

Discharged June 1918
Reason, Categoryed "K"
Auth. - G.D.M.S. - 12 M.D. 28.9.1459

box 4

M. D.

Depot Battalion

1st Depot Battn. Sask. Regt.

Regiment

Regtl. No. 277 17 11

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

ORIGINAL

- Surname Martin
- Christian Name William Henry
- Present Address Juniata Sask
- Military Service Act letter and number 428491 H6
- Date of birth 8th July 1897
- Place of birth London England
(town, township or county and country)
- Married, widower or single Single
- Religion Church of England
- Trade or calling Farmer
- Name of next-of-kin John George Augustus Martin
- Relationship of next-of-kin Father
- Address of next-of-kin Juniata P.O. Sask
- Whether at present a member of the Active Militia no
- Particulars of previous military or naval service, if any none
- Medical Examination under Military Service Act:
(a) Place Regina (b) Date 11th June 1918 (c) Category A2

DECLARATION OF RECRUIT

I, William Henry Martin, do solemnly declare that the above particulars refer to me, and are true.

William Henry Martin
(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 20 yrs. 11 mths.
Height 5 ft. 11 ins.
Chest measurement } fully expanded 33 ins.
range of expansion 21 ins.
Complexion Med.
Eyes Grey
Hair S. Brown

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

O.C. Depot Btltn.
1st Depot Battn. Sask. Regt.
Regt.

Place Regina Sask Date 11th June 1918
M. F. W. 133.

2

OFFICE OF THE
SHERIFF OF THE COUNTY OF
SANTA BARBARA
CALIFORNIA

INVESTIGATION
OF THE
CASE OF
THE
SANTA BARBARA
FIRE
OF
JANUARY 10, 1900

REPORT
OF
THE
SHERIFF
OF
THE
COUNTY OF
SANTA BARBARA
CALIFORNIA

FOR
THE
COMMISSIONERS
OF
THE
LAND OFFICE
OF
THE
STATE OF
CALIFORNIA

IN
RESPONSE
TO
A
RESOLUTION
PASSED
BY
THE
BOARD OF
SUPERVISORS
OF
THE
COUNTY OF
SANTA BARBARA
ON
JANUARY 10, 1900

AND
FOR
THE
RECORD

MARTIN

WILLIAM

HENRY

277575

1ST DEPOT BATTN. SASK REG

10621

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

MED. UNFIT





Surname

Martin

Christian names

William Henry

Regtl. No.

277575

Rank

Pte

Unit

Sask Regt 1st Ops Bn

H. Q.

M. D. No.

12

T. O. S.

June 11 1918

D. O. Pt. II

161 of 10/6/18

S. O. S.

Dis 19-6-1918

Reason

M.H.

Auth

100172 of 21-6-18 18R 12

Next of kin

Martin George August

Relationship

Father

Address

Junista, Sask

Also notify:

