. 503
Form of Will	H. 513		H. 513

I hereby certify that the following documents are indelible:

Other comments:

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

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.


 for O. C. 1st Depot Battalion
 New Brunswick Regiment. 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.*