BORN—Place

England London

Date

July 8th 1897

ATTESTED—Place

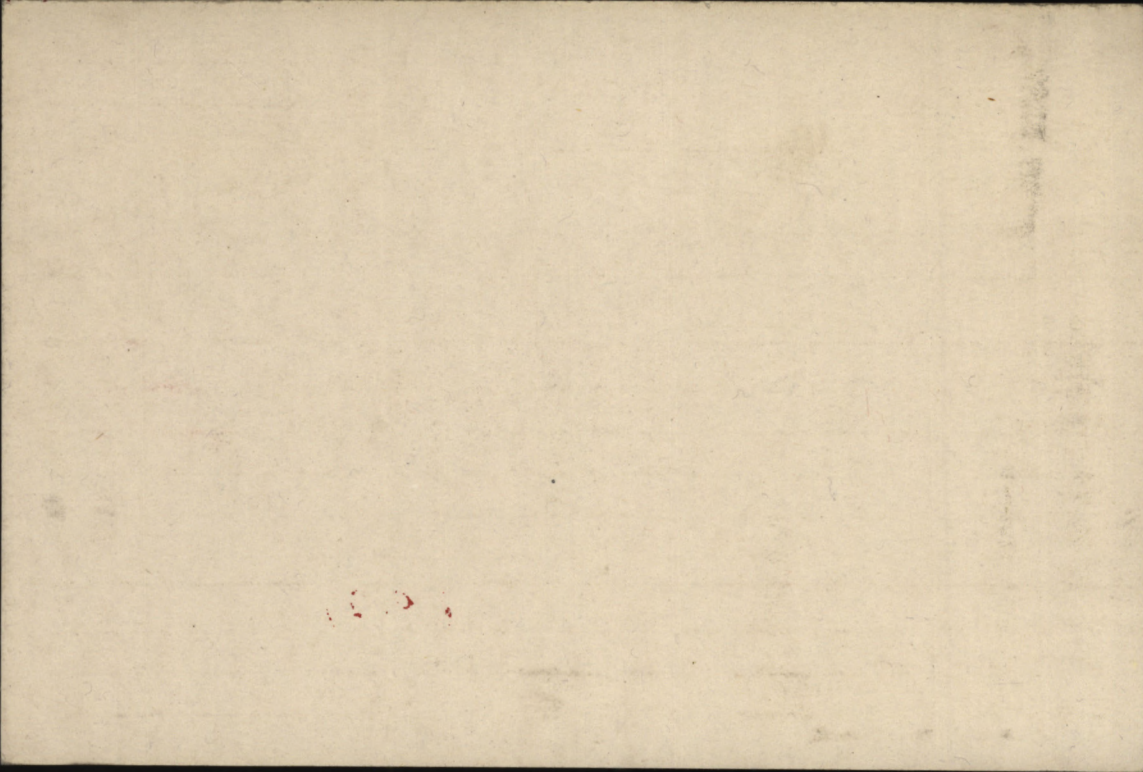
Regina, Sask

Date

June 11th 1918

O/S

R/C



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 277570 (Rank) Private Name Martin, William Henry

Unit 1st Depot Bn Sask. Regt.

Address on Discharge Jerminal Sask

Character and Conduct Good

Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life Farmer

Medals and Decorations Nil

Remarks

Signed at Regina Sask this 19th day of June 19 18

H. B. Binnie
Name of Officer

Major
Rank

Appointment

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. 12
NO. 11

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

Regimental No. 277575 Rank Private Name Martin, W. H.Corps 1st. Depot Btn. Sask. Reg't. who was* Discharged.On 19th. June, 1918, to.....
*Insert "discharged" or "transferred."The following is a statement of the account of the above named from 11-6-18. 191...,
to 19-6-18. 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg't Pay..... <u>9</u> days at \$ <u>1</u> c.....	<u>9.00</u>	
by } No.....			Field Allow. <u>9</u> days at \$.....c <u>10</u>		<u>.90</u>
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No.....			Other Allowances*		
Leave without pay pending			Other Credits*.....		
Other charges <u>discharge 1 day.</u>	<u>1.10</u>		Bal. Dr. (to be deducted by new unit).....		
Payment on transfer or discharge No. <u>733</u>	<u>8.80</u>				
Balance Cr. (to be paid by the new unit).....					
Total.....	<u>9.90</u>		Total.....	<u>9.90</u>	

*Give particulars.

A monthly stoppage of \$ Nil. (†) has..... (‡) been paid on account of Assigned
{ Pay for the month of..... 191... }
{ and Sep'n Allce. for month of..... 191... } (to) Assignee.....
(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 11-6-18.
(2) if married and if a Separation Allowance Card has been submitted..... No.
(3) cause of discharge Unfit for Service. authority..... D.O. 172.
(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 24th. June, 1918.Place Regina, Sask. James Mitchell Capt.First Depot Bn. Sask. Reg't. Paymaster.

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.

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Battrn. Sask. Regt.

Regimental No. 277170 Rank Private Name Martin William Henry
Enlisted (a) 11th June 1918 Terms of Service (a) 6 EF Service reckons from (a) 11th June 1918
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) Military Hil Farmer

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				

(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.

(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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.

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.)

A2

President

Member.

Member

Joined 11 day of June 1918 at Lee Ave

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

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

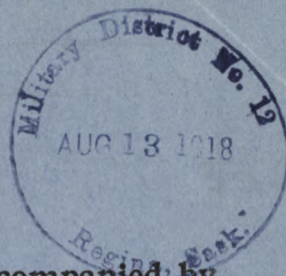
Surname.

[illegible]

28. m. 459

This space to be for numbers.

Proceedings on Discharge.



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

No. 27757J	
Rank Private	
Name Martin, William Henry NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 1st Depot Battr. Sask. Regt.	
Date of Discharge June 19th = 1918	
Place of Discharge Regina Sask	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 20 years 11 months. Height 5' 5" feet 5" inches. Complexion medium Eyes grey Hair Dark Brown Trade Farmer Intended place of residence Junista Sask (To be given as fully as practicable.)	Descriptive Marks nil
2. The above-named man is discharged in consequence of being categorized "E" Auth: A.D.M.S. 12 M.D. - 28-M-459.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Farmer

M. F. B. 218.

100m.—6-16.
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)

Regina Sask

(Date)

June 19th 1918

H. J. Birnie Major

for Commanding

1st Depot Bn Sask Regt

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.

(Place)

Regina Sask

W. H. Martin

(Signature of Soldier.)

(Date)

June 19th 1918

W. H. Martin

(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.

William Henry Martin

(Signature of Soldier.)

10. Statement of Service

June 19th 1918

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years. 9 days.

Total..... years. 9 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)

Regina Sask

(Date)

June 19th 1918

(Signature)

H. J. Birnie Major

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.)

William Henry Harrison

nil

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalid*	" B. 227.	(a) Proceedings on Discharge.	
Statement of Man's Account on Transfer and Last Pay Cer- tificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared.)	

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.

nil

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION. **Regina, Sask.** DATE. **June 12th, 1918.**

1. 1 (a) Unit. **1st D.B. S.R.** (b) Regimental No. **277575** (c) Rank. **Pte**

(d) Surname. **Martin.** (e) Christian name. **William Henry**

2. Age last birthday. **20 - 11 months.** Date of birth. **July 8th, 1897**

3. Enlisted at. **Regina, Sask.** on. **John 11th, 1918.**

4. Personal description:—

(a) Height. **5' 5"** (b) Weight. **120** (c) Complexion. **Medium.**

(stripped)

(d) Colour of hair. **brown.** (e) Colour of eyes. **Grey** (f) Identification marks.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Juniata, Sask.

6. Former trade or occupation. **Farmer.**

7. (a) Service

Years

Days

PERIODS

From

To

(b) Has he been overseas? **No** 8. Original disease or disability. **Scarlet Fever.**

(a) Date of origin. **Childhood.** (b) Place of origin. **London, England.**

(c) Cause*. **Infection.**

(d) Present disease or disability. **Chronic Suppurative Otitis Media.**

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Chronic Discharge of pus from left ear.

9. Present condition.—(Continued.)

Vision Right 8/200

Left. 8/200 with glasses.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous..... Digestive..... Respiratory..... Cardiac.....
 Genito-Urinary..... Skin, Middle Ear, Eye or any other part.....

10. History: (a) of Condition referred to in "a" section 9.

of Suppurative discharge from left ear since childhood.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8.
 This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible).

Not in Army.

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why.)

17. Recommendations

Category "E"

R. T. Grier Capr

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned W. H. Martin. have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of.....

W. H. Martin

Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

19. Is the soldier fit for

- | | |
|---|---------------------------|
| (a) General service, | (Category A) (Yes or No). |
| (b) Service abroad, not general service, | (" B) (Yes or No). |
| (c) Home service, (Canada only), | (" C) (Yes or No). |
| (d) Temporarily unfit. | (" D) (Yes or No). |
| (e) Unfit for service in Categories A, B and C, | (" E) (Yes or No). |

20. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control. ---~~
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Yes.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE... Regina, Sask.

DATE... 13-6-18.

President.

Members.

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE...

DATE...

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness...

Signed...

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE...

DATE...

Members.